

Advanced Advocacy

What else must I know...

Webinar

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Expectations...

- Discuss common Mental Health challenges
- Identify characteristics of an “Effective Listener”
- Identify and address DIFFICULT callers
- Develop a Crisis Intervention “call plan”

In safety We Learn...

- Everyone is entitled to their own opinion.
- We speak from our own experience.
- We all have something to learn, unlearn, relearn and TEACH.
- Learning is happening when we are “uncomfortable “.
take risk . BE UNCOMFORTABLE.
- What is said here, let it stay here... “confidentiality”.
- Take care of yourself.

Common Mental Health Diagnosis (present additional challenges)

- Post Traumatic Stress Disorder
- Manic-Depressive Disorder
- Depression Disorders
- Anxiety Disorder
- Addictions
- Dissociative Disorders
- Eating Disorders
- Compulsive Obsessive Disorder

Active Listening

The act of mindfully hearing and attempting to comprehend the meaning of words spoken by another in a conversation.

Listening and communicating that you are listening, by making sounds and/or gestures that indicate attentiveness, as well as the listener giving feedback in the form of a paraphrased rendition of what has been said by the other party for their confirmation.

In our line of work, it also means listening with our heart, being with the “felt-sense” of what is being communicated, listening for what is not being voiced, noticing the body’s communication.

Listening Skills

- Be an “active listener”, not a lecturer
- Be an “accepting and caring” listener
- Be an “objective” listener
- Remind the survivor that you care
- Ask for clarifications
- Try to assess mood and tone
- Ask about past coping experience
- Discuss Alternatives
- Ask open-ended questions
- Focus on the present reason for the call
- Don’t make promises
- Know yourself

Barriers to Listening

- Judgment (evaluate)
- Jumping to conclusions
- Assumptions
- When the survivor “hits” home
- Closed mind
- Short attention span
- Wishful Hearing
- Semantics
- Talking (more than listening)
- Lack of humility
- Fear

Being an Effective Listener

- Allow Silence
- Provide simple acknowledgment
- Door Openers
- Provide Mirroring or “feed back” – Reflective Listening
- Provide Summary Responses
- Use Key Words or Phrases
- Ask Clarifying Questions
- Provide Information/Education
- Present Experience Responses

Difficult Callers

Silent Callers: Unable to express feelings/needs/thoughts.
Afraid of rejection and unable to trust.

- “ Sometimes it is hard to begin talking about things that trouble us.”
- “ I want to help. You can trust me. I am here to listen.”
- “You can begin to talk whenever you are ready.”
- “ I’d like to listen, but will need to end call soon, if we do not talk.”
- “Know that you can call back, hotline counselors are available 24 hours.”

Difficult Callers

Angry Callers: Anger is a normal response. Anger towards self, rape, significant others, friends, systems, rapists, the world, God, and hotline counselor.

- “Sounds like you are angry.”
- “It’s very frustrating to not be able to get what you want.”
- “How have you dealt with anger in the past?”
- “It seems like it is very difficult for you to talk when you are so angry.”
- “I’m wondering if you would like to call back at another time when it is easier for you to talk.”
- “I recognize that you are very angry, and that you have every right to feel that way. However, I can’t talk to you when you are calling me names.”
- “I’d really like to help you, but I can’t right now when you are yelling at me I’m going to have to hang up. I hope you can call back at another time.”

Difficult Callers

Secondary Survivors: Friends, family and partners of survivor. Seeking information, support and validation. Experiencing distress, anger at offender, survivor and self, feelings of revenge, guilt and lose of control.

- Validate their experience as secondary survivors.
- Assist them with their own feelings.
- Educate on how the incident may affect their relationship with survivor.
- Assist them at giving support to the survivor.
- Educate them about sexual assault and what they may expect.

Difficult Callers

Intoxicated/High Callers: Recognize that substance use and/or abuse is a coping mechanism. Assess likelihood of intoxication, carefully listening for incoherent rambling, fading in and out, falling asleep, giggling, slurring, etc.

“Be careful making assumptions, remember that developmental disabilities, cognitive impairment, stress and/or certain diseases can produce similar behaviors.”

If intoxicated...

- Ask caller if they are able to talk at the moment.
- Ask caller if they want to call back at another time.
- Recognize limitations of the call.
- Do not blame or judge, do the best you can supporting caller.
- End call early if necessary.

Difficult Callers

Obscene/Crank Callers: Individuals who misuse the hotline. As soon as you can confirm crank caller you can simply state to the caller, “This is an inappropriate use of the hotline. I am hanging up”, and do so immediately.

When In doubt, be aware of:

- Inconsistencies in the story
- Using graphic physical details
- Attempts to get you to repeat the story or to name sexual organs
- Distractions
- Heavy breathing
- Groans that might indicate masturbation
- Tone of voice

Difficult Callers

Callers who express Various “ISMs”: Callers who express open hostility towards individuals from different races or cultures, sexual orientations and/or other oppressed groups.

- State clearly and non-judgmentally the boundaries of the hotline.
- Clarify the purpose of the hotline.
- Do not argue, re-direct the caller to their reason for calling.
- Listen to the caller, be supportive and understanding of their discomforts.
- Don't let the caller be abusive. Terminate the call, if necessary.
- When all fails, you may say “Using those labels/making those comments is offensive. Please use other words or refrain from making those comments, or I will need to be terminate the call”.

Difficult Callers

Repeat/Frequent Callers: Callers who call repeatedly and compulsively. Usually they are not in immediate crises and using the hotline as a counseling line verses a crisis hotline.

- Assess client's "distinct" need at time of call.
- Establish a limit of calls per day. Explain that the line needs to be available to survivors in need of crisis intervention.
- When possible, develop protocol for frequent callers, that identifies their specific needs.
- Redirect them to call the main office for "phone counseling" or to speak with a "therapist" if this is necessary.

Crisis Intervention Call

Establish the total time for the call (so as to pace yourself appropriately – call should conclude within 30minutes). Let the caller know that they have reached a counselor at the “.... Crisis Hot Line”. Introduce yourself as a counselor and ask how you can assist them.

1. Define the problem
2. Ensure client safety
3. Provide support
4. Examine alternatives
5. Create Action Plans together
6. Obtain a commitment
7. Thank the caller
8. Remind caller that they can call again

Crisis Intervention Call (BEGINNING)

Define the Problem

1. Allow Free Expression
2. Offer Validation
3. Normalizing (feelings and experiences)
4. Express Acceptance
5. Present open-ended questions and statements
6. Reflect what you have heard
7. Convey empathy

Ensure Client Safety

1. Both physically and emotionally
2. If unsafe, prioritize creating safety

Crisis Intervention Call (MIDDLE)

Provide Support

1. Be genuine.
2. Offer Acceptance.
3. Provide clarification on flawed beliefs.
4. Empower through education.

Examine Alternatives and Support Systems

1. Present services available at local Rape Crisis Centers.
2. Identify individuals that can be of support; such as family, friends, clergy.
3. Explore personal resources.
4. Offer referrals as needed.

Crisis Intervention Call (END)

Create Action Plan (within last 10mins of call)

1. Review and summarize the “affirming” aspects of the conversation.
2. Review the tools offered (particularly the self care ones).
3. Review the resources identified and referrals made.
4. Review and encourage the caller to commit to the Action Plan.
5. Thank the caller for calling and commend them for their initiative.
6. Remind caller that they are not alone and that they can call again if they need to.

Responses to common Reactions

Frightened

- Let them know that the feeling is normal.
- Help them find ways to make surrounding safer.
- Help explore ways of avoiding potential dangers.
- Let them know the police can check home.

Angry

- Let them know that anger is normal.
- Stress that Rape is never the survivor's fault.
- Remind them that rape is a crime, no one has the right to rape.
- Explain that people's misconceptions lead to insensitivity.

Guilty

- Remind them that poor judgment is not a rape-able offense.
- Encourage them to talk about guilt feelings, especially regarding family and friends.

Responses to common Reactions

Can't Sleep

Suggest that they

- Write down thoughts
- Talk about the assault during the day
- Return to prior, pre-rape routine (as best possible)
- Talk about fantasies and fears
- Take actions to create a feeling of safety
- Brainstorm other ideas together

Tired

- Find out if fatigue is due to depression and/or lack of sleep
- Explore the callers bedtime ritual

Responses to common Reactions

Depressed

- Talk about anger, sadness, shame, guilt since these can all be associated with depression.
- Make a referral for counseling.
- Ask them to call someone when they need to talk.
- Ask if they have their own ways of dealing with depression.
- Assess for suicide.

Excited, Tense, Nervous

- Speak Calmly
- Ask them how they can feel better.
- Explore why they are feeling this way.
- Ask them to consider what might make them feel less stressed.
- Ask them to identify effective ways they have responded to stress and anxiety in the past.

Responses to common Reactions

Ashamed and Worried about what others will think

- Get them to talk about it.
- Suggest that they write down their feelings.
- Talk about society's reaction versus their reactions to sexual assault.
- Talk about myths associated with rape and the actual facts to dispel those myths.

Denial, Angry at losing Freedom

- Agree that it is not fair that they have to worry about their safety.
- Suggest that they may want to use anger constructively by: thinking of ways to regain freedom, working to help other survivors, working to change society, teaching friends about safety and prevention.

Responses to common Reactions

Insecure with Strangers or in Strange Places, Feeling Out of Control

- Focus on feelings, not facts.
- Let them know they are in control and can decide what to do.
- Let them make decisions.
- Reassure them that you are there to help.
- Ask if another time to talk would be better.
- Proceed slowly.

Worried About Loved Ones

- Find out if they can talk to family and friends about the assault.
- Explain that they may be confused about what happened.
- Explain that they may not understand their own reactions and feelings.
- Remind them that it is okay to fear the response of others.
- Help put fear in proper perspective.
- Explain that it's normal to worry, but also help to figure out ways to regain confidence.

Thank you for allowing me to serve you.

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