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Helplines Australia
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[HELPLINES AUSTRALIA – RESEARCH (PHASE 2 - 4)]

To determine the levels of skills and professional support required to provide psychological support to the public using only the telephone and or electronic media.

RESEARCH REPORT (July 2008)
Outcomes and Overviews

This report is an account of the progress of the research grant awarded to Helplines Australia by the New South Wales Psychologists Registration Board and is the second of a series of three reports to be provided to the Registration Board. The Stage 1 report was completed and submitted to the Board in July 2007.

The Research hypothesis:

To determine the levels of skills and professional support required to provide psychological support to the public using only the telephone and/or electronic media.

By 30 January 2008 Helplines Australia Project Officers completed all the required interviews with nominated helpline staff and volunteers. The information gathered was reviewed by a statistician to devise a research methodology that would inform our conclusions and recommendations.

Research aims

The aims of the research are to:

- Provide a definitive skill set needed for effective helpline and e-support work
- Create a standardised training module for psychologists and helpline workers wishing to work in this medium
- Establish if clinical supervision and/or regular training or professional development have an impact on the ability of helpline workers to withstand the emotional pressures of their role.

This report is addressing Stages 2, 3 and 4 of the research grant. A further report outlining expenditure of grants, development of standardised training module and future directions will be provided in the third and final report – Stage 5.

Outcomes for Stage 2, 3 & 4 of this research project:

- The main aim of Stage 2 was to develop and design robust case scenarios to be used in stage 3.
- The aim of Stage 3 was to identify the skills sets required for effective telephone support, using case scenarios that are measured and judged using six stages expanded from Egan's "the Skilled helper" 3 stage model.

- Stage 4 was to develop a set of recommendations and conclusions based on the outcomes of stage 3.

Research Background

An overview of telephone counselling and e-support services

It is reasonable to suggest that the increasing numbers of crisis lines and counselling services via the telephone are the inevitable result of the current trends in telecommunication technology. As the availability of a range of telephony services and reductions in the costs made such technology become more mainstream, telephone helplines have emerged as a formal delivery mode for counselling and welfare services.

Originally, most organisations offering telephone-based services were usually staffed by volunteers and were commonly managed and funded by church or community groups. However, present services are much more varied and range from extremely well staffed, accessible and resourced call centre style operations, to volunteers answering phone lines on a roster basis, sometimes from their own homes. Some services can provide access to professional staff and up to date information, allowing interaction and follow up of clients in a managed care environment.

For instance, the Samaritans began in London in 1953 and have since grown into an international organisation. Similarly Lifeline in Australia started in 1963 and has spread across Australia and Asia. Obviously the demands on these services by the public and funding bodies indicate that they are a valuable part of Australian mental health care landscape. Telephone counselling services are now being recognised as a legitimate mode of service by the Royal Australian and New Zealand College of Psychiatrists (2002), The Australian National Telehealth Committee (1998) and the former Australian Government Department of Health and Aged Care (2000), now known as the Department of Ageing, Disability and Health Care (DADHC).

In the past few years, services have multiplied and they now cover a wide range of issues. This means that some services are aimed at specific populations and there are increased demands for professionalism and the sustainability of these services. The changing political, economic, social and technological landscapes are all placing pressures on telephone counselling services. For example, securing funding, whilst always an uncertainty, becomes more difficult as welfare services are deregulated and established services have to tender against private organisations. The competitive nature of tendering for funding means that funding bodies place an increasing emphasis on collecting data and service evaluations that has the potential to be costly, time consuming and deter callers using the service.

There are growing demands on organisations to evaluate and research the effectiveness of their helplines and telephone based welfare and counselling services. The literature on the subject has been slowly emerging, but very little

research exists to indicate any conclusive statements in this area. The advent of internet based services has also meant that research in this area needs to cater for the significant trends in technology and how counselling services are provided in these mediums.

Internet based services now vary considerably mainly due to the advances in software development and the array of interactive modes that can take place between two people. The advent of software such as VOIP (Skype and MSN chat for example) has established this. Williams (2000) defines e-counselling as "Any service that utilises real-time interactive communication media". E-mail and faxes are not truly interactive and thus limit the fluency of the interaction and technically do not come under this definition of e-counselling services.

Australian helplines are largely focused on straightforward telephone work although many also respond to client emails. One of the few exceptions is Kids Help Line in Queensland which has been conducting online single session counselling since 2002. Recent research from Bambling et al (2008) highlights some of the strengths and the challenges faced by counsellors in this relationship, particularly relating to the counsellors ability to develop new skills when using the interactive medium.

There is a growing and diverse, international body of research about internet based counselling. Some studies make comparisons with face to face interventions, such as Mallen, Day and Green (2003) and Nelson, Barnard and Cain (2006) both of which compare the effectiveness of cognitive behavioural therapy (CBT) via interactive video with face-to-face. These studies are still limited in their evaluation and methodologies. However, they do provide some encouraging results for the effectiveness of interactive-based services.

Further studies tend to differentiate telephone counselling as distinct from e-counselling. This is somewhat surprising as internet technology is becoming much more interactive to the point of offering similar, if not more, interactive than the telephone. However when studies compare text type and telephone, results indicate that the telephone counselling is associated with better counselling outcomes and is therapeutically more efficient than e-counselling (King, Bambling, Reid & Thomas 2006).

At present, the literature on the subject is limited. Evaluating any form of counselling is difficult and telephone counselling and e-counselling is even more difficult. The attraction to these services is the anonymity offered by the medium (something which is potentially under threat due to the wider use of recent technologies such as caller line identification). Secondly, Helpline crisis calls, which use counselling skills, are often one-off sessions making follow-up difficult.

For both of these points, convincing methodologies are yet to be developed; however there are interesting approaches being tested. In one instance, Vallentine, Jakob et al (2008), who have discussed the results of the establishment of a 'call-back' service for people who contacted the New South Wales Cancer Council Helpline. The callers who originally gave consent during their helpline call received a call back 2-3 weeks after the first call. This was clearly defined not as counselling but as a follow-up to provide emotional support and provide further access to publications and other support services. After a year of the pilot, the overwhelming feedback from the 699 recipients of the call-back was that they felt cared for. Furthermore 53% then accessed other services such as the Cancer Counselling Program for on-going support.

The Cancer Counselling Program uses feedback forms in which callers are asked to post or fax to the office after their counselling sessions have been completed. In 2007/8, 56% of sessions were delivered by telephone and 44% face to face. The data collected is identified by a case number which only the coordinator of the program at the Cancer Council can link to the individual client and counsellor. The evaluation forms ask for feedback about whether or not the process worked for the client, how they felt about the sessions, about the counsellor's ability to hear and empathise with them, and any outcomes that they wish to share with the Cancer Council.

A number of studies have suggested that telephone counselling is a specific type of therapy that is effective for specific mental health conditions. Griffith and Cooper (2003) suggest that telephone counselling is effective for problem gamblers. McNamee et al (1898) refers to telephone counselling as a significant form of treatment for people experiencing agoraphobia. Leach and Christensen (2006) reviewed telephone based intervention for mental disorders, such as depression and anxiety suggesting that telephone based intervention benefit people with these significant mental disorders. However the study also has limited conclusions and recommends that a further large scale randomized controlled trial must be obtained to inform about the efficacy of telephone interventions.

Hornblow (1986) in asking whether telephone counselling has preventative value defines three tiers of prevention. Primary prevention is an actual decrease in the incidence of a disorder, be it suicide or mental illness. Secondary prevention attempts to diagnose and treat earlier to reduce the length and severity of disorders. Tertiary prevention is to reduce impairment and handicap associated with a disorder. Hornblow finds that there is no evidence for great success in primary prevention, while there is promising evidence for secondary and tertiary prevention, generally by providing information and referrals and providing some form of support through difficult times.

A plethora of recent internet counselling research papers also consider the question of the three aspects of prevention. Amongst these are Patten (2003); Anderson, Bergström, Hollandäre, Carlbring, Kaldo and Ekselius (2005) 'Barak (2007) and Barak and Bloch (2006).

Generally, the research literature seems to be addressing three main issues. Firstly is telephone counselling effective, secondly how to address this question and lastly what criteria are being used to determine this? The Helplines Australia research attempts to address some of these issues and highlight the limitations in conducting such research. Reference is also made to e-support and e-counselling studies, although very few of the services that participated in the Helplines Australia research are using the internet for support or counselling.

The primary focus amongst helplines and telephone counselling services in Australia today, however, remains the telephone, as established by the demographic survey conducted in stage one, and therefore the Helplines Australia research was focussed on the telephone.

Given that it is accepted that counselling and psychotherapy are effective therapeutic interventions, and given that the same basic skills are being used for telephone counselling (Hambly 1989, Rosenfield 1997, & Rosenfield 2002). It is reasonable to suggest that these services are effective at least in terms of secondary and tertiary preventions (as outlined by Hornblow 1986). Additionally, service evaluations demonstrate that callers generally seem satisfied with the services that they receive and this is supported by the fact that these services keep receiving calls and new services are emerging each year. In Australia, the number of helpline services has increased exponentially over the last decade, with Helplines Australia presently identifying over 500 services across the nation (Campos 2001).

Early research suggests that Helplines are worthwhile community services (Gingerich, Gurney & Wirtz 1988). However, it is difficult to target more specifically the interventions that are most beneficial. This is not only of theoretical interest but can help to provide better and more efficient service delivery.

Different approaches have been used to evaluate telephone counselling, all having limitations of a methodological or practical nature. Major methodological difficulties arise from the fact that, generally, it is not possible in this research context to use before and after measures, control groups and standardised psychological tests or clinician ratings. Furthermore client outcomes cannot be assessed solely in terms of a psychiatric diagnostic framework, given the wide range presenting problems and context required by clinician to make formal diagnosis (Horblow 1986).

The two main methodologies used in assessing telephone counselling services are client follow-up and role-play scenarios. Client follow up involves the caller answering interview questions either immediately after the counselling session or via follow up contact, such as the example discussed above in the Vallentine (2008) study. Using a structured interview, clients are asked to rate aspects of the session on a variety of scales. Some researchers see the client as the obvious place to start, and those with the best insight into whether they have been helped or not are the clients themselves (Young 1989). Others see this as more problematic with the possibility of sample bias, ethical issues (such as informed consent) and the difficulties of measuring positive outcomes (Young 1989).

Role-plays use coached 'clients' to rate counsellors on a variety of scales to access what was the positive about the counselling session. Sometimes the counsellor is not informed that the client is part of an experiment. Davies (1982) in a study of British helplines used a role-playing client to call ten services and found a range of differences in quality, suggesting the need for a higher level of basic training.

Other methodological approaches have used counsellor self-evaluation and take up rate of referrals (Stein & Lambert 1984). The problem with such approaches is that the results are subjective to bias. Though it would be of interest to match counsellor and client feedback on the same sessions, this has not been achieved (Hornblow & Sloane 1980).

Take up rates on referrals would seem to offer a neat, relatively easy measure of success. However, it could be argued that referral take up is not necessarily a result of a counsellor's skill. At least one study has found no significant difference on client satisfaction between those who followed through on referrals and those who did not (Stein and Lambert 1984). This is also regards non take up of referrals as failures, when clients could still have been helped by the session (Rosenbaum & Clahoun 1977).

In a study conducted over an eight-week period at Christchurch Lifeline, callers were invited to be re-contacted within 24 hours to complete a short questionnaire (Hornblow & Sloane 1980). The results indicated that of the sample of 214, counsellors correctly identified one of the two strongest feelings portrayed by the callers, in 63% of calls. Counsellors and callers agreed on ranking of callers problems in 53% of calls. Of calls in which some specific action was agreed on, 68% of respondents had indicated they have done this. Counsellors' evaluation of their own understanding and helpfulness was unrelated to that of the callers' ratings of counsellor effectiveness.

In a study to examine helpful behaviours in a crisis call centre, Young (1989) examined the results of interviews with 80 callers immediately after their calls to a 24-hour crisis line. It was found that the overall most helpful behaviours were listening and feedback, understanding and caring, non-judgemental

support and support that is informative and empowering or illustrates elements of 'directiveness'. This 'directiveness' seemed to result in more change than non-judgemental support alone.

King, Nurcombe, Bickman, Hides & Reid (2003) measured the suicide ideation of adolescent callers to a helpline service at the beginning and at the end of 100 counselling sessions. The sessions were taped and then rated. The study concludes that there was a significant decrease in suicidality and significant improvements to the mental state of the 100 adolescents. The study suggests that helplines provide positive immediate impact to callers during the course of the call. However, it is unclear about the long term impact.

Echterling and Hatought (1989) attempted to look at different phases in crisis calls. Fifty-nine calls were monitored by independent observers and they found that effective intervention can be hindered by social conversation beyond the minimum to establish good rapport; assessment is best carried out in the first two thirds of the call; working with feelings is the most successful during the middle phase of the session; problem solving and strategies for action are best left for the final part of the call. These stages are quite compatible with Egan's (1994) Skilled Helper model.

The Egan skilled helper model is based on empirical research of counselling skills that provide core elements of supportive dialogue which is utilised in the helpline environment. The Helplines Australia Guide to Best Practice 2nd edition (2005) and the Telephone Helplines Association Guidelines for Good Practice 3rd edition (2003) are references manuals for the respective helplines industry in Australia and the United Kingdom. Both of these references are adapted from Egan's model.

As a result of this, Helplines Australia research was designed to identify core competency based skills that helpline workers would possess in order to effectively manage calls irrespective of caller satisfaction or client evaluation in terms of diagnosis and treatment. Furthermore the study investigated some of the support measures that assist helpline workers to be more effective in their role, elements such as experience, supervision, debriefing and awareness of the caller's perspective when providing information and support.

Stage 2 - Background

Having established this core data, six of the 27 services, randomly selected, were involved in Stage 2. This stage was to pilot test the scenarios which were aimed at assessing workers' skill sets.

Different helpline call scenarios were broken down into the five stages of a call/contact framework developed by Helplines Australia as a baseline quality indicator and training and assessment tool (see document Guide to Best Practice, Helplines Australia 2nd edition 2005).

The scenarios were created by the research coordinator who has extensive helplines and electronic contact experience. They were all based on real-life calls that the coordinator had received over her 20 years of experience. Members of the advisory panel were asked to comment on the scenarios specifically to see if they would elicit the skills sought for each stage of the call framework.

Helplines Australia asked the six services to provide a new worker with less than six months' experience, someone who had been working for the service for more than six months and less than two years, and someone who had been with the service for more than two years to be available to answer the scenario calls. We were seeking to assess the skills of each person in responding to a scenario that was *not* addressing the focus of their helpline, thereby intending to test their skills and the application of skills rather than their ability to provide information.

A research assistant, who is both an experienced helpline worker and a social worker, contacted each of the six services and assessed three staff from five of the services and two staff from the sixth (only two staff were working for that particular service), providing a pilot sample of 17 interviews.

Methodology for Stage 2:

The research assistant contacted the services and talked to each of the workers individually to explain the aims of the research and to set an appointment time. She called back at the designated time and chose a different scenario for each of the workers from the same helpline. She took them through the stages of a call, marking their responses against a scoring system created by the data assistant. She also noted the length of time the interviews took and asked them some questions at the end regarding their access to immediate de-briefing and to supervision.

She also noted any feedback the workers provided about the process and the scenarios and this was taken into account before Stage 3 commenced. It was intended that Stage 3 would present the scenarios to three workers from each of the remaining 21 services. The scenarios themselves would be adapted depending on the feedback obtained in the pilot interviews.

Scoring system:

The data assistant who devised and analysed the demographic questionnaire used in Stage 1, created the scoring system to enable objective assessments of the "helpline workers" responses and analysed the outcomes (See attachment A).

The scoring system was based on the qualitative information provided by the helpline worker in responses to each of the questions. The responses were required to address specific relevant details in the scenarios. The more detailed the response addressing each of the aspects of the callers' needs, the more points it would be allocated to the helpline worker's skills set evaluation.

Stage 3 - Background

As there were minimal changes made to the scenarios and the interview process after Stage 2, Stage 3 commenced immediately. Contacting the remaining 21 services that had completed the demographics questionnaire in stage one and reminding them of their intention to participate in the next part of the research proved more challenging than anticipated.

After intensive follow up and both phone and email contact between the services and the research assistant over a four month period, there were a further 23 interviews conducted instead of the anticipated 63. This resulted in the overall sample of 40 interviews an unanticipated shortfall in information. Unfortunately it was not possible for the research team to make up for this.

The nature of some helpline services means that staff/ volunteer time is very limited and the interviews proved to be difficult for smaller volunteer based services to schedule. The reasons given by the services reflected realistic issues: work pressure, changes in management, staff changes and, perhaps most significant, staff reluctance to be 'assessed', even though anonymity was assured and no feedback about any individual's performance was given to their helpline manager; indeed questionnaires were not identified by name, only by organisation.

Methodology for Stage 3:

The aim of the interviews was to determine what factors influence the helpline workers' ability to handle calls appropriately.

It was expected that a specialised or more experienced helpline worker should be able to utilise guidance and counselling techniques, demonstrating advanced call management skills to take the call further.

The scenarios were grouped into the six "staged" steps of progression of a call. The initial stage is related to the opening the call and skills related to addressing the initial contact with the caller. The next three stages of the call relate to addressing the callers needs which have been adapted from the Egan, 3 stage model of counselling.

The last two stages of the call relate to closure of the call and follow up regarding the caller's needs as well as the helpline workers administrative and self care needs.

The staged steps are outlined below:

1. Opening a call – where the key skills are listening, appropriate voice tone to engage the caller and open questions

2. Exploration of the situation – using open, probing, closed and/or hypothetical questions while acknowledging emotions and giving empathic responses

3. Clarification – using closed questions, appropriate silences, paraphrasing

4. The action – establishing options and giving information

5. Ending – summarising, possible use of closed questions, informing the caller when the service is available if they wish to call again

6. Documentation – paperwork, data entry, preparing packages for posting to caller, de-briefing etc.

The scenarios were developed in such a way to become more complex the further into the call they were presented, as would be expected in the exploration of a caller's identified concerns. The scoring system reflects on the nature of the case scenarios which have different levels of complexity and understanding. As a result, the scenarios were 'scored' to indicate whether the skills displayed were basic, intermediate or advanced with higher marks allocated for advanced responses. Each case scenario has a variation in the number of required items. The scenarios and scoring system were designed to keep the participant focused on the stage of the call that the scenario addressed and to stop them progressing on to another stage.

Scenarios deemed more complex would have a range of scores between zero and 49. Scenarios which were deemed less complex would have a range of scores between zero and 39. A highest possible score of 49 could be achieved if the responses were all marked. This would be an indication of top level advanced skills.

Helpline workers were also asked to answer only one scenario from each stage which was chosen randomly by the research assistant, with the exception that it was deliberately not based on the subject matter of the helpline for which the participant worked. It should be noted, however, that in some cases workers had previous experience of the subject matter in the scenarios. This was identified, so that the research assistant expected the helpline worker to rate higher.

The following table illustrates the differing classification of the case scenarios; these are maximum points for scoring each stage. Each scenario had a different presentation and different identified concerns.

Table 1a: Scoring of case scenarios

Scoring	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Parts 1 & 2	6 points					
Parts 3a & 3d	3 points ea					
Parts 3b & 3c	4 points ea					
Scenario A		8 points	8 points	5 points	12 points	2 points
Scenario B		7 points	7 points	7 points	12 points	2 points
Scenario C		9 points	7 points	8 points	12 points	2 points
Scenario D		6 points	5 points	5 points	12 points	2 points

Stage 1 Scenarios (Opening the call).

Helpline workers were asked to respond to one of the following scenarios; the researcher then noted down the responses and score according to the skills judged as basic, intermediate or advanced.

Scenario A1: A caller rings and sounds anxious when you answer.

Scenario B1: A caller is angry when you answer because she has been waiting for 20 minutes.

Scenario C1: A man starts to talk with a strong accent that you find difficult to understand.

Scenario D1: A caller starts to cry as soon as you speak.

Responses illustrating advanced skills for this first stage may include the following:

"I answer the phone after about three rings and state the service name and my first name. I listen and let the caller talk. If they are not able to talk coherently because of crying, or if they sound rushed or nervous because they might be anxious, I reassure them that they can take their time and I can wait. I might say "it's OK, there's no rush", or "it can really help to let out some emotion" and then I would pause and give them space.

With the angry person I'd say "I can hear how angry you sound and I am sorry that you had such a long wait. This is a busy service and now you are through to me, we can talk about whatever it is that has led to you being prepared to wait for such a long time."

For the person with the strong accent I would say "please can you repeat that as I am finding it hard to understand clearly what you are asking."

Stage 2 Scenarios (Exploration).

Helpline workers are asked to respond to one of the following scenarios:

Scenario A2: The caller is male and tells you that his 72 year-old father died after a long battle with cancer 4 months ago and he found his 69 year-old mother dead in her home two weeks ago. The caller is not emotional although he says he was very close to his parents. His dad died in hospital but because mum was at home and not ill, the police got involved. She was buried last week but because they couldn't find anything wrong with her body, they did an autopsy of her brain and that has not been finalised yet. The caller says he will bury the brain later in her grave, because otherwise the family would have not been able to bury her for another three weeks, and that he has to contact the coroner to find out why she died.

Responses illustrating advanced skills for this scenario may include empathy such as "it must have been a shock to find your mum", "it must be really difficult to lose both parents so close together", "who is there to support you?" and some pauses to allow the caller space to think. A more sophisticated skilled worker might also ask about his feelings about making the decision to bury her without her brain and explore the family dynamics.

Scenario B2: The caller is a 29 year-old woman, living with her parents in an exclusive suburb. She says she can hear voices including that of Jesus Christ and is frightened by thoughts of ghosts haunting her. She cannot sleep and prays 20 times a day. She works in a shop but it is hard to go to work just now because the ghosts are on the bus with her and come and disturb her at work.

Responses illustrating advanced skills for this scenario may include empathy such as “it sounds as if it is hard for you to have some peace and quiet” or “it must be difficult to try to pray 20 times a day” and hypothetical questions like “I wonder what would happen if you did not pray 20 times one day?”. Some exploration of the relationship with the parents could happen in this stage too. Some specialised workers might be competent to assess her mental health situation as well.

Scenario C2: The caller is a 50 year old man, married for 6 years and with one adult daughter from a previous marriage who is no longer at home. He tells you he has a gambling debt that he has been keeping quiet from his wife. Recently the debts have increased and he has lost almost $60,000.00. Now the debts have meant that personal possessions will be repossessed by a debt collector. He is frightened at the thought of having to tell his wife who tends to fly into rages.

Responses illustrating advanced skills for this scenario may include acknowledgement of how hard it must have been for him to call the helpline and “confess,” and exploration of the relationships with the wife and daughter. An addictions worker might also begin to explore the issues associated with the onset of the gambling or other behaviours in his past.

Scenario D2: The caller is a 36 year-old woman who tells you she is married to a dope addict who also likes to drink too much. He has told her he’s given up several times before but has never managed to stop using drugs for more than three months. She has two children who are eight and six and she is really fed up of trying to protect them from seeing him stoned or drunk. They are getting too old to be “fobbed off.” She says if she leaves him, she’ll be judged a failure and her mum will be unbearable because he never liked him in the first place.

Responses illustrating advanced skills for this scenario may include the helpline worker acknowledging the frustration in her situation and explore who she really is protecting and what that achieves. A more skilled worker might go into the relationship with mum and why that is so significant.

Stage 3 Scenarios (Clarification).

Helpline workers are asked to responds to one of the following scenarios:

Scenario A3: The caller is a 14-year-old boy, attending a new high school, after moving interstate. He says he has found a lot of difficulty at the new school, where other boys have been taunting and threatening him to the extent that he no longer wants to go to school. Recently he told a teacher but now this has made it worst as the boys are now hiding his school bag and are following him home from school teasing and threatening him. He does

not want to worry his parents as they are finding it hard to settle in the new area as well. He speaks with a strong accent that suggests he is not Australian born.

Responses illustrating advanced skills for this scenario may include, specifically for this Stage of the call, the skills focusing on paraphrasing and empathy so that he feels heard and understood and some questions that might confirm whether or not the bullying is racist and what the implications of that might be for him and what his worst fears are.

Scenario B3: A woman calls who seems to be very nervous. She talks quietly and slowly with lots of pauses. She cries a bit. She says she is living with a partner who has always liked a drink but who is now drinking much more and when he gets home late at night is abusive to her. She has a young son and isn't sure she should be calling because it is disloyal.

The clarification skills here should seek to elicit the nature of the abuse, any reasons why the drinking might have increased and where the child is when the partner is abusive.

Scenario C3: A carer calls about their partner of 43 years. The partner has been recently diagnosed with dementia. The carer is frustrated at the behaviour changes and gets very angry, wanting to hit the partner sometimes. The carer is also feeling guilty because the relationship was never that wonderful, they 'just got on with it' and brought up 3 children, now adults with families of their own and occasionally the carer had affairs to 'keep myself going'. No one in the family ever knew of the affairs. Now the carer feels 'condemned' and obliged to keep on caring, which will mean losing their life.

In scenario C3 responses illustrating advanced skills may include empathy and clarification, acknowledging the impact of the dementia and its likely progression, the feelings the carer has always had about the partner and what the caller means about 'losing' their life.

Scenario D3: A mother rings and takes a lot of coaxing to talk about her 10 year old who is still needing to wear 'pull ups' at night. She is very embarrassed and he can't have sleepover because of it. He is sometimes ashamed of himself and sometimes seems to just accept it. She has tried psychologists before and the doctors, who all say nothing is wrong with him. She doesn't discuss it with her friends and is getting desperate as soon he will be too big for the pull ups.

Here the clarification could be concerned with who the son has seen and how recently, empathising with her feelings of embarrassment and her feelings about her son's differing reactions.

Stage 4 Scenarios (Action)

Helpline workers are asked to respond to one of the following scenarios:

Scenario A4: A woman rings who is 27 years-old. She spent two years in rehabilitation when she was 20 years-old, following a brain injury from a car crash. While she was recovering her brother died in a car crash. He was 18. Her parents are emotionally 'messed up' and won't let her be an independent adult, even though she has completed a degree course and has a job as a graphic designer. They insist on her living at home and when she tries to be a normal 27 year old and stay out late or have a few drinks they are angry at her or tell her she just is not capable of living like others her age. She is well aware of how hard her rehabilitation must have been for them and the loss of her brother, but she really wants to be let alone to be an adult, even to make her own mistakes if that is what happens.

The action stage requires seeking options for change in her living situation and/or in her relationship with her parents. It might also include suggestions she might be able to pass on to the parents for them to consider for themselves.

Scenario B4: A 33 year old man calls to talk about his growing awareness that he is gay. He has never had a gay relationship but really wants to 'come out' and explore his sexuality. Up to now he has denied his feelings and tried to have relationships with women but they have never worked. He has recently started to go to clubs in the city. When questioned he admits that he is beginning to use drugs like ice. He lives 40 kilometres away from the city and last Saturday night he never got home, waking instead on someone's floor. He has no idea whose place it was – no one was there although it looked like a man or men lived there from the things lying around. He has been wondering what happened that night and is partly scared because he can't remember and partly excited that he's broken out of his world. He wants to know what to do next to build on his emerging self. He has been looking at a range of web sites to satisfy his curiosity.

The action stage might include information about where to go to join a group for men who are coming out, for example. It might also include information about drugs and sexually transmitted illnesses and the possible consequences of unprotected sex. Some exploration of the nature of the websites he has been looking at might lead to other information being offered.

Scenario C4: A woman of 31 is very distressed and the call takes a long time to proceed. Initially she says that a friend has just found out she was sexually abused as a child and she has been supporting her. The caller is married with a 'lovely' husband and a daughter six years of age and a son three years old. Then she says that she suddenly had a flashback in the shower yesterday of her grandfather standing over her bed when she was aged six. As

yesterday proceeded she had a flood of memories coming back and recalls him touching her and unbuttoning her nightdress. She also remembers seeing his penis. She rang her sister who is three years older and lives interstate. Her sister broke down saying it happened to her and she had let it happen because he had told her that he wouldn't touch the younger sister if she kept his secret. Grandfather is 87 and frail but not senile. She is finding more and more memories are coming back and she fears she is going mad. If her memories are true then she was abused for several years, till she was 13 before they moved away. She is also feeling bad for stirring up her sister's memories. She is sure her grandmother must have known what was going on because they both looked after the girls while the parents worked. Grandmother is also 87.

The action stage could address what options are open to her now, regarding talking to her grandparents, to her parents, her sister, seeking help for herself and some strategies to support herself.

Scenario D4: The caller is 52 and distressed. Her 23 year old daughter recently killed herself with an overdose. She had tried several times before. The caller is divorced from her husband and the daughter was living with him and his second wife after she, the caller, threw her out because she could no longer cope with the drug behaviour and the failed attempts at rehab that had cost so much money. She also was fed up of the daughter stealing from her and lying to her. The ex-husband is blaming her for the suicide saying she 'didn't care enough' about their daughter because she had walked out on her marriage when the daughter was 16 and he says the girl never forgave her. The daughter moved in with her when she was 19 for a while and then when she was 21, never staying more than a year. She is overwhelmed with emotions about losing the daughter, the ex-husband's behaviour and guilt for not persevering longer with the daughter's habits. She also is battling with feelings that she surely was entitled to her own life and whether that is too selfish. She repeats all the attempts she made to get the daughter to persist with rehabilitation and is going round in circles in the call.

The action stage could be focused on bereavement support or it could be a matter of listening more and offering empathy as she unburdens herself.

Stage 5 (Endings)

For this stage the caller was provided with the same scenario as they had been given in Stage 4 as to provide continuity. The helpline worker was asked how they might bring the call to a close. There were some specific skills that were consistent for all case scenarios.

Stage 6 (Documentation)

For this stage helpline workers were asked the following which was scored as a yes or no response and scored accordingly:

What do you do next when you hang up from the call?
What time out do you take and how do you decide whether or not to take the time out?
To whom do you de-brief and when?

Another of the objectives of the interview was to determine if helpline workers generally operated from the *caller's* frame of reference and not their own frame of reference.

Questions were asked about the helpline workers' self awareness and assumptions or judgements for particular scenarios. If a worker acknowledged that they had a 'problem' with the scenario, this was further explored.

Their subsequent actions if they imagined they actually did get such a call were explored e.g. whether the participant would pass the call on to a colleague or arrange for someone else to call the person back.

Table 1b: Scenarios Descriptions

Stage	Scenario	Description
1	A1	Anxious caller
1	B1	Angry caller (impatient)
1	C1	Caller with strong accent
1	D1	Caller who is crying
2	A2	Recent Bereavement
2	B2	Woman who hears voices
2	C2	Man with gambling debt
2	D2	Woman with young children married to substance user
3	A3	Adolescent with strong accent being bullied at school
3	B3	Woman with abusive partner and a young child.
3	C3	Carer of a partner with dementia
3	D3	Mother of a child who wets the bed
4	A4	Young Woman post serious car accident and overprotective parents
4	B4	Man disclosing his homosexuality
4	C4	Recalled sexual abuse
4	D4	Mother of a deceased substance user.

Professional Background and Training of Helpline workers:

Of the 40 helpline workers interviewed for stages two and three, 7 (17.5%) were volunteers and 33 (82.5%) were paid helpline workers. On average helpline workers worked 21.9 hours per week (ranging from 1.5 hours/ week to 40 hours/week).

The average length of time helpline workers had worked in the helpline service for was 4.2 years (ranging from 3 months to 34 years!)

All helpline workers indicated that the helpline services they worked for had arranged training for them at some stage in their employment. This training was mainly provided by external professionals or other helpline services (57.5%) rather than internally (15%), although 27.5 % of helpline workers had received both internal and external training.

When asked training they had done that was relevant to working on helplines, the responses indicated that the question seemed to be interpreted in two different ways. Some helpline workers provided their relevant qualifications, while others provided information about the types of training they had been given by the helpline service e.g. on the job training. The following table shows the range of professions the helpline workers represented.

Table 2: Professions

Professional Background	Number of Participants
business	1
nurse-clinical nurse specialist	1
community counselling	2
dietician	1
human resources officer	1
journalist/ education	1
lawyer/ mum	1
massage therapist / sex worker	1
mental health worker	1
none	2
nurse	11
nurse- midwife/community health	3
nurse/ public health worker	1
psychologist	4
school teacher	2
SOA in mental health	1

social worker	4
welfare worker	2

Supervision Frequency for Helpline Workers:

In light of the research aims it is important to distinguish three different types of support that is generally provided to helpline workers, these are generally referred to as training, supervision and debriefing. Each type of support can be differentiated and defined in the following manner.

De-briefing: Debriefing involves discussing, with a co-worker or peer, the essence of the call and the immediate impact on the worker. It usually takes place immediately after calls or close to a shift ending. The aim of this is to make sure that the worker does not take the call too personally, even if the call was difficult or perhaps was the type of call where they felt they did not offer much to the caller. It has the impact of enabling the worker to leave their shift without carrying away with them too much of the emotional content of the call or shift. If there is no one to de-brief to, self debriefing is recommended. This is most helpful in writing as it serves as a self therapy and could address the following questions:

1. How did I feel during the calls?
2. What was good about what I said?
3. What could I have done better?
4. How do I feel now?

Supervision: Supervision is a deeper process, with the purpose of supporting workers to enhance the therapeutic aspects of their helpline work. Although most helplines do not require their workers to enter on-going counselling relationships with callers and form longer term counselling contracts, they do require the workers to demonstrate empathy and use counselling techniques even in one-off calls. As such, the workers are required to delve deeper into the issues presented by the caller as part of the helping model and with this can come issues such as transference, projection or over-identification which can affect the way a worker handles a call. Regular supervision, either one to one or in a group, enables workers to be more self aware as they are talking to callers and to explore issues that impact on them that might require deeper discussion elsewhere. Furthermore, supervision groups support on-going learning both from peers and from an experienced supervisor, who might be contracted to include some training as part of the group sessions.

Training: Training involves a process whereby workers are provided information about specific subject areas in relation to their work. This is relevant to the professional development of the worker and upgrading of their skills. The training can be formal or informal whereby the skills and

information is assessed and examined. The purpose of training is to upskill the helpline worker and keeps them informed and up to date with relevant subject matters, skills and management practices

Table 3 shows the reported frequency of supervision provided to helpline workers. Only 7.5% of helpline workers felt that the supervision they had received was inadequate. Two of these indicated they received little supervision, one received supervision once year and one monthly. One participant noted:

"The regular staff have more access to supervision than I do. As I only work a couple of hours a week I sometimes miss out."

Further exploration of the interview data, showed that all of those who were dissatisfied with the amount of supervision they received worked 21-30 hours per week. All were paid workers but three of the four helpline workers had only been working in the position for less than 18 months. As the sample size is only small, further study would be required to find any relationship between these aspects of helpline work and satisfaction with supervision.

Table 3: Frequency of Supervision

Frequency of supervision	Number of Participants
1 every three months/ informal as required	1
Once per fortnight	10
Once per month	11
Once per two months	2
Once per week	2
Once per year	2
Once per week informal supervision and Once per month formal supervision	1
each shift	1
every 2 months	3
every 6 months	2
fortnightly optional workshops	1
little	2
never	2

Performance and Skills set of Helpline Workers:

The following table shows the average marks (percentages) and the standard deviation from the mean (indicating the range of marks) for stages 1 to 5 of the call.

Table 4: Average marks as a percentage, per stage

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
80.8 (± 7.9)	56.3 (± 24.4)	65.1(± 25.1)	70.5(± 24.7)	65 (± 16.8)

Stage 1 (opening) included questions regarding answering the call and establishing rapport with an anxious caller, an angry caller, a caller with an accent and an upset caller. The average mark is quite high with a small standard deviation indicating that the majority of helpline workers could adeptly open a call and handle callers who were emotional from the beginning of the call.

Stages 2, 3, 4 and 5 have lower mean total scores with a larger standard deviation indicating that on average helpline workers were less confident in answering these stages with some helpline workers scoring quite poorly and some scoring quite highly. Once the initial call has been opened, the different skill levels of the helpline workers becomes more evident.

Stage 2 (exploration) involves a greater range of skill level responses i.e. more advanced level responses, which may explain why the mean score for this stage is the lowest of the different stage. The same can be said for Stage 3 (clarification) although to a lesser extent. Stage 4 (action) consists mostly of basic and intermediate responses and so scores more highly.

Stage 5 although apparently designed to assess basic skills in closing the call was surprising in its low average score and high standard deviation. In reviewing the responses for this stage it can be noted that the majority of helpline workers consistently did not provide the caller with information regarding the hours of service in the event that the caller may need to call again in the future. This is considered standard good practice and it was anticipated that helpline workers would automatically include this as part of their closing. Not performing this action has been a significant factor in bringing down the average mark.

The research assistant also assessed whether the helpline workers asked the caller what they intended to do directly after the call. 15 of 22 (68.2%) helpline workers did check to see what the caller had planned. Regarding the first 17 interviews, not all participant responses were documented in this section, however, of those, six participant responses indicated that the caller was asked what they planned to do next.

When the scores of all stages are averaged, the mean score among all helpline workers was 67.5% with a standard deviation of 13.3**.** This confirms that the helpline workers on average provided responses reflecting skills that are of intermediate level. This may reflect the diverse range of professional

training and past experiences that the helpline workers interviewed bring to their work.

Interestingly most helpline workers did report having prior counselling or welfare training with various degrees of experience, which might mean that such people are more likely to be attracted to telephone work than those who have no counselling or welfare background.

Case Scenario Differences and Difficulty:

The scenarios were designed to be challenging. They were created with the intention of making the worker think outside their usual frame of reference and were scored only on skills expressed and not facts. Therefore, if someone displayed the skills of empathy or paraphrasing they scored, regardless of the presenting concerns depicted in the scenario.

Table 5 shows the average marks for each of the scenarios within each stage. According to this table the most difficult scenarios for helpline workers were scenarios C2 and D2 in Stage 2, dealing with gambling and drug and alcohol issues respectively, scenario A3 in Stage 3, dealing with bullying at school and scenario C3 in Stage 4 which dealt with sexual abuse.

Table 5: Average percentage marks per scenario

Stage 2		Stage 3		Stage 4	
Scenario	Av %	Scenario	Av %	Scenario	Av %
A2	60.89	A3	56.57	A4	80
B2	72.84	B3	68.69	B4	76.54
C2	44.55	C3	63.64	C4	60.71
D2	44.90	D3	70.83	D4	64.62

Stage 6 - After the call:

Administration: When helpline workers were asked what they usually did at the end of a call 85% (34 of 40) indicated that they did administrative tasks and some activity for emotional self care; the remainder (15%) indicated that they only did administrative tasks. 77.5% of helpline workers (31 of 40) said that they took a short break after each call, 12.5% said they didn't take a break, 5% took long breaks (one participant said either no break or short break and one participant did not provide a response).

Debriefing: In exploring how helpline workers debriefed after a call the majority of helpline workers (26 of 40) indicated that they debriefed with one person only, mostly a peer or colleague (18 of the 26) whilst the remaining helpline workers debriefed with two or three people (usually a peer or colleagues and a supervisor or manager). The most popular time for

debriefing was after a distressing call (87%) although some helpline workers also indicated they debriefed at least monthly as well as after a distressing call.

Emotional Transference: As part of the interview process the helpline workers were asked to reflect on the emotional impact that such a case scenario may pose on their personal well being and their ability to manage the call. Just over half (55%) of the helpline workers indicated that they were aware of the impact of their own feelings upon the way they handled the call. This shows that only just over one half of the helpline workers were aware of limitations to their ability to operate from the clients' reference and not their own reference. Many indicated that the scenarios were emotionally challenging and mostly out of their area of expertise. This made several of the helpline workers worry that if the call had been real they would not have felt confident they had provided the best service for the caller.

"I think these calls would have been challenging as they are heightened emotional scenarios and are outside the scope of my expertise."

"I would not be confident with some of these scenarios as I didn't know what the best information was to give them, as they are not related to the area I work in."

Only one participant indicated that they over identified with one of the scenarios. Results indicate that there was no difference between those who were more self-aware and those who were not in terms of years of experience years of work.

Assumptions formed from the case scenarios:

When helpline workers were asked about any assumptions they had made in the interviews, 30% of helpline workers said that they had made assumptions but only a few articulated these. Participants formed views of the callers in the case scenarios from their own experiences and inferences from the information provided. The majority of assumptions were regarding information that had not been provided in the scenario e.g. that the woman in stage 2 of scenario 2 had a mental illness.

Twenty five percent (10 of 40) of helpline workers indicated that if they were having trouble with a call they would pass it on to a colleague or manager or refer the caller to a more appropriate service. These helpline workers tended to be the ones who had indicated that they made assumptions about the caller or were aware of the call impacting upon their ability to handle the call totally from the clients' point of reference (9 out of 10).

Classification of Callers identified concerns:

Helpline workers were asked whether it was a requirement of their position to classify callers based on diagnosis or assessment. 72.5% indicated that it was. The main conditions assessed were mental health, cancer type, cardiac assessment and depression and their helpline service provided criteria and procedures for assessing these conditions. Helpline workers also indicated that they had to assess calls for reporting purposes in the cases of children at risk (which are reported to the Department of Community Services in NSW or the equivalent department in their state or territory and/or police) and callers at risk of self harm or harm to others were also deemed reportable. In these cases the helpline service also provided protocols and procedures for the reporting of these calls. In fact, in the participant responses to the scenarios 19 of 40 helpline workers (47.5%) considered and discussed the safety of either the caller or their significant others. One participant noted:

"I feel there should be more questions (in the interview) regarding child abuse and policies and training. It is hard for helplines to know exactly where we stand with reporting. I know we are mandated to act in these situations, but it should be emphasised in training as there are many helpline personnel out there who do not do the right thing."

Referral Information:

Other aspects of handling a call reviewed were appropriate referrals as a reference for callers to follow up on further information or specialised services. 36 of 40 helpline workers (90%), discussed appropriate and relevant referral with scenario callers, and almost all provided details of such services promptly although it was out of the scope of the research to ascertain whether the referrals were accurate or up to date.

In the initial survey, 11 out of 27 services surveyed provided an email service to callers and all services (except one who did not answer the question) had internet access available to their helpline workers to search for information referrals.

At the time of conducting the research only one of the services offered live internet one to one contact.

Results

Is there a difference between paid and volunteer workers on their scores for each scenario stage?

The ratio of paid and volunteer workers is 33:7. This is somewhat surprising considering that Helplines were originally staffed predominantly with volunteers. The number of paid staff in this research may indicate that helplines are increasingly employing full time staffs who have had professional training to assist in the professionalism and credentials of the helpline service. There is also the possibility that paid staff could be more available to offer their time to the research because of longer shifts than their volunteers' counterparts.

The results indicate no significant difference between total score on each stage and whether people are paid or volunteer. However we do need to note that many volunteers had relevant professional backgrounds and experience comparable to paid staff.

Does the type of qualification influence score on each stage?

When the participant professions are recoded into 3 distinct groups such as:
Group 1 - Nursing (all participants with professional backgrounds relating to nursing)
Group 2 – Counselling (all participants with professional background relating to Counselling including, social workers and psychologists).
Group 3 – All other non related professional backgrounds (see appendix 2 page 44)

Results indicate that there is no significant difference in total scores across the different groups of professionals. (See table 1)

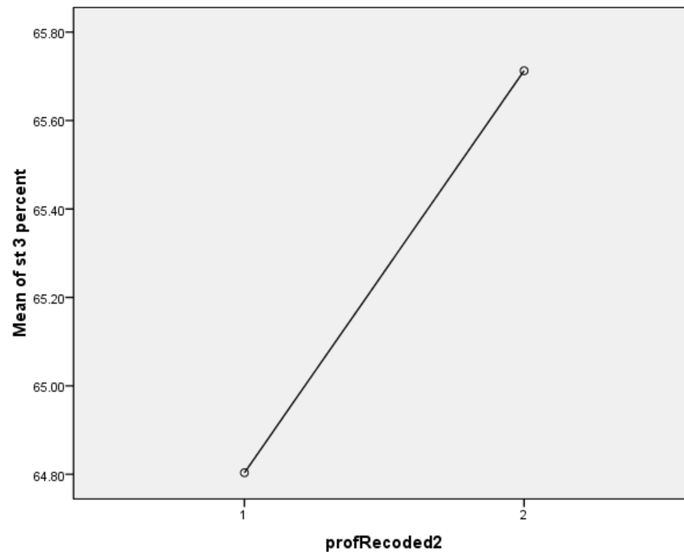
When the participant professions are recoded into 2 distinct groups such as:
Group 1 – Nursing and all other non related professional backgrounds
Group 2 – Counselling (all participants with professional background relating to Counselling including, social workers and psychologists).

Results indicate that there is a reasonable (although not statistically significant) difference between groups 1 and 2 in total score and that group 2 scored higher on stage 3 compared to group 1. This is in the expected direction indicating that those with a professional psychological background would be more skilled and able to attain higher stage scores than those from a non psychological background. Greater differences may have emerged had there been a larger sample of helpline workers in the study.

Table 1: Significance scores for Stages by Professional Background

		Sum of Squares	df	Mean Square	F	Sig.
Stage 2 %	Between Groups	.000	1	.000	.171	.682
	Within Groups	.100	38	.003		
	Total	.101	39			
Stage 3 %	Between Groups	.003	1	.003	3.715	.061
	Within Groups	.034	38	.001		
	Total	.037	39			
Stage 4 %	Between Groups	.000	1	.000	.107	.746
	Within Groups	.082	38	.002		
	Total	.083	39			
Stage 5 %	Between Groups	.000	1	.000	.023	.881
	Within Groups	.069	38	.002		
	Total	.069	39			

Figure 1: Scores for stage 3 according to professional background



Is there a relationship between scores on each stage and to whom individuals debrief?

Results indicate that there is no significant difference between total score on stages and to whom the helpline worker debriefed.

Is there a relationship between scores on different stages?

If the helpline worker scores well on stage 1 are they also likely to score well on stages 2, 3, 4 and 5?

Results indicate that there was a significant correlation between the scores on stages 1 and 2, 1 and 3, 1 and 4, 2 and 3, 3 and 4 but not 2 and 4 and not at all with stage 5. (See table 2)

It is expected that the helpline workers would have consistency in their scores across the stages. The experience and skills level of the helpline worker would enable them to manage the call in their entirety. A notable exception to these results is that stage 5 scores did not correlate with the other stage scores. It could be argued that helpline workers did not illustrate structured skills in closing the call. This may relate to helpline workers often summarising and reflecting on the issues raised by the case scenario and overlooking the standard process to provide key information to the caller, such as hours of service and referral information.

Does the frequency of training influence scores on each stage?

The results indicate that there is no significant difference on total scores depending on how often helpline workers received training. However, the results do indicate that there are close to significant differences found for

Stage 4. The trend in the data for Stage 4 shows that the greater the frequency of training a person receives, the higher their total Stage 4 scores. The connection is clear the more frequent and relevant training the helpline worker receives the more skilled they are at assisting the callers to act on their concerns and provide relevant information.

(It is possible to suggest that the trend could be significant if a larger sample size provided increased statistical power).

Table 2: Correlation of Stage results.

		Stage 6	Stage 1%	Stage 2%	Stage 3%	Stage 4%	Stage 5%
Stage 6 %	Pearson Correlation	1.000	-.028	-.107	.020	-.120	.090
	Sig. (1-tailed)		.432	.256	.451	.230	.289
	N	40.000	40	40	40	40	40
Stage 1 %	Pearson Correlation	-.028	1.000	.361*	.379**	.409**	.110
	Sig.(1-tailed)	.432		.011	.008	.004	.249
	N	40	40.000	40	40	40	40
Stage 2 %	Pearson Correlation	-.107	.361*	1.000	.378**	.212	.197
	Sig. (1-tailed)	.256	.011		.008	.095	.111
	N	40	40	40.000	40	40	40
Stage 3 %	Pearson Correlation	.020	.379**	.378**	1.000	.440**	.261
	Sig. (1-tailed)	.451	.008	.008		.002	.052
	N	40	40	40	40.000	40	40
Stage 4 %	Pearson Correlation	-.120	.409**	.212	.440**	1.000	.198
	Sig. (1-tailed)	.230	.004	.095	.002		.110
	N	40	40	40	40	40.000	40
Stage 5 %	Pearson Correlation	.090	.110	.197	.261	.198	1.000
	Sig. (1-tailed)	.289	.249	.111	.052	.110	
	N	40	40	40	40	40	40.000

*. Correlation is significant at the 0.05 level (1-tailed).
**. Correlation is significant at the 0.01 level (1-tailed).

Table 3: Significance scores for Stages by Frequency of Training

		Sum of Squares	df	Mean Square	F	Sig.
Stage 2 %	Between Groups	.000	2	.000	.041	.960
	Within Groups	.101	37	.003		
	Total	.101	39			
stage 3 %	Between Groups	.000	2	.000	.063	.939
	Within Groups	.037	37	.001		
	Total	.037	39			
Stage 4 %	Between Groups	.011	2	.006	2.868	.070
	Within Groups	.072	37	.002		
	Total	.083	39			
Stage 5 %	Between Groups	.005	2	.003	1.532	.229
	Within Groups	.063	37	.002		
	Total	.069	39			

Conclusions

Evaluation of Methodology

In total there were 40 interviews conducted. There were two interviewers, one performed 37 of the interviews and the other, three. Thus there was reasonable consistency throughout the interview process. The reason for using the second interviewer was that there was a conflict of interest with one helpline service for which the other interviewer was working part time. The average time taken to complete the interviews was approximately 28 minutes and the duration of the call approximately 30 minutes. The majority of helpline workers did not feel that the interview process was too long, however, some commented that the information in the scenarios was difficult to remember as it was presented all at once. As one helpline worker said:

"In these scenarios I'm forced to think quickly and I don't normally work like that."

Some helpline workers also recognised the difficulty of gaining the information in the scenario all at once and not through a process of questions and answers where the caller could guide the helpline worker to discuss the issues most important to them. One participant noted:

"It is difficult when you get a scenario all at once when that is not how you would answer a call and you would let the caller guide the direction the call took. Some of the scenarios may have gone very differently depending on what the caller wanted to discuss."

Additionally, the scenarios were based on counselling skills, which led one participant to state:

"We are not a counselling service and provide information only. Even if we have the skills to provide counselling we are not in a position to provide further emotional support to callers. This may have affected the responses provided in the scenarios."

This raises some interesting questions as part of the intention throughout was to elicit the level of counselling skills that workers had in order to deliver an effective service and almost all the services who participated in this stage of the research are known to offer 'information and support'; in other words none of the services in the interviews advertise themselves solely as a factual information line.

Apart from the above aspects, the majority of helpline workers had no problems with the interview methodology and as one helpline worker said:

"I think it gives you a general idea of what we do on the helpline here."

In an interim analysis of the interview methodology (after the 17th interview, at the end of Stage 2) it was found that many helpline workers thought the scenarios would more closely resemble real calls if they were presented in the first person and not the third person. Subsequently, the scenarios were re-written in the first person for the remaining helpline workers.

The interim analysis also showed that there were aspects of the call stages that were more fluid than expected. In particular, although empathy is usually expected to be shown in Stage 2 (exploration of the call), the majority of helpline workers at the time of the interim analysis had shown empathy for the "callers" in their responses to scenarios in Stages 3 (clarification) and 4 (action) as well. In addition to empathy, helpline workers tended to discuss appropriate referral to other services throughout Stages 2, 3, as well as Stage 4 (action) where it would be most appropriate if a strictly staged model was used.

The research team is aware that the tendency to use some Stage 4 skills in the other stages could be because the stages of the call were segregated and each participant received a different scenario for each stage. In turn, they may have felt the need to cover aspects of other stages in addition to the stage they were supposed to focus on. It may, however, show that the aspects of empathy and referral are more fluid and not necessarily limited to certain stages of the call.

Another finding from the interim analysis was that in Stage 5 (ending the call), helpline workers regularly included a summary of the discussions for the caller and then asked the caller what they intended to do directly after the call was finished. It was not clear why this was so prevalent, although it is known that many helpline services do train workers to use this as a technique to assist callers to detach from the (often) intensity of the call. These aspects of closing a call were also included in the updated version of the scenarios.

Timeframe

It took considerably longer than anticipated to recruit helpline workers and to set up appointments for Stage 2, owing the logistics involved in contacting each potential participant and then arranging the interview time. All 17 interviews were completed by the end of September 2007, after which there was a discussion between the coordinator, the data assistant and the research assistant about the feedback from the helpline workers and from the assistant regarding the process. Three minor changes were made to the scenario questionnaires and then Stage 3 commenced in October 2007. Stage 3 interviews were finally completed by December 2007 and the data analysis took place during January 2008.

Discussions and Recommendations

It is quite clear from this research that there are basic and universal skills that a helpline worker would need to possess in order to sufficiently address the needs of the callers. The skills sets are obviously related to the competencies of managing the call in a way that would be socially expected in any dialogue between two people, which includes respect and understanding.

It is also quite clear from this research that support must be provided to the helpline worker to be able to provide the caller with relevant information. The research suggests that a well trained and informed helpline worker would most likely possess sufficient skills to appropriately inform and support callers.

Although not statistically significant due to the small sample size, it was indicated that those with a professional psychological background in psychology or counselling gain higher stage scores for specific stages of the call management process than those from a non psychological background. Such workers appear to have better ability to identify callers' needs in a situation which is not familiar to their area of expertise. Volunteers and paid workers appear to be equally effective in helpline work. However we note that many volunteers had relevant professional backgrounds and experience.

The research also indicates that there appears to be an overlap of skills and a "fluency" of how the helpline worker manages the call (scenario), via the stages. Perhaps the time has come to review the usefulness of a staged model and to instead perhaps create a more fluid model of support. Clearly there would still be a beginning and an end but adhering to a staged process may hinder the flow of the dialogue and the process would be less distinct.

This research also has a number of limitations either due to methodological design or the lack of participants to provide robust findings. As a result a number of hypotheses could not be addressed, however the results do give preliminary information and future research could be aimed at being able to provide predictive information.

The current data from this research cannot answer if clinical supervision and/or regular training or professional development has an impact on the ability of helpline workers to withstand the emotional pressures of their role. The dependent variable 'ability to withstand emotional pressure' has not been clearly defined in the data or specifically asked in the questionnaire. We do not know if workers are withstanding the emotional pressure well. We had anticipated that staff member's length of service might provide some idea of this, but this has not been the case. Furthermore, this is a very complex question with many variables that could impact on the outcome.

Examples here include the type of supervision, the quality of supervision and the nature of training. The current results suggest that supervision has a number of definitions that overlap with debriefing and training. As a result, helpline workers have varying requirements of supervision and their understandings of the purpose and frequency for supervision are inconsistent.

Another difficulty with this question is the nature of the dependant variable to be measured. A number of suggestions have been made such as length of time in current employment, quality of supervision and the need for workplace statistics on staff and volunteer turnover. This research methodology of using participant's questionnaire as the sample, means the data and results do not have a context to which it can be interpreted. Workplace statistics such as 'number of sick days', 'leave days', 'rate of workplace turnover' may provide further insights to this question.

Clinical supervision would be better measured by asking not just the worker but also the manager. Data can be very unreliable when asking people to remember what they have done and so asking two sources can make the information more reliable.

Various Australian quality frameworks exist for helplines including Helplines Australia's Guide to Best Practice, The Quality Improvement Council's Helpline and Web Standard as part of the Community Services Module, The Australian Psychological Society's Guide to Working Online and the recently drafted Quality Framework for Telephone Counselling and Internet-based Support Services Sector (Commonwealth Department of Health and Ageing 2008). However, none provide detailed competency based skill sets for telephone work.

Recommendations:

In order to produce a robust method of ensuring workers' skills sets are comparable from service to service and are not dependent on the focus of the helpline, competencies have been developed from the indication of this research which organisations can integrate into their own training programs for staff/ volunteer monitoring and professional development. As a result the following recommendations are made:

1 - All workers are specifically trained in information giving skills alongside the traditional communication skills.
There is evidence to indicate that the trend in data would support this hypothesis had sample size being greater as there are some reasonable differences found for Stage 4 total scores.

2 - That Helplines workers adopt a checklist at the end of the call making sure key information such as mentioned here is provided to the caller prior to ending the call.

From this study it would appear that Helpline workers do not have a structured format to end the call. It seems that helpline workers are able to reflect and summarise the content of the call very well, but would often fail in providing follow up information such as hours of service, call back time and checking and clarifying referral information, such as dates, phone numbers and web pages.

3 - That training be provided for experienced telephone workers to prepare for the increased use of internet or email at least two months before such a service is fully integrated into a helpline so that workers are competent using these media.
Research suggests that helpline workers experience difficulties adapting to the medium and delivering an effective service. This follows evidence that more helplines will begin to use online services simply to maintain current with the needs of their client groups.
4 - That every helpline worker is provided with feedback or to be listened in to, (subject to caller permission) by a supervisor or other skilled worker at least one shift a year as part of their on-going training and development.
This follows on from anxiety expressed by some workers about the process of having to answer scenarios outside their familiar area and of having to 'pretend' to answer the 'calls' suggests that most workers are not familiar with being listened in to or are receiving one to one feedback about their skills.

5 – That every helpline service provides an environment that is conducive to de-briefing. Most importantly, helpline workers should have the ability to end a call and be given time to discuss the content of the call if they so wish. This is particularly important when the helpline worker has completed a crisis call that is emotionally taxing. The helpline service should ensure that the helpline worker is able to discuss their call with their peers or supervisor either by face-to-face or via a phone call.

6 – That formal training and/or supervision should be provided by all helplines on a regular basis. This should be provided through face-to-face sessions or via tele/video conferencing using a supervisor skilled in the helpline work or service area.
For smaller services, training may occur less frequently, or be provided or contracted by a larger training specialist agency. Larger services or services that provide specific information relating to medical or psychological interventions, the training may need to be assessed and monitored. Continuing professional development may need to be put in place to helpline workers.

This research was also conducted to identify key competencies that inform and help develop a framework to assist the helpline worker to develop their skills and from the recommendations the researchers have identified key competency based skills that would inform a helpline service and a helpline worker to be better able to manage the dialogue that occurs between the

worker and the caller, this in turn would assist callers in being supported and informed.

Competency skills set.

The results recorded in the questionnaires and based on the Egan's model of service delivery, key areas of competency were identified as a guide to assist helpline workers in the service delivery. The research team evaluated the data, interviews and research on a subjective and objective basis. The following are skills made from this evaluation and are suggestive to good practice in the helpline service delivery.

Core skills:

- Awareness of cross cultural issues, English as a second language, vision or hearing impairments as well as intellectual or physical disabilities.
- Demonstrate an ethical awareness relevant to the helpline service requirements and the caller's needs.
- Demonstrate the use of supervision to support work with callers in manner that is consistent, effective, safe and ethical.

1) Opening call:

- Establish contact with callers through voice tone, pitch and opening greeting.
- Introduction of the service and the name of the helpline worker to the caller.
- Develop rapport through listening and using reflective prompts to convey attentiveness.
- Ask occasional open ended questions to encourage the caller to discuss their concerns.

2) During the call;

- Maintain contact through listening and the use of open and closed questions.
- Listen closely to what the caller is attempting to convey and how they are conveying.
- Convey empathy using paraphrasing and summarising
- Demonstrate the ability to work with difference and diversity as required by the caller.

3) Conveying information:

- Summarise, giving reasons, the support and information needs either requested by the caller or discerned by the worker.

- Deliver information in a sensitive manner, explaining options and follow up the information with open questions to assist the caller to choose the most appropriate options.
- If providing referral details of other organisations, ensure caller has noted information accurately.

4) Ending the call:

- Use questions and empathy to support a caller to plan a course of action which meets their requirements.
- Summarise and provide information about how the caller can receive further support or information if required.

5) After the call:

- Demonstrate ability to utilise database to log call as required
- Complete any action as required by the call such as posting literature or sending an email/ mail.
- Monitor self in relation to the call to support effective performance and self development.

6) Service Competencies

- All helpline workers are regularly assessed internally or by an external auditor for skill quality and ability in a supportive manner so that they can receive genuine feedback and this serves as a useful evaluation of the service as a whole.
- Professional development sessions focussed on telephone and internet techniques for approx 8 hours (one day) per year.
- Professional development relating to mental health, health information and welfare information as per many registration bodies in the relevant professional sectors.

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Directline Victoria
Dympna House Counselling and Resource Centre
FPA Healthline NSW
Gamblers Helpline Victoria
Gay and Lesbian Counselling Service NSW
Healthlink Victoria
Heart Foundation South Australia
Hep C council NSW
Karitane NSW
Lifeline Cairns, Queensland
Lifeline Northern Beaches NSW
Mental Health Information Service
NSW Rape Crisis Centre
Parentline ACT
QUIT NSW
Rape Crisis Helpline
Sids and Kids Helpline NSW
Telefriend NSW
Tresillian NSW
Women's Health Information Centre Victoria
Youth Health Line

Attachment A

Case Scenarios
Questionnaire and record sheet.

Background

The aim of the following is to determine the skills used to respond appropriately to each situation. In each scenario, we will ask workers to talk to a researcher on the phone to answer the questions, about how they would handle the call. If the subject matter is not familiar to them, we'll ask them to answer up to the point, at which factual information is required, then assume that this is provided and continue with the 'call'.

The base assumption of this is that anyone with good skills can handle any call up to the point at which factual information is required. So whilst a worker might be on a cancer helpline, if their skills are good they should be able to talk to someone with a family drugs problem even if cancer is not present, up to a certain point. Equally, a specialised worker should take the call further in each stage from 2 onwards than would a non-specialist. In our 'scoring' we have to make provision for this distinction. We also need to keep the worker focused on the stage of the call that the scenario addresses and stop them progressing on to another stage.

We are also throughout seeking to determine if workers generally operate from the CALLER'S frame of reference and what the workers own frame of reference is and how these merge or separate during the stage i.e. worker self awareness and assumptions/judgements.

PLEASE NOTE: if a worker acknowledges that they have a 'problem' with the scenario, this should be explored. If the problem is that it triggers something too close to them, the researcher should ask them what they'd do if they actually got such a call (seek to pass it to a colleague or arrange for someone else to call the person back etc) and then give them a different scenario for that stage.

The scenarios are grouped into the 6 stages of a call. This is adapted from the Egan 3 stage model of counselling. Obviously, the scenarios are more complex the further into the call they are presented below.

Workers are expected to answer only one example from each stage below.

1. Opening a call where the key skills are listening, appropriate voice tone to engage the caller and open questions

2. Exploration of the situation using open, probing, closed and/or hypothetical questions while acknowledging emotions and giving empathic responses

3. Clarification using closed questions, appropriate silences, paraphrasing, empathy

4. The action part – establishing options and giving information

5. Ending – summarising, possible use of closed questions, informing the caller when the service is available if they wish to call again

The 6th stage of a call is the documentation following the call – paperwork, data entry, preparing packages for posting to caller, de-briefing etc. For the purposes of this exercise we will ask generic questions about this stage.

Demographic Questions

Name of service:

1) Start time of call: ____

2) Are you paid or volunteer staff (please circle)

3) How long have you worked at this service for?_________________________

4) How many hours per week do you work: ____________________________

5) What is your profession:_______________________________________

6) What training have you done that is relevant to working on helplines:
____
____
____
____

7) Has this service ever organised relevant training for you? Yes/ No (please circle)

8) Was this training conducted by personnel who were internal or external to the service? Internal/ external (please circle)

9) How often does the service provide supervision for you?
____
____

10) Do you feel that this is adequate to your needs? Yes/No (please circle)

<table>
<tr><td colspan="5"><u>Stage 1. Opening:</u>
In each explain the skills you would use to enable the call to proceed. Speak the words you would use and highlight which skills this demonstrates.

This stage requires quite specific skills to begin the process of seeking positive regard (as defined by Rogers) to convey empathy and also to acknowledge if there was anything in the caller's words or voice that might have triggered something for the worker i.e. self awareness</td></tr>
<tr><td>1)</td><td><u>Ringing</u>
If you are not already busy with a phone call, how long would you usually wait before answering a call?</td><td>Good practice suggests 5-10 seconds minimum to enable the worker to be prepared, and the caller to register that the line is not engaged, is not an answering system and they can expect a 'live' person to answer</td><td>Possible Score</td><td>Actual score</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"><u>Notes</u></td><td>a) 5 – 10 secs</td><td>2 point</td><td></td></tr>
<tr><td>b) 11 – 30 secs</td><td>1 point</td><td></td></tr>
<tr><td>c) <5 secs or >30 secs</td><td>0 point</td><td></td></tr>
<tr><td>2)</td><td><u>Greetings and identification</u>
How do you greet the client?</td><td>Worker should greet the client, give the name of service and their own name, unless policy prevents them giving their name</td><td></td><td></td></tr>
<tr><td rowspan="3"></td><td rowspan="3"><u>Notes</u></td><td>a) greeting</td><td>1 point</td><td></td></tr>
<tr><td>b) identify service</td><td>1 point</td><td></td></tr>
<tr><td>c) identify self (if permitted for that service)</td><td>1 point</td><td></td></tr>
<tr><td>3)</td><td colspan="4">In the following scenarios please indicate how you would deal with each caller:</td></tr>
<tr><td>3a)</td><td colspan="4">A caller rings and sounds anxious when you answer</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"><u>Notes:</u></td><td>Listen and let the caller talk</td><td>1 point</td><td></td></tr>
<tr><td>Acknowledge how it must have been difficult to</td><td>1 point</td><td></td></tr>
<tr><td>Show empathy with caller</td><td>1 point</td><td></td></tr>
<tr><td>3b)</td><td colspan="4">A caller is angry when you answer because she has been waiting for 20 minutes
<u>Possible response:</u> 'I can hear how angry you sound and I am sorry that you had such a long wait. This is a busy service and now you are through to me, we can talk about whatever it is that has led to you being prepared to wait for such a long time'.</td></tr>
</table>

	Notes:	• Acknowledge person's anger	1 point	
		• Apologise for caller having to wait	1 point	
		• Outline why there is a waiting time on the	1 point	
		• Reassure the caller of your interest in their issue	1 point	
3c)	**A man starts to talk with a strong accent that you find difficult to understand.** **Possible response: 'please can you repeat that as I am finding it hard to understand clearly what you are asking'. "**			
	Notes:	• Interrupt the client if you cannot understand	1 point	
		• Apologise for interrupting	1 point	
		• Explain you are having difficulty hearing/ understanding the caller	1 point	
		• Ask the caller to repeat slowly what they have already told you	1 point	
3d)	**A caller starts to cry as soon as you speak.** **Possible response: If they are not able to talk coherently because of crying, reassure them that they can take their time and you can wait. You might say 'it's OK, there's no rush', or 'it can really help to let out some emotion 'and then pause and give them space.**			
	Notes:	• Reassure caller that they can take their time	1 point	
		• Give them "permission" to cry/ be emotional	1 point	
		• Pause, give caller time to release and compose	1 point	

	Stage 2 Scenarios Exploration. This stage continues the process of seeking positive regard and developing empathy.		
1)	I'm a 45yr old male. 4 months ago my 72 year old father died after a long battle with cancer, then 2 weeks ago I found my 69 year old mother dead in her home. I don't feel emotional about it even though I was very close to my parents. My dad died in hospital but because mum died at home and she hadn't been ill, the police got involved. She was buried last week but because they couldn't find anything wrong with her body, they did an autopsy of her brain and that has not been finalised yet. I suppose I'll have to bury the brain later in her grave. I went ahead with the burial because otherwise my family wouldn't have been able to bury her for another 3 weeks. I still have to contact the coroner to find out why she died. Here the exploration could include empathy such as "it must have been a shock to find your mum", "it must be really difficult to lose both parents so close together", "who is there to support you?" and some pauses to allow the caller space to think. A more skilled worker might : ▪ ask about his feelings about making the decision to bury her without her brain and explore the family dynamics ▪ have a sense of the possibility of complicated grief and where they might take that		
	Notes:		

Criteria	Points	
• Show empathy with caller	1 point	
• Provide pauses for caller to speak	1 point	
• Ask about the caller's feelings	1 point	
• Appropriate use of open and closed questions	1 point	
• Explore caller's decisions	1 point	
• Explore caller's supports	1 point	
• Showed understanding of complicated grief	1 point	
• Explore callers personal safety	1 point	
• Refer to other services as needed (√ if covered)		

2)	I'm a 29 year old female. I still live at home with my parents in Vaucluse. I hear voices in my head, I think sometimes Jesus is talking to me. I'm not sure though. I'm really scared that the voices might be evil spirits or ghosts haunting me or something. I can't sleep, and I pray about 20 times a day. I work in a shop but it's hard to go to work right now because I feel like the ghosts or whatever are on the bus with me when I go to work. When they come and I'm at work it's really hard to focus on my job. Here the exploration might include empathy such as "it sounds as if it is hard for you to have some peace and quiet" or "it must be difficult to try to pray 20 times a day" and explore hypothetical like "You must have a good reason for praying 20 times per day", or "which prayer or time of day to pray is more significant or meaningful", or "what would happen if you did

	not pray 20 times one day?". Some exploration of the relationship with the parents could happen in this stage too. Some specialised workers might be competent to assess her mental health situation as well. Those who aren't mental health specialists are not expected to go that far. It is important for a worker not to challenge someone that has delusional traits or challenge her belief system. It will be important for the worker to embrace the callers reality to engage with the caller.			
	Notes:	• Show empathy with caller	1 point	
		• Explore hypotheticals	1 point	
		• Explore personal relationships	1 point	
		• Explore personal beliefs	1 point	
		• Assessment of caller mental health	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore personal safety of caller	1 point	
		• Refer to other services as needed (√ if covered)		

3)	**I'm a 50 year old man. I've been married for 6 years, I have one adult daughter from a previous marriage but she doesn't live at home with me anymore. I've been gambling for many years but over the past 6 months I've hit a really bad loosing streak. Altogether I've racked up a gambling debt of about $60,000.00. My wife knows I gamble a bit but she doesn't know how badly I'm in debt now. It's got to the point now where the repo man is going to come around and take some of our stuff as payment. I'm going to have to tell my wife what's happened but I really don't want. I know she's going to loose it, when she gets angry, it's awful. I know I have to tell her, I don't want her to find out when the rep man turns up.** **The exploration here could include acknowledgement of how hard it must have been for him to call the helpline and 'confess', and exploration of the relationships with the wife and daughter. An addictions worker might also begin to explore the issues associated with the onset of the gambling or other behaviours in his past.**			
	Notes:	• Acknowledge difficult decision to contact	1 point	
		• Show empathy with caller	1 point	
		• Explore relationships with wife and daughter	1 point	
		• Explore history of gambling behaviour	1 point	
		• Explore issues associated with gambling	1 point	
		• Explore issues associated with other possible behaviours	1 point	
		• Explore purpose of confession and hopes of what might eventuate	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore personal safety of caller	1 point	
		• Refer to other services as needed (√ if covered)		
4)	**I'm a 36 year old female. I'm married with 2 kids, a 6 and an 8 year old. My husband, Brad, smokes dope at home and he drinks too much too. He's said he's going to give up a few times before but he's never been able to stop using drugs for more than 3 months. I'm really tired of trying to protect the kids from seeing stoned or drunk. They're getting too old to be 'fobbed off'. I'd think about leaving him but if I did I know my mum would be unbearable. She never liked Brad in the first place. She told me I shouldn't have married him. I couldn't stand her gloating, saying she was right. I'd feel like such a failure.** **The helpline worker could acknowledge the frustration in her situation and explore who she really is protecting and what that achieves. A more skilled worker might go into the relationship with mum and why that is so significant.**			
	Notes:	• Acknowledge frustration of situation	1 point	
		• Show empathy with caller	1 point	
		• Explore protective behaviour	1 point	
		• Explore significance of relationship with mother	1 point	

		• Appropriate use of open and closed questions	1 point	
		• Explore personal safety of caller	1 point	
		• Refer to other services as needed (√ if covered)		

<u>Stage 3 Scenarios Clarification.</u>

This stage seeks to demonstrate to the caller that the worker has understood the issues from the CALLER'S perspective and has accurately assessed these issues.

1)	I'm a 14-year-old boy. We moved interstate at the beginning of the year and I started a new high school. It was really difficult leaving my friends. I've found it really difficult making friends at the new school. People are so cliquey. There are some boys too that have been picking on me, hiding my school bag, that sort of thing, being real idiots, especially in front of the girls. I hate them. I hate the school. I really don't want to go back. Last week I told one of the teachers that those guys had been picking on me but that only made things worse. Last Thursday they started following me some of the way home, calling me names, saying I'm a coward and can't stick up for myself. They even threatened to bash me if I told the teachers again. I haven't told mum and dad, they are having a hard enough time themselves settling in. I don't want to add to their worries. He speaks with a strong accent that suggests he is not Australian born. Specifically for this stage of the call the skills should focus on paraphrasing and empathy so that he feels heard and understood and some questions that might confirm whether or not the bullying is racist and what the implications of that might be for him and what his worst fears are. It may be important for the worker to explore social networks (in and out of school) that the boy already has to assist him to develop some confidence and perspective on the situation.			
	<u>Notes:</u>	• Show empathy	1 point	
		• Acknowledge frustration of situation	1 point	
		• Explore significance of taunts/bullying with respect to possible racism	1 point	
		• Explore the boy's fears	1 point	
		• Explore the boy's access to social networks and support	1 point	
		• Explore personal safety of caller	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Appropriate use of paraphrasing	1 point	
		• Refer to other services as needed (√ if covered)		
2)	I'm a 29 year old woman. …Ummm, I don't really know why I'm calling, (she talks quietly and slowly with lots of pauses), umm, ..I think, I think I just want some to talk to someone. …Last night (starts crying)…Umm my partner drinks a bit, but lately he's been drinking heaps more. He's started staying out late and coming home drunk and being abusive to me, calling me names, saying I'm stupid and stuff. Last night he was really bad. (She starts crying again.) He was loud and aggressive.			

	Maybe he's just going through a hard time at work or something. I don't mean to sound like he's always like that, it's just when he drinks. He can be really nice otherwise. He's really good with my son and everything. The clarification skills here should focus on paraphrasing and empathy to elicit the nature of the abuse, any reasons why the drinking might have increased and where the child is when the partner is abusive. We also expect the worker to reflect on any assumptions they might be making about the caller or the situation and any triggers the content might have for them, i.e. an indication of self awareness.			
	Notes:	• Show empathy	1 point	
		• Explore nature of abuse from caller's	1 point	
		• Explore possible reasons for change in drinking habits	1 point	
		• Discuss boy's exposure to partner's behaviour	1 point	
		• Appropriate use of paraphrasing	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore personal safety of caller	1 point	
		• Refer to other services as needed (√ if covered)		
3)	I'm a 65 year old female. I've been married for 43 years. My husband was diagnosed last year with dementia. It's really hard sometimes, caring for someone with dementia. I get so frustrated at how different he's become, his behaviour sometimes, it's just not like him. Sometimes I get so angry I just want to hit him. That sounds awful I know, I feel really bad that I could actually feel that way towards someone I've been with for so long. But to be honest our relationship has never been that wonderful. We had 3 children and spent most of our time bringing them up, concentrating on them. But they are all grown up now with kids of their own. When I was younger I had a few affairs, just to keep the spark in my life. No-one ever knew about them, especially my husband. Now, I guess I feel trapped, I know it's my duty to look after my husband. I feel like I'm trapped, I can't leave him alone. It feels like I'll never have time for me again. It's kind of like I'm loosing my life, my freedom. In this scenario the clarification includes paraphrasing and empathy and acknowledgement of the impact of the dementia and its likely progression, the feelings the carer has always had about the partner and what the caller means about 'losing' her/his own life. Explore issues of self identity and the decision made that shows the caller has some rational purpose for staying in the relationship and making these choices.			
	Notes:	• Show empathy	1 point	
		• Acknowledge the impact of dementia and the role of caring	1 point	
		• Explore feelings the carer has had towards the partner	1 point	

		• Explore further feelings of "losing his/her own life" (self identity)	1 point	
		• Appropriate use of paraphrasing	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore personal safety of caller	1 point	
		• Refer to other services as needed (√ if covered)		
4)	**I have a 10 year old boy, he's in Year 4 at school. He's a really good kid, he's got some nice friends, doing well at school I think. He's pretty good in most respects but he has a problem with wetting the bed still. I have to keep a mattress protector on his bed and he wears pull-ups too. I've taken him to the doctor and even a psychologist. They said there was nothing wrong with him. I don't know why he does it, why it happens. I worry that it might be something I'm doing wrong. I'm so embarrassed about it. I can't talk about it with anyone. My son, well sometimes he seems to accept it and then other times I think he feels ashamed of himself. He can't have sleep over because of it. I just don't know what else to do, what to try. He's going to be too big for the pull-ups soon and then I don't know what I'll do.** **Here the clarification could be about who the son has seen and how recently, empathising with her feelings of embarrassment and her feelings about her son's differing reactions. Explore with the mother how the child's behaviour is impacting on her as a mother – and what does this mean to her as a mother.**			
	Notes:	• Clarify who the son has seen and how recently	1 point	
		• Empathise with her feelings of embarrassment	1 point	
		• Explore her feelings about her son's feelings/ reactions	1 point	
		• Explore the caller's feelings about her role as a parent/ mother	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Refer to other services as needed (√ if covered)		

	Stage 4 Scenarios Action This stage seeks to present options to the caller and provide reasons for those suggestions. It is definitely NOT about telling the caller what they *should* or *ought* to do (i.e. advice giving). It should present any suggestions with empathy and enable the caller to feedback on what they think about the suggestions. We do not expect people who are not specialists in the area of the scenario to know of actual agencies for the caller to contact for further help. Nor do we expect any worker to advocate for the caller or take action in their behalf. If any worker does this, Researcher must explore why they felt compelled to do this.			
1)	I'm a 25 year old female. When I was 23 I was involved in a car crash and had a pretty bad brain injury. I was in rehab for 2 years. While I was there my brother died in a car crash. He was 18. My parents are pretty emotionally 'messed up' about all that's happened. I'm pretty good now though; I finished my degree and got a job as a graphic designer. I feel like I should be starting to live my own life but my parents are really protective of me. They worry so much and though I really love them they won't let me do what I want to do. I want to move out and be like any other 'normal' 25 year old, stay out late, have a few drinks, that sort of thing. But they won't let me leave home. They just get angry or tell me I'm not capable of living like others my age. I know my accident, the rehab and my brother dying must have been terrible for them, but I really wants to be independent, to be an adult and make my own mistakes if that is what happens…….. The action stage requires seeking options for change in her living situation and/or in her relationship with her parents. It might also include suggestions she might be able to pass on to the parents for them to consider for themselves.			
	Notes:	• Show empathy (√ if covered)		
		• Explore personal safety of caller (√ if covered)		
		• Explore options for change in caller's living	1 point	
		• Explore options for change in caller's relationship with parents	1 point	
		• Suggestions caller may consider making to her parents about their situation	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Refer to other services as needed	1 point	
2)	I'm a 33 year old man. Over the past year or so I've been coming to the realisation that I may be gay. I've never had a gay relationship but I think I'm ready now to 'come out' and explore my sexuality. Up to now I've been denying how I feel, I've kept trying to have heterosexual relationships. I've had several girlfriends through-out my life, but they never work out. I live about 40 kms away from the city but I've started travelling into the city to go to the clubs there. Some of my friends have introduced me to different party drugs like Ice. Last Saturday night though, I don't know what happened. I didn't make it home and woke up on someone's floor. I had no idea whose place it was –no one was there, though it looked like a man or men			

	lived there from the things lying around. I'm a bit scared because I can't remember what happened but I also feel a bit excited, like I'm starting to break out of my old world and venture into a new one. Now that I've started this "journey" I want to know what to do next, what I should do to build on my emerging self. I've been looking at different web sites to try and teach myself about gay culture and language. The action stage might include information about where to go to join a group for men who are coming out, for example. It might also include information about drugs and sexually transmitted illnesses and the possible consequences of unprotected sex. Some exploration of the nature of the websites he has been looking at might lead to other information being offered.

	Notes:			
		• Show empathy (√ if covered)		
		• Explore personal safety of caller (√ if covered)	1 point	
		• Explore possible sources of information about gay culture etc	1 point	
		• Explore possible sources of information about safe drug use	1 point	
		• Explore possible sources of information about behaviours for reducing risk of exposure to STIs and HIV/ Hep C etc	1 point	
		• Discuss web sites/ information sources he has accessed already	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore possible use of support	1 point	
		• Refer to other services as needed	1 point	

3)	I'm a 38 year old woman. I don't really know where to start, this is such a long and complicated story to tell. It's quite distressing to talk about. Recently one of my girlfriends found out that she was sexually abused as a child. It was so upsetting for her and I've been supporting her as best I can through it, you know, being a shoulder to cry on. But the more I've been there for her to talk to the more I've been getting, I don't know what you'd call it, kind of like flashbacks about my own childhood. One of the images that came to me was when I was about 6 and I saw my grandfather standing over me while I was in bed. When I tried to explore why that image disturbed me I started getting floods of memories back. I remembered experiences where my grandfather had unbuttoned my nightdress and touched me in a sexual way. I also remembered seeing his penis. I wasn't sure if I was just making things up in my mind because of what had happened to my friend so I rang my sister who is 3 years older than me. When I talked to her about it she broke down saying it happened to her and she had let it happen because he had told her that he wouldn't touch her younger sister if she kept his secret. My grandfather is still alive, he's 87 and frail but not senile. It's awful. I can't stop thinking about it. The memories keep going round and round in my head and there are times I feel like I'm going to go mad. If the memories are true then I've been abused for years, till I was 13

	and we moved away. I'm also feeling bad because I've stirred up my sister's memories and been the cause of her being distressed. My grandmother must have known what was going on because they both looked after us girls while our parents worked. My grandmother is also 87. The action stage could address what options open to her now are regarding talking to her grandparents, to her parents, her sister, seeking help for herself and some strategies to support herself. Note that exploring options in this case scenario may mean reflecting on the caller's feeling and possibly hypothesise about what could be different or better by talking to the family members (parents, sisters and grandparents) and exploring these feelings.			
	Notes:	• Show empathy (√ if covered)		
		• Explore personal safety of caller (√ if covered)		
		• Explore possibility of talking to her grandparents	1 point	
		• Explore possibility of talking to her parents	1 point	
		• Explore possibility of talking to her sister	1 point	
		• Explore possibility of seeking help for herself	1 point	
		• Discuss strategies for caller to support herself	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore possible use of support	1 point	
		• Refer to other services as needed	1 point	
4)	I'm a 52 year old mother and recently my 23 year old daughter killed herself with an overdose. She had tried several times before. I'm divorced from my husband and when it happened my daughter was living with her father and his second wife. She did used to live with me but I couldn't cope any more with my daughter's drug behaviour and the failed attempts at rehab that cost so much money, so I had to ask her to leave. I just couldn't cope any more. She was always stealing from me and lying to me. I couldn't take it any more. My ex-husband blames me for my daughters suicide, saying I 'didn't care enough' about our daughter. He says that my daughter was never able to forgive me because I was the one that broke up the family. I left my husband when my daughter was about 16. She lived with me on and off, when she was 19 for a while and then again when she was 21, never staying more than a year. I just feel overwhelmed with emotions about losing my daughter. I wonder if my ex-husband is right, that I should have persevered longer with my daughter and her drug habits. He makes me feel guilty and says that I was selfish. But I deserved my own life too. I did try lots of times to keep her in rehab, make her try to stay clean. It just got too much in the end. The action stage could be focused on bereavement support or it could simply be a matter of listening more as she unburdens herself.			
	Notes:	• Show empathy (√ if covered)		
		• Explore personal safety of caller (√ if covered)		

		• Provide bereavement support to caller	1 point	
		• Allow caller to unburden herself	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Explore possible use of support	1 point	
		• Refer to other services as needed	1 point	

Stage 5 Scenarios Closing the call

For this stage, repeat the scenario given in stage 4 and ask specifically how the worker would summarise and end the call. Researcher will then ask them how they would end the same call if the caller kept trying to re-open the conversation and how long they would let the caller continue to do this if the worker feels all that can be covered has been covered.

Apart from what the worker stated above in stage 4, we expect them to tell researcher the actual words they would use to bring the call to a close. Does the worker reiterate or clarify any referral information provided to the caller, does the worker check if the caller details are correct and accurate. How does the worker close the call? This might include a closed question to ask if the caller has anything else, not already discussed, that they want to talk about, mention of when the service is open in case they wish to call again and a way of saying goodbye. We also expect the worker to reflect on any assumptions they might be making about the caller or the situation and any triggers the content might have for them, i.e. an indication of self awareness. Note that: some larger helplines may be able to refer to call transfers, directly referring the caller to another service whilst the caller is on the line.

1)	Scenario 1 Response:			
	a) How the call is closed	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate closing remarks used	1 point	
	b) Closing when the caller wants to continue	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate handling of caller	1 point	

2)	**Scenario 2 Response:**			
	a) How the call is closed	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate closing remarks used	1 point	
	b) Closing when the caller wants to continue	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate handling of caller	1 point	
3)	**Scenario 3 Response:**			
	a) How the call is closed	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate closing remarks used	1 point	
	b) Closing when the caller wants to continue	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	

		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate handling of caller	1 point	
4)	**<u>Scenario 4 Response:</u>**			
	<u>a) How the call is closed</u>	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate closing remarks used	1 point	
	<u>b) Closing when the caller wants to continue</u>	• Summarised the call	1 point	
		• Ask if any other issues to discuss	1 point	
		• Remind caller of service hours if service is needed again	1 point	
		• Appropriate use of open and closed questions	1 point	
		• Ask what the caller intends to do immediately after the call	1 point	
		• Appropriate handling of caller	1 point	

Stage 6 After the Call

The following questions are to ascertain if there is any ritual that happens after a call for the worker and what organisational processes are required as well as what they would do if they felt they were still carrying the call hours later.

1)	**What do you do next when you hang up from the call? (e.g. examples of administrative duties and emotional self care and details of what form this takes)**			
	Response:	• Administrative tasks related to call	1 point	
		• Emotional self care	1 point	
2)	**What time out do you take and how do you decide whether or not to take the time out?** None, I'm fine, Loads of calls waiting, don't feel too emotionally effected Feeling full up and need a break			
	Response: (tick which applies and give details) ☐ None, (why)____________________________________ ☐ Short break (why)____________________________________ ☐ Long break (why)____________________________________			
3)	**Who do you de-brief to and when?**			
	Response: **Who** ☐ No-one (why)________________________ ☐ Peers/ colleagues, ☐ Internal Supervisor ☐ External Supervisor ☐ Manager ☐ Friends/family	**When** ☐ At the end of each call ☐ At the end of a distressing call ☐ At the end of each day ☐ At least once a week ☐ At least once a month ☐ At least once a quarter ☐ Never, (why)________________________			

<table>
<tr><td>4)</td><td colspan="2">Assumptions and self-awareness
What assumptions, if any, did you make during any of the scenarios you have just answered?
How do you think you would be feeling if any one of those had been a real call?
Here we are seeking to assess the worker's level of self awareness and to identify which, if any, of the scenarios were most challenging to them and, if any are identified, why.</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"><u>Response:</u></td><td>Assumptions:</td></tr>
<tr><td>Awareness of feelings:</td></tr>
<tr><td>Actions taken e.g. [passing call onto a colleague</td></tr>
<tr><td>5)</td><td colspan="2">Caller Classification Determinations/ Checks
Is there any requirement for the worker to classify the type of call based on diagnosis or mental health category? If so, what type of calls are they required to note in this way e.g. suicidal/ child protection, mental health, etc and how do you determine this (using what criteria?</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"><u>Response</u></td><td>Yes/ No</td></tr>
<tr><td>Type of calls:</td></tr>
<tr><td>Criteria used:</td></tr>
</table>

Post Scenario Questions:

1) Finish time of scenarios: ________________________

2) Time taken to complete scenarios: _________________

3) What did you think about the time it took to complete the scenarios?
   a) Too long
   b) A bit too long
   c) Adequate for purpose

4) Were there any scenarios that you found particularly difficult to understand? Yes / No
   a) If yes, which ones were they and what was difficult about them?

   ____
   ____
   ____
   ____
   ____

5) Did you find the method used to cover the scenarios and their responses inconvenient?
   Yes/ No
   a) If yes, what was difficult or inconvenient about the methodology?

   ____
   ____
   ____
   ____

6) Is there any way in which you feel the methodology could be improved? Yes/ No
   a) If Yes, how

   ____
   ____
   ____
   ____

7) Did you have to refer to any documents, text books or other avenues of assistance e.g. colleagues, peers etc for assistance with any of these scenarios? Yes/ No
   a) If yes, what/who did you refer to?

   ____
   ____
   ____

8) Any other comments

   ____
   ____
   ____
   ____

9) Time call completed: ___________________