

A MODEL FOR A TELEPHONE RESPONSE SYSTEM
TO DISASTER AND TRAUMA¹

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Human stress is increasing on a global scale. The experience and belief of this author is that a wider range of people impacted by this stress feel comfortable accessing counseling by telephone because of its immediate accessibility and the lack of stigma associated with this modality. Telephone counseling additionally presents itself well to disaster and traumatic response since victims may initially be overwhelmed by their experiences and resistant to using treatment, yet may later need to access counseling services. Through telephone contact, this can be done in a non-threatening way as their grieving and symptoms unfold. As a result, telephone counseling is both responsive to the victim and can be an effective point of access to the therapeutic process.

KEY WORDS: Telephone counseling, telephone response, crisis, disaster, trauma.

The intent of this paper is to propose a model of telephone trauma response, which can be implemented when disaster or other crisis arises. While such models currently exist as part of critical incident stress management and employee assistance programs as well as in hotline systems, the purpose here is to offer a utilitarian model of operation that may be implemented at the point of need. The intent is further to provide a model, which may be operationalized at any level, from local and volunteer levels to an organized system of paid counselors who potentially could intervene on a global scale,

Over the past decade, the professional experience of this author has been in the areas of volunteer hotline services as well as in the provision of international counseling services at an employee assistance telephone response program. The author believes that there is an increased need for such services as such stressors as economic instability and fear generated by the recent terrorist attacks increase. From this experience, this author has come to believe that a wider range of people feel comfortable initially accessing counseling services by telephone than by direct counseling appointment. Partly this is seen as a factor of the telephone's immediate accessibility, and partly of the lack of stigma and threat telephone counseling presents by its familiar use, especially in certain socioeconomic groups.

For instance a value taught in working class families, that of "pulling oneself up by one's own bootstraps", can discourage individuals from seeking formal emotional assistance during times of stress. An example is the case of a factory worker who made telephone contact with the author as part of her EAP benefit ostensibly to ventilate about her work environment. The comfort level established within the familiar realm of the telephone conversation led the client to disclose information about her failed marriage

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and substance abuse problems and to subsequently make good use of this level of intervention. However, in attempting to transition her to local counseling referrals, the client's resistance to mental health services surfaced as contempt for "shrinks", despite the openness to counseling services within the telephone intervention.

The success of hotline services in general validates the idea that people feel heard and find worth in this method of seeking assistance. Communications at a distance work well across a spectrum of needs from suicide hotlines to the concept of telemedicine, a term used by Dr. Beth Hudnall Stamm in her telecommunications intervention work in mental health care, especially in providing services to rural populations who would otherwise have difficulty in being reached by professionals.² Therefore, inaccessibility and isolation on many levels – social, clinical, and geographic – may be successfully addressed by this method of service.

Perhaps because of lack of experience in the use of this modality, some professionals may doubt that a rapport, with the potential for therapeutic value, can be established without the physical presence of the client. For example, if one has relied upon making eye contact or using body language when containment is called for, it may be difficult to initially realize that the same containment can be effected by the use of the voice. In fact, both ways of communicating are being driven by intention. The assumption may also be made that counselors must develop compensatory skills to observing bodily cues. The experience of this author however, is that it is often easier to quickly establish closeness on the telephone since the connection occurs without the initial distractions of physical cues. Barriers are lessened with the sense of anonymity, which produces a leveling between two human beings, with the client choosing to make contact at the point of urgency. The exclusive focus is the communication.

Counseling by telephone further lends itself well to disaster and traumatic response. Because victims may be overwhelmed by immediate on-site counselor response and may need time to grieve or otherwise react, providing the means to follow up by telephone at one's convenience as needed has strong appeal. A system of referral through such methods as distributing business-sized cards at the site with an 800 number to call when needed and in which the client initiates the process is both responsive and unobtrusive.

Although the intent of this paper is to propose a model of telephone trauma response, which can be implemented, wherever disaster or crisis arises, to insure initial success this may need to be initiated as a pilot program with limits on the hours of operation and the geographic scope. To remain successfully operational in the area of

¹ Stamm, B. H.; Pearce, F. W. (1995). "Creating virtual community: Telemedicine applications for self-care". In B. H. Stamm (Ed.), *Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers and Educators*. Pp. 179-207. Lutherville, MD: Sidran Press.

consistent and quality counselor staffing, ongoing funding would allow a professional and permanent process to be established.

In the experience of this author, overnight staffing is usually the most difficult staffing to consistently retain. Initially a day pilot program may run on five-hour shifts, for example from 8 AM-1 PM, 1-6 PM, and 6-11 PM. Eventually two more night shifts could be considered if the counselor response is committed enough, which is more probable with paid counselors than with volunteers.

Because of the usual emergency nature of the calls, it is important for counselors to be available five minutes before and after the shift, as calls may run over the hour. Routine protocol should include counselors briefing and debriefing before and after a shift, especially since the work would likely be done from one's home and in isolation from colleagues. Besides this protocol being done by telephone, there is also the potential of using e-mail for continuity and support. In her work, Dr. Beth Stamm speaks to the value of telecommunications in creating such a virtual community.³ Other protocol includes the use of back-up counselors or counselors willing to cover for sick counselors or those on vacation. Paid staffing would encourage such back-up staffing beyond regular hours.

Technical logistics may also include standards around the telephone service itself. This is another primary area in which funding becomes important. For a volunteer staff, perhaps the most that could be required is to ignore call-waiting service if present and to turn down personal calls while working. Such brand name services as "Ring Mate" or "Caller ID" are also inexpensive ways to identify and accept or ignore the incoming call. With paid counselors, a dedicated line without call-waiting would be required, especially if other household members are present. The issue of busy signals also needs to be addressed. Again with funding, the appropriate volume of staff could be assessed and hired and a log-on system may also be implemented to roll calls over to another counselor. Without funding, the probable best that could be provided is sensitive voice mail directing people to call back, not a desirable solution. And finally a toll-free central number, which is critical to the service, could only be implemented with funding.

To return to the issue of "advertising" or networking the service, there are several avenues to this in addition to handing out cards at sites. Web sites related to disaster and trauma such as Dr. David Baldwin's Trauma Information Pages⁴ are natural vehicles, as are existing response systems such as CISD groups, mental health counselors, FEMA, Red Cross and Green Cross. Telephone directories and flyers, in addition to cards, are hard copy means to inform victims and helpers alike. Finally professional affiliations spread the word in the workplace, in online discussion lists, and through organizational networking. Out of these avenues can also come the recruitment of counselors.

³ Stamm, op. cit. section on "Training, Supervision and Consulting".

⁴ David Baldwin's Trauma Information Pages. <http://www.trauma-pages.com>

While ongoing training can and should be incorporated through these means, this is another area in which funding is important. Initial and annual training would ideally be provided by means of live meetings. Annual meetings are also an excellent forum for providing networking, support, and supervision.

Standards would need to be developed around counselor experience and training. Training would cover a range of areas including content in trauma related issues, CISD principles, telephone counseling skills, crisis intervention skills, and direct referral sources. The Institute of Traumatology at Florida State University, which offers a Certified Traumatologist Program under the direction of Charles R. Figley, PhD⁵, would be a natural vehicle for such training, and could use such training methods as role play to strategize response to calls. Virtual support, consultation and other professional sharing could also be provided via online professional forums or discussion lists such as the Traumatic-Stress Forum⁶ and the Compassion Fatigue List.⁷ In regard to referral sources, counselors should be trained to have a general knowledge base around individual and group support referral vehicles so that the caller could be guided to find and assess these for him or herself. Specific resource material in the form of tip sheets could be developed to back this up, and a research staff could be hired. Ongoing funding likewise supports consistent management staffing to coordinate all these functions.

As mentioned earlier, once a pilot model of telephone trauma response is implemented, the potential exists for expanding the program to a global scale. This would afford advantages as well as special challenges. One clear advantage is that a global presence results in round-the-clock staffing. Even within the United States, 8 PM-midnight Pacific Time coverage is 11 PM-3 AM on the East Coast, and by further adding Great Britain coverage from 8 AM-1 PM, the East Coast is covered from 3-8 AM. Therefore, such issues as overnight staffing would not be as problematic. However, a global model is also complicated by language differences. Although translation services are available, it is important to have counselors fluent in the language of the callers to facilitate smooth development of the counseling relationship. At the company where the author provided EAP services by telephone, a priority was placed upon hiring employees fluent in other languages as well as English to respond to the needs of callers who might

⁵ Figley, Charles R. The Traumatology Institute, Florida State University, Tallahassee, Florida. <<http://mailer.fsu.edu/~cfigley/research.html>>

⁶ Traumatic-Stress Forum.
<http://www.geocities.com/traumaforum/policy.html>
listserv@listp.apa.org (write in body of e-mail: info traumatic-stress)

⁷ Compassion Fatigue List: A Virtual Community for Care-givers.
<http://lists.fsu.edu/mailman/listinfo/compassionfatigue>

speaking such languages as Spanish, Portuguese or French. As a result, counselors who received a language barrier call could transfer calls to these employees.

Final areas of concern are the potential legal issues implicit in interstate or international counseling, especially as licensure of counselors is defined geographically. For instance, there may currently be precedents around licensed counselors practicing within certain states, while the same activity may not be regulated if it is referred to by other terms such as "consultation" or "coaching". Legal consultation could provide assistance in such areas as well as in regard to establishing basic programmatic standards. Given these examples, it is clear that the development of a pilot telephone response system into a reliable and viable ongoing professional system will require funding.

Despite all the challenges involved, a counselor staffed telephone response system to disaster and trauma offers supports long after the crisis. It offers them immediately, when the victim is in crisis, conveniently, and anonymously. It cuts through distance, class, appearances, and resistances to therapy. It is a lifeline to engaging the victim at any point.

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Traumatic-Stress Forum.<<http://www.geocities.com/traumaforum/policy.html>
listserv@listp.apa.org>(write in body of e-mail: info traumatic-stress)