CRISIS INTERVENTION AND COUNSELING BY TELEPHONE AND THE INTERNET

Third Edition

CRISIS INTERVENTION AND COUNSELING BY TELEPHONE AND THE INTERNET

Edited By

DAVID LESTER

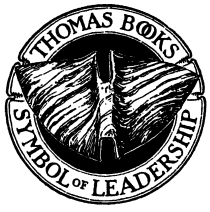
The Richard Stockton College of New Jersey

and

JAMES R. ROGERS

The University of Akron

(With 24 Other Contributors)



CHARLES C THOMAS • PUBLISHER, LTD.
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER, LTD.
2600 South First Street
Springfield, Illinois 62704

ISBN 978-0-398-08828-6 (hard)
ISBN 978-0-398-08829-3 (paper)
ISBN 978-0-398-08830-9 (ebook)

Library of Congress Catalog Card Number: 2012018194

First Edition, 1973
Second Edition, 2002
Third Edition, 2012

With THOMAS BOOKS *careful attention is given to all details of manufacturing and design. It is the Publisher's desire to present books that are satisfactory as to their physical qualities and artistic possibilities and appropriate for their particular use.* THOMAS BOOKS *will be true to those laws of quality that assure a good name and good will.*

Printed in the United States of America
SM-R-3

Library of Congress Cataloging-in-Publication Data

Crisis intervention and counseling by telephone and the internet / edited by David Lester and James R. Rogers. -- 3rd ed.
p. cm.
Rev. ed. of: Crisis intervention and counseling by telephone / edited by David Lester.
Includes bibliographical references and index.
ISBN 978-0-398-08828-6 (hard) -- ISBN 978-0-398-08829-3 (pbk.) -- ISBN 978-0-398-08830-9 (ebook)
1. Crisis intervention (Mental health services) 2. Hotlines (Counseling) I. Lester, David, 1942- II. Rogers, James R. III. Crisis intervention and counseling by telephone.

RC480.6.C7415 2012
362.28'81--dc23

2012018194

EDITORS

David Lester, Ph.D.
The Richard Stockton College of New Jersey
Galloway, New Jersey
lesterd@stockton.edu

James R. Rogers, Ph.D.
University of Akron
Akron, Ohio
jrrogers@uakron.edu

NEW CONTRIBUTORS

Karl Andriessen, MSuicidology
Suicide Prevention Program CMHC
Gent, Belgium
karl.andriessen@pandora.be

Cara Anna
New York City
caraesque@gmail.com

Laura A. Davidson, M.A.
University of Nevada, Reno
Reno, Nevada
ldavidso@unr.edu

William P. Evans, Ph.D
University of Nevada, Reno
Reno, Nevada
wevans@unr.edu

John F. Gunn III, M.A.
Rutgers University
Camden, New Jersey
john.gunn.3@gmail.com

Danielle R. Jahn, M.A.
Texas Tech University
Lubbock, Texas
danielle.jahn@ttu.edu

Karolina Krysinska, Ph.D.
KU Leuven – University of Leuven
Leuven, Belgium
Karolina.Krysinska@ppw.kuleuven.be

Barbara Medlock, R.N., M.S.N.
Portage Path Behavioral Health
Akron, Ohio
bmedlock@portagepath.org

Shelly Meyers, Ed.D.
The Richard Stockton College of New Jersey
Galloway, New Jersey
Shelly.Meyers@stockton.edu

Brian L. Mishara, Ph.D.
Université du Quebec à Montréal
Canada
mishara.brian@uqam.ca

Lorie L. Sicafuse, Doctoral Candidate
University of Nevada, Reno
Reno, Nevada
lsicafuse@unr.edu

Sarah C. Westen, B.S.
Union College
Schenectady, New York
sarah.westen@gmail.com

CONTRIBUTORS TO EARLIER EDITIONS

Gene Brockopp
Diane Blum
John Douds
Lee Ann Hoff
John Kalafat
Charles W. Lamb
Ann S. McColskey
Tim Williams
Dmitri Schustov
Vanda Scott
Gerladine Wilson
Lin Young

PREFACE

In 1973, Gene W. Brockopp (Executive Director of the Suicide Prevention and Crisis Intervention Service in Buffalo, New York) and David Lester (then Director of Research and Evaluation) edited a book on the use of the telephone for crisis intervention and counseling, with a particular focus on suicide prevention. In 2002, David Lester prepared a second edition of the book: *Crisis Intervention and Counseling by Telephone*.

Although knowledge about the suicidal individual was widely disseminated, the information and experience gained using the *telephone* as a treatment modality had not been codified, published, or disseminated. The first edition of *Crisis Intervention and Counseling by Telephone* sought to remedy this as we described the results of our experience with telephone counseling in our suicide prevention center in Erie County (New York), and we recruited others to contribute their experience. The book was well received, widely used, and a Japanese translation undertaken. The second edition updated knowledge about the use of the telephone as a medium for crisis intervention, and new chapters were solicited from experts in the field.

Not surprisingly, the field has changed tremendously since the second edition appeared. Not only has more research and writing appeared on crisis intervention by telephone, but the field has been radically altered by the advent of the Internet. The Internet has enabled online resources to become available for those in crisis but, more importantly, it has provided the means to provide crisis intervention and counseling via the Internet, both by e-mails and by instant messaging, in what is now know as *e-therapy*.

It is clearly time for the third edition of *Crisis Intervention and Counseling by Telephone and the Internet* with James R. Rogers as co-editor. Many of the chapters in the first and second editions remain relevant and useful today, and they have been retained, albeit with editing on occasions and several additions. However, new chapters have been written for this third edition, and several chapters have been updated and rewritten. As before, the content of the chapters sometimes overlaps, but this overlap has not been eliminated in order that each chapter can stand alone as a complete essay.

We hope that this book will further stimulate interest and discussion of the telephone and the Internet as a mode of treatment, and we hope that it will prove useful for those setting up telephone and Internet counseling services and those in charge of centers already operating, especially in training and supervising those on the front-lines, the crisis interveners.

David Lester & James R. Rogers

CONTENTS

Page

Preface xi

Chapter

Part I
THE VARIETIES OF TELEPHONE SERVICE

1. Counseling by Telephone: An Overview – *David Lester* 5
2. A Survey of Telephone Counseling Services – *David Lester* 28

Part II
CRISIS INTERVENTION AND COUNSELING BY TELEPHONE

3. The Unique Contribution of Telephone Therapy – *Tim Williams and John Douds* 41
4. Crisis Intervention – *John Kalafat* 48
5. Responding to Suicidal Crises: The Crisis Intervention Approach – *James R. Rogers* 67
6. How Best to Help Suicidal Persons over the Telephone and Internet – *Brian L. Mishara* 74
7. Telephone Therapy: Some Common Errors and Fallacies – *Charles W. Lamb* 84
8. The Telephone Call: Conversation or Therapy – *Gene W. Brockopp* 89
9. Active Listening – *David Lester* 94
10. Cognitive Therapy Approaches to Crisis Intervention – *David Lester* 101
11. Transactional Analysis and Learned Helplessness Approaches to Crisis Counseling – *David Lester* 111
12. Gestalt Therapy Approaches to Crisis Intervention with Suicidal Clients – *Lin Young and David Lester* 120

Part III
PROBLEM CALLERS

13. The Obscene Caller – *Gene W. Brockopp and David Lester* 135
14. The Chronic Caller – *Gene W. Brockopp, David Lester, and Diane Blum* 159
15. Chronic Calls Placed to Suicide and Crisis Intervention Hotlines: Case Strategies for the Persistent Mentally Ill and Vulnerable – *Lorie L. Sicafuse, William P. Evans, and Laura A. Davidson.* 177
16. The Covert Cry for Help – *Gene W. Brockopp.* 194
17. The Silent Caller – *Vanda Scott, David Lester, and Gene W. Brockopp* 199
18. The Nuisance Caller – *Gene W. Brockopp* 211
19. The "One Counselor" Caller – *Gene W. Brockopp.* 215

Part IV
SPECIAL TOPICS

20. Adolescents – *Sarah C. Westen.* 223
21. War Veterans – *Karolina Krysinska and Karl Andriessen* 250
22. Rural Communities – *Danielle R. Jahn* 263
23. The Elderly – *John F. Gunn III* 274
24. Individuals with Disabilities on Campus – *Shelly Meyers* 286

PART V
BEYOND THE TELEPHONE CONTACT

25. Beyond the Telephone Contact – *Lee Ann Hoff* 295
26. Beyond the Phone Lines: New and Emerging Technologies in the Field of Crisis Intervention – *Laura A. Davidson, William P. Evans, and Lorie L. Sicafuse* 309
27. Crisis Intervention by E-mail – *Geraldine Wilson and David Lester* 323
28. Counseling the Client in Crisis by Letter – *Dmitri Schustov and David Lester* 331

Part VI
THE TELEPHONE COUNSELOR

29. The Case for Nonprofessional Crisis Workers – *Richard K. McGee and Bruce Jennings* 341

30. The Use of the Professional in Telephone Counseling – *Ann S. McColskey* 352
31. Selecting the Telephone Counselor – *Gene W. Brockopp* 363
32. Training Telephone Counselors – *John Kalafat* 371
33. Identifying and Responding to Burnout – *James R. Rogers and Barbara Medlock* 398

Part VII
EVALUATING TELEPHONE COUNSELING SERVICES

34. The Effectiveness of Suicide Prevention and Crisis Intervention Services – *David Lester* 411
35. Reflections from a Caller – *Cara Anna* 422

Name Index 429
Subject Index 443

CRISIS INTERVENTION AND COUNSELING BY TELEPHONE AND THE INTERNET

Part I

THE VARIETIES OF TELEPHONE SERVICE

Chapter 1

COUNSELING BY TELEPHONE: AN OVERVIEW[1]

DAVID LESTER

Telephone counseling was first used widely in the 1960s by suicide prevention and crisis intervention services as a means of providing immediate and inexpensive access to crisis intervention for those in distress. Since then, the telephone has been utilized for a variety of purposes by psychotherapists and by mental health clinics. In this chapter, I will review these uses and then discuss the unique qualities of counseling by telephone, together with the advantages and drawbacks of this medium for counseling.

The Use of Telephone in Counseling

There have been several books and articles discussing the use of the telephone for counseling and crisis intervention that provide broad overviews (Sanders & Rosenfield, 1998; Masi & Freedman, 2001; Mishara & Daigle, 2001; Krysinska & De Leo, 2007). Aronson (2000) has edited a book on the use of the telephone in psychotherapy, while Baker et al. (2005) have edited a book on the use of the telephone for providing support both in business as well as in health and medicine.

The telephone has been used as a means for counseling in a variety of services (Lester, 1977, 1995; Lester & Brockopp, 1973), including suicide pre-

[1] Despite the large number of references for this chapter, this overview mentions only a small proportion of the articles and books on the use of the telephone in crisis intervention and counseling. A full review would require another book!

vention centers, crisis intervention centers, teen hotlines, rape crisis counseling, rumor control hotlines, drug hotlines (Schmitz & Mickelson, 1972), parent hotlines (Newcomb et al., 1984), poison control centers (Broadhead, 1986), career counseling (Roach et al., 1983), sex information and counseling (Anon, 1972), sexual abuse (Pierce & Pierce, 1985), health care problems for elderly adults (Moreland & Grier, 1986), AIDS (Benedetti et al., 1989), and all kinds of "Dial-A-Need" hotlines (Goud, 1985). There has even been a nationally broadcast radio call-in show which, following ethical guidelines from the American Psychiatric Association, gave advice and made referrals but abstained from diagnosis and treatment (Ruben, 1986).

Services can be oriented toward providing crisis counseling, perhaps combined with referral to other community agencies or resources if long-term therapy is indicated, providing support (Weinberger et al., 1986), or providing information about the specific problem and the resources available for obtaining help (Sheerin, 1994). The service can be passive or active. For example, Iscoe, Hill, Harmon, and Coffman (1979) provided recordings on a campus counseling service telephone for dealing with specific problems such as anxiety and loneliness and information about therapy and the campus counseling center, a passive technique, while Ragle and Krone (1985) actively initiated calls to freshman students.

Recent papers have discussed the use of telephone counseling for children left at home while parents work (Guerney, 1991), those with eating disorders (Latzer & Gilat, 2000), students traumatized by war (Noy, 1992), survivors of Hurricane Katrina (Combs, 2007), bereaved families (Battin et al., 1975) and families providing palliative care (Wenk et al., 1993), and for providing continued supportive counseling for discharged psychiatric patients (Meyersberg, 1985), disadvantaged parents (Madoc-Jones et al., 2007), ex-smokers (Ossip-Klein et al., 1984) and workers in a welfare-to-work program (Schmidt & Austin, 2004). The telephone has been used to follow-up discharged patients (Schnelle et al., 1979), especially those who have attempted suicide (Vaiva et al., 2006), and to reduce the number of clients who fail to show for appointments at a mental health clinic (Hochstadt & Trybula, 1980). It has been used for behavioral assessment of the activities and experiences of clients (Weissman-Frisch et al., 1983) and to motivate clients to follow behavioral therapy regimens, such as those for quitting smoking (McFall et al., 1993). Psychosocial telephone counseling has been provided to patients recovering from cervical cancer (Nelson et al., 2008). Evans et al. (2000) provided a 24/7 crisis consultation service for patients treated for deliberate self-harm through which they could talk to a psychiatrist and which seemed to reduce demands for other health care services (although only 17% of those provided with the service used it).

Telephone has been used for "coaching," an action-oriented relationship between a coach and a client which focuses on where the clients are today and how they can achieve their goals. Weekly sessions last for 30 minutes or so with e-mail exchanges between sessions if there is a need.[2]

The telephone has also been used to provide consultation for counselors by their supervisors, both between sessions (Wolf et al., 1969) and during sessions (Rickert & Turner, 1978), for training mental health counselors (Connell & Smyer, 1986), and for encouraging adoption of new programs in institutions after conducting workshops in them (Fergus, 1979).

Some clients, such as aphasic patients and socially impaired clients, may require special training sessions with the telephone to enhance their attention and understanding of verbal telephone communications (Davidoff & Katz, 1985; Praderas & MacDonald, 1986).

Cell Phones and Smart Phones

In recent years, there have been efforts to extend crisis intervention to cell (mobile) phones. Chen et al. (2010) used cell phones to send messages to patients discharged after treatment for a suicide attempt in China. The patients received weekly messages of concern, and they reported that they found these messages helpful. In Sri Lanka, Marasinghe et al. (2012) went further and provided problem-solving therapy, meditation exercises, guidance for improving social support, and advice on alcohol and drug abuse via cell phones. Their experimental group reported a greater reduction in depression and suicidal ideation than the control group.

Some groups are developing free smart phone apps on suicide. The QPR Institute[3] has an informational app available (*The tender leaves of hope: Helping someone survive a suicide crisis*), and so has the Texas Youth Suicide Prevention Project.[4] The Departments of Defense and Veterans Affairs have developed *PTSD Coach* a free iPhone app for veterans.[5] Of course, many of the online services can now be accessed by smart phones. For example, the Samaritans in Massachusetts have set up *IM Hear* for high school students in Framingham (Massachusetts), an online messaging service staffed by peers.[6] Whittaker et al. (2012) developed a cell phone depression prevention intervention for adolescents that delivered two messages a day, based on cognitive behavioral therapy, including texts, videos and cartoons.

---

[2] Organizations which can refer clients to coaches include www.coachfederation.org, www.coachu.com, and www.mentorcoach.com.
[3] www.qprinstitute.com
[4] www.texassuicideprevention.org
[5] www.ptsd.va.gov/public/pages/ptsdcoach.asp
[6] www.samaritansusa.org/framingham.php

Nationwide Telephone Services

It is has long been a problem that every community with a crisis intervention or suicide prevention hotline has a different telephone number and, furthermore, not all communities are covered. The advent of nationwide hotlines has eliminated this problem. In the United States there is the National Suicide Prevention Lifeline (1-800-273-TALK), while in Australia, there is Lifeline Australia, carried by the major mobile phone carriers free of charge.

The Extent of Telephone Use

Miller (1973) surveyed psychiatrists and found that 97% used the telephone for handling emergencies, 45% used the telephone as an adjunct for face-to-face therapy, and 19% used the telephone as the primary mode of treatment. Not all those surveyed found the telephone easy to use for counseling, and Miller noted that therapists should explore their reactions to the medium and whether all types of problems can be handled in this way. For example, those surveyed by Miller found problems concerning anxiety more easy to handle over the telephone than problems concerning depression.

Rosenbaum (1977) found that 87% of the therapists he surveyed had used either telephones or correspondence to maintain contact with clients. Sometimes the therapist had moved, sometimes the client. Some clients refused transfer to new therapists, and the therapists felt constrained to maintain contact. Most saw the contact as merely supportive, but a minority did see the contact as an opportunity for further insights on the part of the client. Most charged no fee for brief calls (say, less than 10 minutes) but did charge for longer calls.

The Use of the Telephone by Specialty

As well as the crisis-oriented and information services mentioned above, the telephone has been used by therapists of various persuasions.

Behavior and Cognitive Therapy

Dubren (1977) used recorded messages for clients to reinforce their abstinence from smoking as part of a behavior therapy program, and Shapiro et al. (1985–1986) used taped messages to provide support and information and to suggest cognitive and behavioral coping strategies for ex-smokers.

McGlynn (1980) used personal telephone contact with clients in a treatment program for anorexia nervosa, and Smith (1978) used the telephone for

assigning behavioral homework to treat obese patients and for checking on their progress. Taylor (1984) treated an agoraphobic by telephone who lived too far from the clinic to attend. Using implosive therapy techniques, the man was instructed to expose himself to anxiety-arousing stimuli and to rate his emotions on each occasion. Spevak and Richars (1980) used telephone follow-up to provide support and to review basic strategies for chronic nail-biters originally treated using cognitive therapy. McNamee et al. (1989) treated agoraphobics in their homes, using the telephone to transmit both relaxation and exposure treatment techniques.

Hypnosis

Owens (1970), a dentist, explored the effectiveness of inducing hypnosis by telephone with a number of his patients with whom he had used hypnosis before. He used a standard induction technique procedure in order to induce a mild level of hypnosis, and he was successful in all cases, as well as in two additional cases whom he had never previously hypnotized.

Hypnosis has been induced by telephone successfully by others (Gravitz, 1983). Leff (1969) treated a client for insomnia when she was unable to visit him at the office; Kroger (1969) treated a client for a serious hiccup problem; Stanton (1978) used relaxation and guided fantasy to treat obesity and examination anxiety; and Cooperman and Schafer (1983) used guided fantasy to calm a patient before surgery, to reduce post-operative leg pain, and to cope with unresolved grief.

Psychoanalysis

Robertiello (1972) reported two instances where he was unable to see his psychoanalytic patients, in one case because the patient was travelling and the other because the patient was ill and could not visit the analyst's office. He felt that the telephone made little difference in one case in which much of the content of the sessions was centered around the patient's dreams. In the second case, the use of the telephone facilitated the analysis since the transference neurosis of the patient had become so disruptive that the patient could not bear to be in the same room as the analyst. The telephone sessions made it easier for her to get in touch with her emotions and to reflect upon the transference, thereby helping to resolve it. Saul (1951) described telephone work with a client for whom the sessions by telephone diluted the strength of the transference.

Hymer (1984) used the telephone with two clients, one who began calling between face-to-face sessions and another who moved to a new city. Hymer

noted that the typical transference feelings using the telephone are sometimes sexual ("Reach out and touch someone") and sometimes symbiotic regressions to the mother-infant bond. The analyst must be aware of this and monitor the changes in transference during and between telephone sessions.

There are also countertransference issues. Hymer was at first annoyed by the intrusions from one client, but she eventually became aware of the progress made by the client as a result of these telephone sessions and made them part of the ongoing therapy plan. Should the analyst not be able to cope with the telephone calls, such calls should be forbidden in the interests of the treatment.

Hymer's client who called between sessions had schizophrenia, and the telephone calls helped her develop important ego functions such as limiting the length of the call and planning for the time of day of the call. The client also began to trust the analyst as an object that might be constant (the analyst was "there" even when she could not be seen), and she became able to thank the analyst. She was also able to use the telephone calls as a safety valve and to strengthen her ability to verbalize her thoughts and feelings, and the calls replaced the wrist-cutting in which she had previously engaged.

Group Counseling

Rosenfield and Smillie (1998) reported the successful use of telephone conference for group therapy with women who had cancer and required support.

The Use of the Telephone for Special Problems

Anxious Clients

Therapists sometimes have very anxious clients, and those in crisis often call local crisis intervention services each day if they feel upset. Chiles (1974) suggested that therapists structure this behavior and have such clients call (or receive a call) regularly at specified times each day as a safety valve. He used this practice with a client who overate and drank every night, calling her regularly at 8:30 pm, a time each evening at which she felt particularly depressed.

Family Therapy

Hightower and Dimalanta (1980) use the telephone (combined with speakers) in the course of family therapy (1) to correct distortions which arise, for example, when one member is absent; (2) if some family members cannot at-