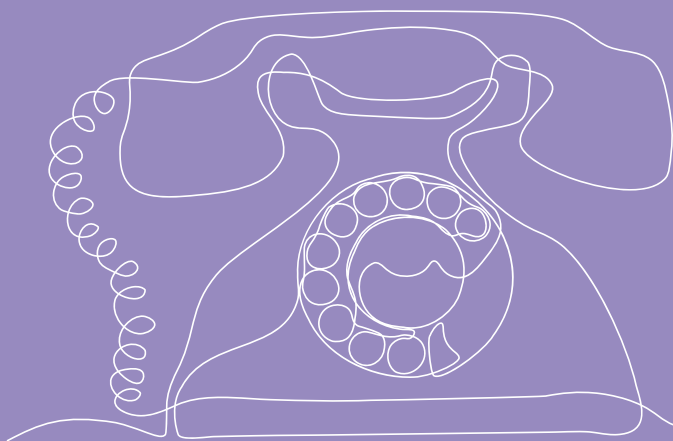


GUIDE FOR HANDLING **DIFFICULT CALLS**





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A TYPICAL CONVERSATION SCRIPT / START



INTRODUCE YOURSELF

"Hello. This is (tell your name) speaking to you from the Red Cross Humanitarian Hotline 111."

If relevant "Would you like us to find an interpreter to help us out during our conversation?"

Privacy information "I will gather your basic personal information during our conversation in order to help you and improve the services provided by our Hotline. If you do not want to have the information recorded, please let us know. You can familiarise yourself with our Privacy Policy on the website at <https://redcross.lt/privatumo-politika/>."

"Do you consent to this and may we continue?"

If not and the call must be ended - follow the organisational regulations.



PROVIDE PSYCHOSOCIAL SUPPORT

Initial questions: "How may I help you?" or "How may I be of service to you?"



Assess the current situation: Find out about safety, urgent basic needs and signs of distress (crying, shaking voice, fast talking and other sounds). **For example:**

- "Is there anyone with you right now?"
- "Are you bleeding or do you need medical aid?"

Ask open questions: what, when, who, how and tell me more. **For example:**

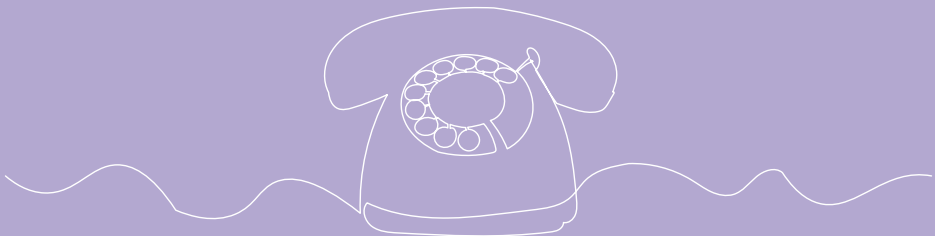
- "How did you manage to deal with this situation in the past?"
- "What is the most difficult thing for you in this situation?"
- "Can you tell me more about this?"

Explore aspects of the problem to fully understand it.

- "Did the flood water get inside your house or stop at the doorstep?"
- "I'm sorry, I didn't quite understand what you meant when you said you felt complete anhedonia. Can you explain that to me?"

Demonstrate active listening by being engaged in the conversation and reflecting on what has been said. **For example:**

- "There was nowhere to hide, so you hid behind the door for safety."
- Use encouraging sounds and words during the conversation, such as "mmm", "aha", "yes".





Ask about the ways the person copes and encourage appropriate, helpful ways. For example:

- "What have you been doing in the past that made you feel better?"
- "What is currently stopping you from trying (insert helpful, positive way) again?"
- "Maybe you could try (insert helpful, positive way) again."

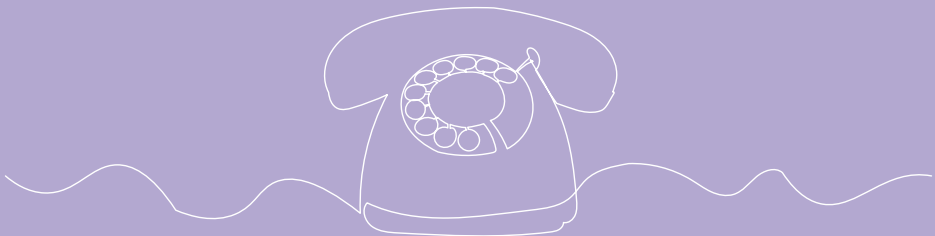
Encourage bonding with loved ones and social support. For example:

- "Who do you usually turn to for support in similar situations?"
- "Perhaps you could call your friend after we finish our conversation?"

Provide referral information, if needed. For example, to the services of mental health professionals, websites, or psychoeducational materials.

Record the data required to ensure safety. For example, actions taken during a conversation related to suicide or urgent help.

Record the data for monitoring and evaluation purposes. For example, the reason for the call, the duration of the call.





FREQUENT CALLERS



POTENTIAL
COURSE OF THE
CONVERSATION

- "I see that you call the Hotline often. It is important for us to help you, but I would like to remind you that the Hotline is for [the purpose of the Hotline]."

- If the caller has a request that is not related to the purpose of the Hotline or calls many times with the same request and help has already been provided: draw limits for the duration of the call: **"We have 5 minutes for the conversation."**

- Upon expiry of the time set for the conversation: **"Our time is up, I have to say goodbye to you, I wish you all the best."**

- If you would restrict / block the caller's number, inform the caller: **"Since you call frequently (once a day / daily / etc.) and we cannot provide continuous support over the phone, we will (temporarily) block your number."**

- If it seems that another service would be better suited to respond to the person's request: make a referral (mental health centre, emotional support hotlines). **"If you want to talk to someone about what you're going through, I encourage you to call the emotional support hotlines." "If you need psychological counselling, [LRC psychologists or mental health centres] are ready to provide it to you."**





ADDITIONAL TIPS

- Be friendly, polite, but firm when drawing boundaries.
 - If you have set a limit (e.g., the conversation will take 5 minutes), it is important to stick to that limit.
-
- If you say what you are unable to do, try mentioning what you are able to do or where the client can go (“We can’t continue the conversation, but you can contact the emotional support hotlines.”; “We can talk for 5 minutes.”)
 - When callers hear a limit or sense that it would be expressed, they may get angry, argue, interrupt, and prevent you from finishing the sentence: try to always remain polite, friendly, but do not continue the conversation for longer than you have set.
 - Sometimes clients may call frequently without understanding the purpose of the Hotline, sometimes seeking help beyond what you are able to provide, sometimes it can be a sign of mental health difficulties. Try to remain empathetic, communicate clearly, explicitly state what you are able to do and what you are not able to do.

DIFFICULT CALLS

Difficult calls are challenging and bring out hard feelings for everyone: don’t be alone, talk to other operators or supervisors and take care of yourself. It is normal if you need a break after a difficult call, if you are angry with the caller, if you doubt whether you did the right thing: it is impossible to have a “perfect” difficult call, so support yourself and your colleagues.



INTOXICATED CALLERS



- If there is a suspicion about some consumption, ask in a friendly but direct manner: "Have you consumed something at this time? If so, what?" or "Have you consumed any alcohol, drugs, or medication before the call?".

MILDLY INTOXICATED CALLERS:

- If the person is coherent, slightly intoxicated, does not consume anything during the conversation, the conversation may be continued as usual.
- If the person is coherent, but continues to consume something during the conversation, tell them to stop consuming it, otherwise you would not be able to continue the call. "If you want to continue talking, you should stop consuming (alcohol / etc.)."
- If the caller continues to consume something, the conversation is ended "I hear / understand that you continue to consume (alcohol / etc.) while we are talking. Therefore, I will end the conversation, but you may call when you are sober."

HEAVILY INTOXICATED CALLERS:

- If the caller is too intoxicated to maintain a coherent conversation, the call is ended by encouraging the person to call when he / she is sober: **"Since you are intoxicated and we are unable to maintain a coherent conversation at the moment, I will end the call, but you may call when you are sober."**



- If a heavily intoxicated person expresses anxiety about his / her health / life or shares extremely scary thoughts / fantasies ("I feel like I'm possessed by demons", "I feel like this will never end", "I must have damaged my brain, I'm crazy" "I'm already dead"), you can calm the person down and urge him / her to seek medical aid: **"such thoughts / experiences can arise after taking drugs, but their effects are temporary. However, it would be important to get medical aid, please call 112."**

- If an intoxicated person expresses a desire to injure others, the caller is encouraged to leave the situation that gives him / her such thoughts. **"I can hear that you are very angry. However, you will not be better off if you start causing harm to anyone. Get out of the situation so that we could talk."** See also guidelines on aggressive callers.

INTOXICATED CALLERS TALKING ABOUT SUICIDE:

- If a heavily intoxicated person mentions suicide, but says that he / she is not currently planning to commit suicide, be empathetic, listen, but focus on a brief conversation.

- The conversation may be ended by encouraging the person to call when he / she is sober **"I hear you are talking about suicide, it is an important topic and I do understand that you are going through difficulties. Are you safe right now?"**

o **If he / she is safe:** "right now it is important for you to sober up, recover, and seek help when you are sober. We will be waiting for your call."

o **If not:** "Because you are thinking about suicide and you are not safe at the moment / you want to kill yourself / you are hurting yourself, you need urgent help."



- If a heavily intoxicated person talks about suicide by saying that he / she would kill himself / herself / he / she was going to kill himself / herself, or we think that the risk is high, it is necessary to encourage calling for urgent help. **"You say you are going to kill yourself, but you turn to me for help. I want to help you, but right now you need urgent help, please call 112."**



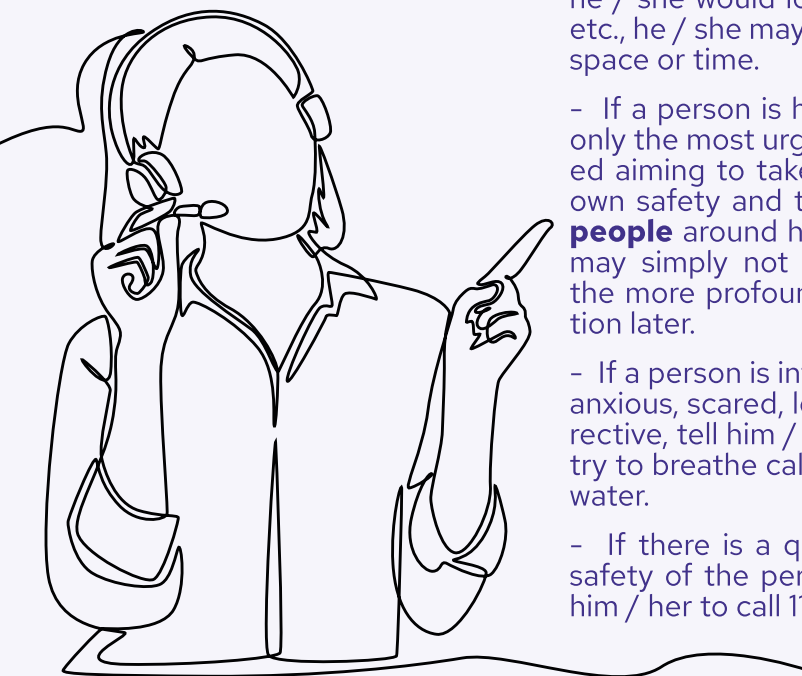
ADDITIONAL TIPS

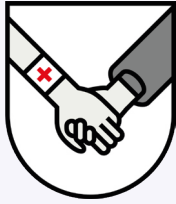
- Signs that a person is heavily under the influence of alcohol or other psychoactive substances: difficulty in pronouncing words, slurring, speaking very slowly, muffled or very fast, distracted, anxious, making strange connections when speaking, speaking illogically, repeating himself / herself, changing emotions very quickly (calmness – fear – aggression – calmness again), may share great anxiety, fear that his / her heart would stop, he / she would lose his / her mind, etc., he / she may not be oriented in space or time.

- If a person is heavily intoxicated, only the most urgent help is provided aiming to take care of his / her own safety and the **safety of the people** around him / her. A person may simply not remember any of the more profound help / information later.

- If a person is intoxicated and very anxious, scared, lost, you can be directive, tell him / her to sit down, to try to breathe calmly, to drink some water.

- If there is a question about the safety of the person or others, tell him / her to call 112.





SUICIDAL OR SELF-HARMING CALLERS

Assess whether the person is in danger here and now (“Are you injured?”). If so, call 112 for medical aid. If not, let the person talk as much as possible and refer for further help / emotional support.



- If a person mentions suicidal thoughts or intentions to kill himself / herself, it is important to ask DIRECTLY

“Are you thinking about suicide?”. If the answer is yes, the most

important minimum task is to reassure him / her that it is important, you want to help and you can provide information on where to turn to: “What you say is important to me, I hear that you are really having a hard time. I can put you in touch with people who can help you with these thoughts.” Referrals are made to the emotional support hotline and ongoing support is also offered (LRC psychologists).

Free emotional support hotlines:

- Men’s line **+370 670 00027** (Mon-Fri 10:00-14:00)
- Mental health centres at polyclinics
- Crisis Management Centre **+370 640 51555** (Mon-Fri 16:00-20:00, Sat 12:00-16:00)
- Mobile crisis coping team **1815**
- Private psychologists, psychotherapists, and psychiatrists



- **If there is a suspicion that the person is causing injuries to himself / herself during the conversations or is injured**, ask directly: "Have you done something to yourself or injured yourself?". If the answer is yes, urge him / her to call 112: "You need urgent help, call 112." If the person has doubts, is afraid, refuses, try to encourage him / her: "I hear that it is very difficult for you. However, you are calling and looking for help and I do want to help you: right now you need urgent help, call 112". If the person refuses, having his / her contact information (address, telephone number, name / surname), you may report this by calling 112: consult with your colleague or supervisor.

- **If the person having told you about suicide keeps talking, speaking out, try to listen. Useful questions / statements:** "Do you have a suicide plan?"; "Do you have the means?"; "Tell me what happened to make you think about suicide."; "How often do you have such thoughts?"; "Who supports / helps you?"; "What is stopping you?"; "Have you mentioned this to your loved ones?"; "What kind of help would you like?"; "Do you have any support from your loved ones or anyone you can reach out to? If so, to whom and when?".

- **You may use reflections and paraphrasing:** retelling what we hear in our own words: "The most difficult time for you was when you broke up."; "The greatest suffering is being left alone."; "You're embarrassed / lonely / scared / angry."



- Be sure to take care of yourself after such a call (take a break, talk to your colleagues or a loved one, do something calming / supportive), especially if you know that the subject of suicide is difficult for you.

- It is normal to feel anger, fear, guilt, etc. after such a call. It does not mean you did anything wrong: these calls are hard on everyone.



- Talking about suicide will not encourage a person to take their own life.

- Even if a person refuses help, the fact that he / she turns to you shows his / her desire to live, even if it is a small one. However, only the person himself / herself can make the decision to seek help.

- Talking about suicide is often scarier for the listener than for the person considering suicide: he / she lives with this subject all the time.

- Don't be afraid of silence. You can encourage a person to talk with open-ended questions and prompts ("What happened?"; "What was it?"; "How do you feel?"; "Tell me... hmm. It sounds difficult.") and give the person some space to talk.

- It is important to listen to the person with empathy and without judgement, not to rush to give advice or expect to solve problems in one phone conversation. The most important thing is support, listening, respect, guidance.

- If you feel that you cannot listen (your own emotions are too strong, you get confused), the most important thing is to encourage the person to seek help and to give specific contact information where the person could turn to.

- If a person has injured himself / herself having a suicidal intent (e.g., by cutting himself / herself), even if the injuries are superficial / non-life threatening, emergency care may be important due to the desire to try again, not just to treat the injuries.

- Cooperation with the client is very important, forced treatment should be the last resort and it is applied only in case of real threat to human life here and now.

- If the person talks about suicide, always refer for further help at the end of the conversation.



AGGRESSIVE CALLERS



- If the client is angry, but respectful to the employee, the conversation proceeds as usual. For example, the client swears, but the swearing is not directed at the employee.
- If the client is aggressive or disrespectful (threatens, insults, mocks), we warn him / her that the conversation would be terminated, if this behaviour continued. **"You are insulting me and our conversation cannot continue like this. If you don't stop, I'm going to have to end the conversation."**
- If the behaviour does not change, the conversation is politely terminated: **"Since you continue to insult me, I will end the conversation, goodbye."**
- We inform you about the possibility of contacting at a different time when the client would behave politely and respectfully: **"You may call whenever you want to talk respectfully and to cooperate."**
- If an aggressive caller threatens to injure someone, destroy property, etc., we inform the client that this is a crime: **"This is a crime, we report any crimes in progress to the police."** We try to calm the client down and negotiate based on his / her own interests: **"Attacking someone to cause harm would only make things more difficult for you. Maybe you could leave the situation / maybe we could talk about it and find you help."** After the conversation or, if possible, during the conversation, seek help from other colleagues or the supervisor and discuss the real threat posed by the client.



ADDITIONAL TIPS

- Anger and agitation are common reactions in difficult situations.
- If the aggressive caller has consumed psychoactive substances, follow the guidelines applicable to callers who have consumed psychoactive substances.
- If the client does not listen, keeps insulting, interrupting, etc. - sometimes it may be necessary to end the conversation after informing the client, without waiting for him / her to shut up and listen to us (because we may not get that). It is important to remain polite, but also to protect yourself from (verbal) abuse.





MENTAL HEALTH CRISIS



POTENTIAL COURSE OF THE CONVERSATION

- Ask what kind of help the caller wants: **"I hear you are suffering from [great fear / voices / panic attacks / etc.]. What kind of help would you like?"**

- If the person is able to talk to you, is not a danger to himself / herself, even if he / she shares strange thoughts (e.g., thinks he / she has a camera / radio transmitter installed in his / her head, etc.), you can discuss what kind of help the person expects and refer him / her to a mental health centre.

- Even if the caller's experiences are strange / unusual, the emotions are the same as those experienced by others, so you can support the person by saying: **"What you are saying really sounds terrible."; "It must be hard when those voices scare you / keep you awake."** etc.

- If the person is incoherent, very scared, panicking, speaks illogically or has paranoid thoughts that cause great fear, panic during the conversation, seek urgent help: **"I can hear that you are very frightened by what you are experiencing now. It seems that you cannot calm yourself down and you need urgent help; please call 112. Doctors can help you calm down / you will be safe at the hospital."**



ADDITIONAL TIPS

- It is important to assess the urgency: if a person poses a threat to himself / herself or others, he / she is extremely scared, distracted, panicking, help should be provided urgently. In other cases, even if strange ideas / voices / hallucinations are shared, it is possible to discuss how and when the client could seek help, to motivate him / her to seek help, but urgent help is not always necessary. **The most important thing is cooperation with the client.**

- You may ask if the client has been to a psychologist or psychiatrist. Does he / she take medications? If so, motivate him / her to seek an appointment again, repeatedly. If not, educate him / her that psychological / psychiatric help could be beneficial, the client may get advice, he / she would not be forced to undergo treatment.

- You may also refer the client to the family doctor, especially if it is more comfortable for him / her.

- Forced treatment is applied only in cases where the client poses a real threat to himself / herself or others.



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