



New Volunteer

Pre-training Materials

Contents

1. Training overview & learning objectives	p. 1-4
2. Training schedule	p. 5-8
3. Guidelines to pre-training materials	p. 8-9
4. Pre-training tasks: Day1 (Modules 1-3)	p. 10-21
5. Pre-training tasks: Day 2 (Modules 4-6)	p. 21-35
6. Pre-training tasks: Day 3 (Modules 7-9)	p. 36-46
7. Pre-training tasks: Day 4 (Modules 1-12)	p. 46-50

Lifeline Volunteer Training

Overview

The New Volunteer Training program will equip trainees with the key skills required to work on the phone and chat helpline services provided by Lifeline. Following recruitment, trainees must attend a three day face-to-face training course, induction shift with an experienced volunteer and once successfully completed, trainees continue on to their eight shift probation period after which, it is determined whether the trainee is ready to join the Lifeline team as volunteer. Once having joined the Lifeline team, volunteers are supported by continual buddy mentoring, Lifeline's counselling supervisor and further educational sessions prepared by Lifeline's Continued Education Coordinator. With extended time and experience spent on the line, volunteers may then engage with other opportunities to support the organization through involvement in Lifeline's Training or Outreach teams, the Operations Team and the Buddy Mentor Program.

The overall goal of Lifeline New Volunteer Training is equip trainees with the skills needed to provide empathetic and non-judgemental support to the users of the Lifeline service. Lifeline considers that supporting callers rather than giving advice is more effective in assisting people to find sustainable ways of managing their distress and concerns. This is the foundation of the quality and style of communication that makes up our service.

Training Outline

Schedule: Trainees meet for 22 hours across four training days consisting of approximately 16 hours of input material and 8 hours of active practice. Each 8 hour session is divided into 4 blocks allowing for two breaks and lunch time. Each block has a specific topic area or module and key skill as its main aim and further skills as its subsidiary aims.

Content: Each *face-to-face session* is preceded by preparation tasks including pre-reading, audio and audio visual material to be completed prior to training. This material will form the basis of in-session activities that are expanded by a presentation or discussion on a specific topic area. In-session activities also include extensive role play practice, set up in pairs or groups and focuses on a specific topic area with feedback provided by Lifeline's senior volunteer coaches. The active practice aspect of training is a crucial part of learning how to be an effective Lifeline volunteer and an area where trainees are able to receive immediate guidance and support on techniques and skills required to work confidently and effectively on the helpline. Sessions are followed with homework tasks which alongside the pre-reading contribute to the next day of training.

The trainees will take part in an *induction shift* between Day 2 and Day 3 of the training and will select a time available to accompany an experienced volunteer on a real shift at Lifeline. The induction shift will include several important tasks including a mock call with feedback from your volunteer support in addition to a discussion surrounding information in the Lifeline Shift Guide. Other aims of the induction shift include becoming familiar with Lifeline's administrative procedures and responsibilities which ensure the Lifeline service operates professionally with standardized followed by all volunteers on shift.

Buddy Mentor Program: After completing the face-to-face training sessions and induction shift successfully, new trainees will then be assigned a buddy mentor to assist them in continuing their learning through the support of an experienced member of the Lifeline team. Once buddy mentors are assigned, trainees will receive further guidelines of the mentoring program which will continue through the eight shifts of the probation period.

Assessment

Following observed practice during training session activities, performance working the induction shift and appropriate demonstration of the key skills required to fulfil their role as an effective volunteer, trainees are then monitored over an 8 shift period and alongside feedback from the training team and buddy mentor/s, their suitability and agreement to join the Lifeline team is determined.

Learning objectives and modules covered over the training period:

Modules:

- | | |
|-----------------------------------|---|
| 1. Lifeline Approach to Calls | 7. Relational Violence |
| 2. Relationships | 8. Trauma & Retraumatization |
| 3. Difficult/Frequent calls | 9. Sexual Assault |
| 4. Talking to teens | 10. LGBTQ |
| 5. Suicide/Crisis calls | 11. Coping Mechanisms & Addictive Behaviors |
| 6. Livechat (online chat support) | |

General learning objectives

- Awareness of Lifeline's mission and values of practice
- Adhering to the guidelines of Lifeline's professional conduct
- Following standard procedures of Lifeline administrative practices
- Effective use of office resources following induction shift
- Shows an awareness of mental health issues
- Demonstrates empathetic listening skills
- Ability to apply the standardised approach to calls while responding effectively to individual caller needs
- Ability to appropriately regulate emotion during difficult calls/chats
- Demonstrates understanding of caller needs in relation to pace, timing and when to end a call/chat
- Ability to support callers/chatters who present with a range of needs
- Gains knowledge in dealing with calls of increased severity
- Maintains positive relationships within the trainee cohort and Lifeline community

Training materials and resources

All trainees are provided with access to online resources including pre-reading texts, videos and links to additional websites of interest. Each volunteer is also provided with a personal folder incorporating printed materials on Lifeline’s approach to taking a call, administrative guidelines and areas of importance which may be used during training sessions and throughout the induction shift and probationary period.

Each training session includes active practice of the key skills as trainees are provided with the chance to demonstrate their ability through role play activities focused on main topic areas. Trainees are given the opportunity to receive feedback on their practice from experienced volunteers and discussion around challenges or areas of difficulty will follow each practice.

New Volunteer Training Schedule

Day 1 Education First, Honolulu Room, Jiu An Plaza, 258 Tongren Lu		
Saturday September 12th		
8:45	Arrival and sign in	Ans & Yuri
9:00	Welcome/Housekeeping information Introduction to Lifeline from Executive Director Module 1: Lifeline Approach to calls <ul style="list-style-type: none"> ▪ Pre-reading task feedback ▪ Mental health awareness and functioning ▪ Support vs. Advice model ▪ 5 Steps to taking a call 	Karli Edward Karli
10:30	Break	
11:00	Module 2: Relationships <ul style="list-style-type: none"> ▪ Communication Toolbox: ▪ Empathetic Listening skills ▪ Example call analysis/Pre-reading task feedback 	Ans Karli
12:30	Lunch	
13:15	Module 3: Difficult calls & Frequent Callers <ul style="list-style-type: none"> ▪ Types of challenging calls ▪ Ways to deal with difficult calls & frequent callers ▪ Example call analysis 	Lu *Live Demonstration
14.45	Break	

15:15	Phone Room <ul style="list-style-type: none"> ▪ Modules 1-3 active practice ▪ Feedback on active practice 	Volunteer Coaches
16:45	Feedback Day 1	Karli
17:00	Finish	

Day 2 Education First, Honolulu Room, Jiu An Plaza, 258 Tongren Lu		
Sunday September 13th		
9:00	Module 4: Talking to teens/bullying/self-harming <ul style="list-style-type: none"> ▪ Pre-reading task feedback ▪ Understanding how to facilitate communication with young callers ▪ Example call analysis 	Dr. Nate (via Zoom) Karli
10:30	Break	
11:00	Module 5: Suicide/Crisis calls <ul style="list-style-type: none"> ▪ Assessing risk & establishing safety ▪ Discussing a safety plan ▪ The importance of checking in ▪ Discussion/Pre-reading task feedback ▪ Example call analysis 	Ginger Karli
12:30	Lunch	
13:15	Module 6: Livechat (online chat support) <ul style="list-style-type: none"> ▪ Essential skills for online chat support ▪ Livechat vs. telephone support ▪ Example chat analysis ▪ Demonstration/practice 	Michele Volunteer Coaches
14.45	Break	
15:15	Phone Room <ul style="list-style-type: none"> ▪ Modules 4-6 active practice ▪ Feedback on active practice 	Volunteer Coaches
16:45	Feedback Day 2	Karli
17:00	Finish	

Day 3 Education First, 666 Fuzhou Road, 3-4 th Floor Huaxin Haixin Building, People's Square		
Saturday September 26th		
9:00	Module 7: Relational Violence <ul style="list-style-type: none"> ▪ Understanding how to take a call about relational violence ▪ Understanding relevant issues for relational violence survivors ▪ Example call analysis 	Melanie (via Zoom) *Live Demonstration
10:30	Break	
11:00	Module 8: Trauma & Retraumatization <ul style="list-style-type: none"> ▪ Understanding trauma ▪ Awareness of retraumatization & areas of caution 	Steph
12:30	Lunch	
13:15	Module 9: Sexual Assault <ul style="list-style-type: none"> ▪ Understanding key issues of importance when discussing sexual assault ▪ Taking a call about sexual assault ▪ Example call analysis 	Carrie Jones
14.45	Break	
15:15	Phone Room <ul style="list-style-type: none"> ▪ Group & paired practice across Modules 7-9 ▪ Feedback on active practice Volunteer self-care	Volunteer Coaches
16:45	Feedback Day 3	Karli
17:00	Finish	

Day 4 Education First, 666 Fuzhou Road, 3-4 th Floor Huaxin Haixin Building, People's Square		
Sunday September 27th		
9:00	Module 10: LGBTQ <ul style="list-style-type: none"> ▪ Understanding relevant issues for LGBTQ callers ▪ Understanding how to support LGBTQ callers 	Michele, Nat & Denis
10:30	Break	
11:00	Module 11: Coping mechanisms & Addictive Behaviors <ul style="list-style-type: none"> ▪ What are adaptive & maladaptive coping mechanisms? ▪ When does a coping mechanism become an addictive behaviour? 	Karli
12:30	Lunch	
13:15	Phone Room <ul style="list-style-type: none"> ▪ Modules 1-11 active practice ▪ Feedback on active practice 	Volunteer Coaches
14:45	Break	
15:15	Phone Room <ul style="list-style-type: none"> ▪ Modules 1-11 active practice ▪ Feedback on active practice 	Volunteer Coaches
16:30	Certificates/Feedback Day 3	Lifeline Operations Team
17:00	Finish	

NVT Pre-training materials and resources list

The NVT preparation material includes Power Point slides (PPT), audio (A) and audio visual (AV) material and texts (T). It is divided into four parts for Days 1-4 of the training program. Please follow the task instructions for each activity in the order described below for all content You may keep a record of the completion of each task as you go.

Day 1: Modules 1-3	✓
<ol style="list-style-type: none"> 1. What happens when you call Lifeline (Australia) video https://www.youtube.com/watch?v=LLgxpC6Qsig 2. Dennis's story https://www.youtube.com/watch?v=X3XETjpavXE 3. Rachael's story https://www.youtube.com/watch?v=7C3QO-O241k (AV) 4. Interview with Lifeline volunteer Liz Locke https://www.youtube.com/watch?v=AKsqwNw4KwQ 5. What is Mental Health? (AV) https://www.youtube.com/watch?v=G0zJGDokyWQ 6. Mental Health functioning and awareness (PPT) 7. Empathy vs Sympathy by Brene Brown (AV) https://www.youtube.com/results?search_query=empathy+by+brene+brown 8. Carl Rogers Unconditional Positive Regard and Person Centered Therapy (AV) https://www.youtube.com/watch?v=7ii4VwEuPbM 9. Empathetic Listening Skills (PPT) 10. Caller Issues 1 (T) 11. Caller Issues 2 (T) 12. Relationships 1 (T) 13. Communication Toolbox (T) 14. Step Approach to taking a call (T) 15. Example call (5 Step Approach) (A) 	
Day 2: Modules 4-6	
<ol style="list-style-type: none"> 1. Talking to teens (T) 2. Example call talking to a young caller (A) + questions 3. Clinical disorders (T) and 'The Voices in my Head' (AV) 4. Relationships 2 (T) 5. Inside a suicide hotline (AV) https://www.youtube.com/watch?v=zmiZoPgcFNM 6. Tom's blog 7. Non-suicidal reasons for self-harm (T) 8. Ten Tips for talking with teens (T) 9. Tips for talking to teens about STDs 10. Livechat (online chat support) 	
Day 3: Modules 7-9	
<ol style="list-style-type: none"> 1. Domestic abuse (T) 2. Huffington Post article: 'Why didn't you just leave?' (T) 3. TED talk by Leslie Morgan: 'Why don't domestic violence victims leave?' (AV) 4. Inside Domestic Violence: Wheel of Power and Control (AV) 5. Podcast: On the Frontline of Domestic Abuse (A) 6. Understanding Grief (AV) 7. Websites: www.thehotline.org www.womensaid.org 8. The Process of Coping with Domestic Violence in Adult Survivors of Childhood Sexual Assault (T) 	
Day 4: Modules 10-12	
<ol style="list-style-type: none"> 1. Read the texts about Coping Mechanisms and Substance abuse (T) 2. Self-care (AV) 3. LGBTQ 	

NVT Day 1: Module 1-3

Task 1. Watch the video which gives a short introduction to Lifeline the helpline service.

'What happens when you call Lifeline?' (Australia) video

<https://www.youtube.com/watch?v=LLgxpC6Qsig>

Task 2. Watch the videos where Dennis and Rachael share their experience about calling Lifeline Australia.

a. Dennis's story

<https://www.youtube.com/watch?v=X3XETjpavXE>

b. Rachael's story <https://www.youtube.com/watch?v=7C3QO-O241k>



Write your answer here:

Task 3. Watch the Interview with Lifeline volunteer Liz Locke. What 3 things stand for you that she describes about the service Lifeline provides its callers?

<https://www.youtube.com/watch?v=AKsqwNw4KwQ>

-
-
-

Task 4. Watch the video titled, 'What is Mental Health?' (AV) <https://www.youtube.com/watch?v=G0zJGDokyWQ> and then read through the PPT slides about 'Mental Health functioning and awareness' (PPT).

What does 'mental health' mean to you?

Task 5. Watch the video about 'Empathy vs Sympathy' by Brene Brown (AV). https://www.youtube.com/results?search_query=empathy+by+brene+brown

How is sympathy different from empathy?

Why is knowing the difference between sympathy and empathy an important part of your work as a helpline volunteer?

Task 6. Carl Rogers Unconditional Positive Regard and Person Centred Therapy (AV) <https://www.youtube.com/watch?v=7ii4VwEuPbM>

What is your understanding of the concept of 'unconditional positive regard?'

.....
.....

Task 7. Read through 'Empathetic Listening Skills' (PPT) then look at the list below. In your own life this week, see if you can practice using any of the skills listed here during conversations.

Empathetic Listening Communication Toolbox

In empathetic listening we place our full focus on the caller and what they are trying to communicate. This toolbox contains a number of useful tools & tips to help you in your role as a Lifeline volunteer. Many of these may be familiar to you whilst others may be new. Over time and with practice you'll be better able to utilize these at appropriate moments. During training we will focus on: effective questioning, pausing, reflecting, summarising which comprise the key skills of empathetic listening.

General Tips for Effective Communication

- **Ask WHAT instead of WHY:** Why questions can cause others to feel defensive; What questions open up possibilities *"What was your reason for doing that?" "What made you feel that way?"*
- **Don't question stack:** Ask one question at a time. Be comfortable with silence and wait for the response. If they didn't understand they will tell you or, after some time, you can ask if they understood.
- **Deliver your questions/messages in small chunks** Don't talk for long periods of time. Allow people to process small chunks at a time.
- **Some things to avoid:** Unconditional promises *"Everything will work out okay"!* Giving out personal contact information/ Preferential referral

to self or close friends /Self-disclosure – do not share personal information about your life we are an anonymous service

Notes:

Effective questions

These can help to open conversation, encourage ventilation, gather information, provide clarity and explore options and create rapport.

Close-ended questions give you answers to specific questions

*Eg. Are you angry that you did not get the job?
Have you tried to make friends?*

Open-ended questions allow the caller more freedom to direct the call and vent emotions. This type of question is especially important for callers who are not very vocal. Additionally, keeping questions short and sharp helps the listener focus and think things through.

Eg. Could you tell me more? (Particularly useful at the beginning of a call when caller doesn't say much and allows the caller choice in talking about what happened, feeling etc.) How are you feeling about that now? How did that come about? What options have you considered?

Notes:

Power of pause

A key here is to be comfortable with silence

Reasons to pause:

- To allow time for caller to think and process
- To allow time for caller to release emotions
- To allow time for yourself to really understand the caller's responses

When to pause

- Caller is crying or expressing other strong emotions
- After you reflect back what they have said
- After you ask a question
- When your mind is blank or you are unsure what to do

Reflection

Reasons to reflect

- Allows the caller to feel understood and their feelings heard
- Helps the caller to see themselves and their situation more clearly
- Helps you to clarify what you have heard/adds perspective to the caller's experience

How to reflect

1. Paraphrase the caller's words. *"So you feel disappointed?"*
2. Use the same words or vocab as your caller.
If the caller says "anxious" use "anxious" ... another word may have a different meaning for her; if he says his "boyfriend" is coming over, use "boyfriend"
3. State what you guess the person is thinking or feeling. *"So you are angry because you did not receive the promotion, even though you were the most qualified?"*
4. Do not follow a reflection with a question: *..., is that right?"* This weakens the reflection

Summary

When to summarize

- When caller has presented a large amount of information
- Before the ending of a call; articulate callers may be asked to summarize the call
- When caller seems "lost" in the call
- When you need to clarify the main issues or caller's present situation

How to summarize

1. *"Let me see if I understand correctly....You said..... And then.....Finally....."*
2. *"Today we talked aboutYou decided....."*
3. *"I wonder if you could summarize for me what we have discussed?"*

Notes:

Task 8. Read through the material on Caller Issues (1) and (2).

Task 9. Read through the material on Relationships 1 (T) and make any useful notes below.

Task 10. Read through the Communication Toolbox Feelings Wordlist. (T)
Which of these do you think most of Lifeline’s callers will be sharing with you?

Communication Tools Feelings Wordlist

These words can help you to describe feelings of callers. During training roleplays you can use this list to help you reflect callers feelings by paraphrasing the words they use.

Feelings when your needs are not satisfied

AFRAID

apprehensive
dread
foreboding
frightened
mistrustful
panicked
petrified
scared
suspicious
terrified
wary
worried

ANNOYED

aggravated
dismayed
disgruntled
displeased
exasperated
frustrated
impatient
irritated
irked

ANGRY

enraged
furious
incensed
indignant
irate
livid
outraged
resentful

AVERSION

animosity

CONFUSED

ambivalent
baffled
bewildered
dazed
hesitant
lost
mystified
perplexed
puzzled
torn

DISCONNECTED

alienated
aloof
apathetic
bored
cold
detached
distant
distracted
indifferent
numb
removed
uninterested
withdrawn

DISQUIET

agitated
alarmed
discombobulated
disconcerted
disturbed
perturbed
rattled
restless
shocked

unsettled
upset

EMBARRASSED

ashamed
chagrined
flustered
guilty
mortified
self-conscious

FATIGUE

beat
burnt out
depleted
exhausted
lethargic
listless
sleepy
tired
weary
worn out

PAIN

agony
anguished
bereaved
devastated
grief
heartbroken
hurt
lonely
miserable
regretful
remorseful

SAD

gloomy
heavy hearted
hopeless
melancholy
unhappy
wretched

TENSE

anxious
cranky
distressed
distraught
edgy
fidgety
frazzled
irritable
jittery
nervous
overwhelmed
restless
stressed out

VULNERABLE

fragile
guarded
helpless
insecure
leery
reserved
sensitive
shaky

YEARNING

envious
jealous
longing
nostalgic

appalled	startled	depressed	pinning
contempt	surprised	dejected	wistful
disgusted	troubled	despair	
dislike	turbulent	despondent	
hate	turmoil	disappointed	
horrified	uncomfortable	discouraged	
hostile	uneasy	disheartened	
repulsed	unnerved	forlorn	

Needs Inventory

CONNECTION

acceptance
affection
appreciation
belonging
cooperation
communication
closeness
community
companionship
compassion
consideration
consistency
empathy
inclusion
intimacy
love
mutuality
nurturing
respect/self-respect

CONNECTION

continued
safety
security
stability
support
to know and be known
to see and be seen
to understand and
be understood
trust
warmth

PHYSICAL WELL- BEING

air
food
movement/exercise
rest/sleep
sexual expression
safety
shelter
touch
water

HONESTY

authenticity
integrity
presence

PLAY

joy
humor

PEACE

beauty
communion
ease
equality
harmony
inspiration
order

AUTONOMY

choice
freedom
independence
space
spontaneity

MEANING

awareness
celebration of
life
challenge
clarity
competence
consciousness
contribution
creativity
discovery
efficacy
effectiveness
growth
hope
learning
mourning
participation
purpose
self-expression
stimulation
to matter
understanding

Feelings when your needs are satisfied

AFFECTIONATE

compassionate
friendly
loving
open hearted
sympathetic
tender
warm

ENGAGED

absorbed
alert
curious
engrossed
enchanted
entranced
fascinated
interested
intrigued
involved
spellbound
stimulated

HOPEFUL

expectant
encouraged
optimistic

CONFIDENT

empowered
open
proud
safe
secure

EXCITED

amazed
animated
ardent
aroused
astonished
dazzled
eager
energetic
enthusiastic
giddy
invigorated
lively
passionate
surprised
vibrant

GRATEFUL

appreciative
moved
thankful
touched

INSPIRED

amazed
awed
wonder

JOYFUL

amused
delighted
glad
happy
jubilant
pleased
tickled

EXHILARATED

blissful
ecstatic
elated
enthralled
exuberant
radiant
rapturous
thrilled

PEACEFUL

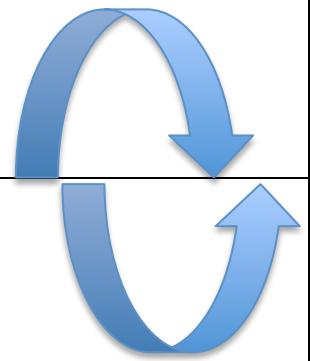
calm
clear headed
comfortable
centered
content
equanimous
fulfilled
mellow
quiet
relaxed
relieved
satisfied
serene
still
tranquil
trusting

REFRESHED

enlivened
rejuvenated
renewed
rested
restored
revived

Task 11. Look at the table outlining Lifeline’s ‘5 Step Approach to taking a call’ (T). Try to fill the gaps with the correct word to describe each step.

Lifeline 5 Step Approach	
Steps	Task
_____	<p>“Hello. This is Lifeline. How may I help you?”</p> <ul style="list-style-type: none"> • Make a first impression of non-judgemental support • Build trust & rapport •
_____	<ul style="list-style-type: none"> • Create a safe space of acceptance • Try to understand their reason for calling (explore, pause, reflect) • •
_____	<p>Explore & clarify further:</p> <ul style="list-style-type: none"> • What’s going on right now/has lead to this call • What they are feeling/help caller explore/share their emotions • How they are dealing with it • What’s important to them • Who is around them/who do they have • What they want & need • If they are at risk • •
_____	<ul style="list-style-type: none"> • Support insight into their current situation and coping mechanisms (past & present) • Explore options at the right time • Give information/referral at the right time • Help them make a plan/take action about how to cope using their own ideas if possible • •
_____	<ul style="list-style-type: none"> • Note call/chat will end soon • Summarize • Encourage action plan tasks • Invite them to contact us again • If it feels appropriate, ask how caller found Lifeline • •



Think about.....

1. Why do we need a structured approach to calls?

2. Are there situations where you might not follow the 5 steps in the model?

3. What might be some of the challenges during different stages of the call?

- Task 12.** Listen to the audio file named Example call (5 Step Approach) (A)
- a. Listen to the example call about a relationship issue. ***[Note: this is not a real call but prepared for training purposes – no calls at Lifeline are ever recorded].*** Place a tick next to each time you hear the volunteer use each of the empathetic listening skills. You may have more than one tick next to each empathetic listening technique.
 - b. Listen again to the call moving through or back to sections of interest. Please listen for the sections you may hear demonstrating steps in the 5 Step Approach to Calls and keep in mind the Empathetic Listening Skills chart and the type of language you hear.

Lifeline Empathetic Listening Skills Checklist	✓
1. Reflecting (<i>"sounds like you are saying.....", "so you mean that...", "Are you saying..."</i>)	
2. Paraphrasing/summarizing (<i>so on the one hand you....., on the other hand you" – this mirrors callers feelings which help to give them more clarity on their situation</i>)	
3. Small encouragers (<i>"yes", "un huh", "ok..."</i>)	
4. Emotion labelling (<i>"are you worried?" – specifically stating the emotion expressed by the caller can help them accept their feelings or current state</i>)	
5. Asking questions to clarify (<i>"do you mean.....?", "are you feeling [x] about [x]..."</i>)	
6. Validation / Appreciation (<i>"many people in the same situation would..... "; "you show a lot of courage by phoning us today", "you have demonstrated great strength calling us today)</i>	
7. Effective pausing/silence (<i>not rushing caller by using appropriate space to allow them to share their experience</i>)	

NVT Day 2: Module 4-6

Task 1. Read the text, 'Talking to teens' (T)

Task 2. Listen to the Example call talking to a young caller or read the script below and answer questions a-j.

Answer questions below with the information you hear/read and be ready to discuss your answers.

- a. *How does the volunteer encourage the young caller to talk/open up?*
.....
- b. *How did the volunteer deal with the caller's direct question, "I'm not crazy right?"*
.....
- c. *What issues is the young caller facing?*
.....
- d. *How is the caller self-harming?*
.....
- e. *What empathetic listening skills does the volunteer use with the caller?*
.....
- f. *The volunteer checks for thoughts of suicide with this caller – is the approach correct here? Why/why not?*
.....
- g. *How does the volunteer refocus the caller's attention during the call?*
.....
- h. *What language does the volunteer use to check understanding of the caller's current position/feelings/state of mind?*
.....
- i. *This caller repeats her story and concerns – how does the volunteer support the caller in moving forward from this during the call?*
.....
- j. *How does the volunteer end the call?*
.....

Lifeline Example Call: Young/Teen caller

Lifeline: Hello, this is Lifeline. How can I help?
 Caller: ah...hi...how's it going...?
 Lifeline: ah...good thanks, how are you today?
 Caller:...um...yeah...sorry for calling, it's abit late
 Lifeline: ...no, that's ok, that's exactly what we're here for
 Caller:....hmm..yeah...um... I've gotta go to school tomorrow...

Lifeline: ok

Caller:and really don't want to go...

Lifeline: can you, can you tell me a little more about that?

Caller: ahh...it's been, it's just been so...annoying these past few weeks...it's just been ahh...broke up with my ah...my boyfriend...

Lifeline: ok

Caller:...and I thought it was ah...a mutual break up and everything but he...basically went around and told all our friends...ah...all these guys...and ...and ...basically everyone heard these rumors flying around about me and, and they're not true

Lifeline: ah...

Caller:...and ...yeah...everything's a bit shit

Lifeline: ...ok...

Caller: ...yeah...they think, just just think I'm crazy, I'm crazy ...

Lifeline: hmm...

Caller: ...and I'm not crazy right?

Lifeline: It sounds like you're going through a really tough time at the moment

Caller: I mean...yeah, yeah it's fine...it's just I deleted a lot of these so-called friends off my wechat and instagram and um..

Lifeline: hmm..

Caller: ...sorry...but...it's kinda I never had a chance to explain what my side of the story is and ah..

Lifeline: hmm..

Caller:...and I thought they were friends of mine...

Lifeline: aha...

Caller:...I was still with my ex...

Lifeline: aha..

Caller:...and now it's kinda just me with every...you know against everyone else...

Lifeline: aha...hm..

Caller:...and ah..everyone calling me a loser..and they're talking about me behind my back...you know...I'll walk into the bathroom and girls will start talking about me..

Lifeline: hmm...hmm..ok...and is there anyone else you have told about this?

Caller: ah...no, no there's no one else..no one at school talks to me! My ex has turned everyone against me...

Lifeline: hmm...

Caller: ...my parents ah...just aren't really around...they, they travel a lot of work so...

Lifeline: aha...

Caller: um...and it's just ah...sometimes them going away is good cause I just don't turn up for school and no one really notices...

Lifeline: right

Caller: ...yeah ...

Lifeline: ok ok...and what do you think that we can do to make this situation improve? Is there anything that you've tried?

Caller:...ah..that's ...it's..sometimes it just gets really overwhelming...

Lifeline: yeah...

Caller: yeah you know not having anyone to talk toyou know on social media...at weekends cause I've deleted everybody to kind of cleanse my life...but I just feel so alone...

Lifeline: right ...

Caller:I...I just don't know how to fix it...it's just so hard...

Lifeline: hmm...

Caller: yeah that feeling of pressure and ...and not knowing who to turn to...

Lifeline: hmm...

Caller: ...who who I can trust, then tell someone something and they turn it against me, they twist my words...

Lifeline: hmm

Caller: ...and they talk about me at school...yeah...and it's so...these feelings sometimes...I just don't know how to stop them...you know..

Lifeline: hmm...

Caller: ...I just...it's so...just so overwhelming and I don't know what....

Lifeline: hmm...

Caller: ...and I...um..sometimes I just feel so numb...

Lifeline: hmm..

Caller: ...and I don't know how to feel like....you know...

Lifeline: yeah...

Caller: ...and yeah sometimes I just want to pinch myself...

Lifeline: hmm

Caller: ..yeah yeah to feel something...

Lifeline: right...

Caller: ..yeah to really kind of hurt myself so that I, I you know, so I know I still have feelings...

Lifeline: right ...

Caller:...and yeah to feel like this whole world is still real....

Lifeline: ok...yeah it sounds like a really isolating experience....you mentioned hurting yourself....pinching yourself...um..is this something that's been going on for awhile? Can you tell me a little more about that...?

Caller: I mean...you not all the time...but just ...you know since...this ex has been saying all this crazy stuff about me...

Lifeline: hmm...

Caller:...and...ah..you know...saying things behind back...and ah saying I'm a crazy person....a psycho...

Lifeline: hmm...

Caller: so just think yeah, maybe I am a little bit nutty.. and you know...I just want it to stop and...I ...I want it to ...

Lifeline: hmm..

Caller: ...and I want to distract myself with something that I can control cause everything is, you know...I can't control everything else...I've deleted everybody..

Lifeline: hmm..

Caller: ...and now, now I don't even know what they are saying about me..so...so yeah...sometimes when my parents aren't around and I'm feeling...just feeling overwhelmed...it just....it makes me feel...yeah...numb

Lifeline: yeah ...ok well you mentioned just feeling, feeling really numb and wanting things to stop and sometimes, when people use language like this they can be experiencing thoughts of suicide. Is this something that has come across your mind as well?

Caller: (silent...)

Lifeline: I'm really concerned for your safety

Caller:...I...I don't feel like suicide right now...I mean no....not really...

Lifeline: ok...

Caller: It's just that immediate moment when things are getting too overwhelming...you know I want to immediately make myself feel better

Lifeline: hmm hmm, ok

Caller: you know I don't want to die, I still want to be around, I just want to know who to deal with things that are going on

Lifeline: yeah, yeah, I can feel that you are feeling pretty overwhelmed from what you've just described so I think we can start by taking a deep breath

(volunteer guides caller through a few breaths...)

Lifeline: ok...I want you to start just by focusing on what you can see in the room around you, just making a list ok, just telling me what you can see in the room around you...'window'....'table'....What can you see?

Caller: ah...I can see a couch...

Lifeline: ah ha...anything else?

Caller:...ah...I can see my Dad's whiskey collection...

Lifeline: ...hmm ok..

Caller:..I'm now in our living room...yeah..

Lifeline: ok...

Caller:...yeah no one's home so I'm just hanging round the house

Lifeline: ok...so this is one of the strategies we can use if we're feeling overwhelmed, to get a bit of space and give ourselves a moment. We've touched on self harm and I'm wondering....what type of thoughts you're experiencing when this is happening or before this starts to happen? What's going through your mind? What are you feeling?

Caller:..just ...just...all the stuff that I'm telling you about....just ah..just all the stuff...

Lifeline: hmm...

Caller:...I sort of go through what's been happening the last few weeks and...and going through all the things that have been done to me and...said about me instead of...my friends taking my side, everyone's just turned against me...

Lifeline: hmm..

Caller: ...yeah and there's just so much you know...kind of...pressure and I feel just so...and you know I've got school tomorrow and I've kind of been skipping out...you know I don't want to make it too obvious cause...I don't want them to realize and ...ring my parents ...yeah so I should keep it under the radar...but I should go but I don't want to go at all...

Lifeline: hmm..

Caller:...cause I just know all this stuff is going to happen...all over again and I don't want to deal with everything...and I broke a glass today...you know one of the tumblers....and ah...you know...the pain...it helps...

Lifeline: hmm...

Caller:...you know, sometimes it's hard to find something to use...to just throw away to use...but using broken glass to cut to with is ...is...it's kind of environmentally friendly ...

Lifeline:...and...are you feeling safe right now, as we are speaking?

Caller:...well...the, the pain is kind of keeping me numb...just talking to you at the same time...

Lifeline: yeah...

Caller:...I just need to physically feel..that..something...and right now, to feel the pain in this moment...(crying...) it's helping...yeah...

Lifeline:...yeah...it sounds like from what you've been saying, the self harm is almost like a strategy, like it's helping you cope with the situation at the moment, like it gives you a sense of control...is that something that resonates with you?

Caller: um yeah, yeah I can control this pain...I can control this feeling, but I can't control the others...yeah I just want the others to stop... cause sometimes that pain is so, so overwhelming..

Lifeline: yeah...yeah...

Caller:...yeah and I just find that doing this helps..it makes me feel better...

Lifeline: ..ok..

Caller:...yeah nothing else makes me feel better so...

Lifeline...yeah...right...ok, maybe we could talk about that alittle bit more...you in the past, when you have experienced other challenging scenarios like this, have there been any other strategies or coping mechanisms that you've found really helpful...like any physical activity...or, or any exercises or things like that?

Caller:...ahh...yeah...I, I used to run...you know, long distance..

Lifeline: ok..

Caller:...yeah..that helped me, you know made me feel....distracted me...yeah there's so much endurance involved in that kind of physical run...yeah well whatever...just long distance, really long distance running...you know where you have to push yourself, you know...you're on that limit...you know that would help me clear my mind, you know, like stresses with exams...and you know just getting out and feeling very distracted...and you know sometimes I like, like listening to really heavy, heavy metal music, you kind of like, just blast in my ears, like just blast everything out almost...blast the thoughts out and helped with exams...yeah but...he was my first boyfriend that I...that I really liked ...and I can't believe people at school...are such dicks!

Lifeline:...hmm...ok..

Caller: you know....

Lifeline: well, you mentioned the running, you mentioned the music as things that have really helped you in the past...are these things that you think...have you tried any of these things recently or...are these things that you think might help you now?

Caller: ah...my music is ah..well...I don't have time to go running you know, it's like hours...and basically I used to do it in a team and now people are you know, people at school are talking about me and I, I just want to avoid people as much as possible...so I kind of hold myself off from doing that a lot..

Lifeline:..ok..

Caller:...and the music...I guess no one's around at home...and it just seems like cutting myself I can get rid of that pain much faster...I can feel the distraction so much easier...

Lifeline:...and how about the running...?

Caller: ...the running...? Yeah, I just guess I could do that...I mean at school ...I guess I don't have to go running with my other classmates, there's no reason why I can't go running...you know, just out and about...cause you know, the weather's pretty nice, you know, in the evening now....

Lifeline: yeah, that could be something that could help us...the other thing I wanted to say is that we're so grateful that you've reached out to us today, it takes a lot of courage so, thank you so much for giving us a call...and um, I wanted to say as well, that often schools have counseling services that can be very supportive in these situations. Is something you've considered as well?

Caller:...ah...I mean...no, just cause...everyone else at school seems to be against me...

Lifeline: hmm...

Caller:...you know...why would this counselor really care?

Lifeline: well...

Caller: yeah well...maybe I could have chat or something...or see..or ...at least I'll be able to tell my story to someone who doesn't already know all of that, all those rumors, all that rubbish about me already....

Lifeline: hmm...

Caller:...I mean...you know...counselors are just....eww...just...so judgey, so judgey I feel...

Lifeline: hmm...I think that if a counselor is a good fit for you, and it can take some time to find a good fit, they should be able to listen without any judgment and really try to connect with you...so maybe that is something you might want to consider...trying and seeing if the school counselor is the right match for you...?

Caller: yeah...

Lifeline: What do you think about that?

Caller: yeah...maybe, you know....you know I just want kind of... everyone....all this to go away you know...for everyone to stop talking about it...you know I don't know why it's a big deal, why they want to talk about this shit, why don't they talk about celebrities

Lifeline: hmm...

Caller: I don't know why people care you know...

Lifeline: ok...ok...well, let me ask then...if you could just click your fingers and everything would be the way you want it to be right now, in terms of this relationship, in terms of this situation, what would that look like for you?

Caller:...ah...I just want everyone to know what really happened...you know...I just....I just don't want people to judge me based on something that they heard!

Lifeline:...yeah...yeah...

Caller:...yeah I mean...you know....the school year is almost over....

Lifeline:...ah ha...

Caller:...so maybe...if I can just get through the rest of the year, I mean...people come and go all the time...in Shanghai....

Lifeline: hmm...

Caller:...you know...parents move and stuff...so I just hope you know, I can get a fresh start or something...

Lifeline: hmm...

Caller:...it's all...just right now...it's so hard...

Lifeline:...hmm..

Caller:and you know...being able to...to kind of numb that...feel...

Lifeline: hmm...

Caller:...just being able to numb that pain away by doing something...

Lifeline: hmm...ok...

Caller:it helps...

Lifeline:...hmm yeah ok...do you think, do you think this is something this is something you would like to talk to your parents about? That you could talk to your parents about?

Caller:...yeah yeah...what am I gonna do? Just call them on phone and be like, 'hey, what are Mum and Dad are up to tonight?'

Lifeline:...hmm..

Caller:...they're just not here, they're not here! You know they're just travelling the whole time, you know

Lifeline: hmm..

Caller:...I, I've got aiyi who's always around...

Lifeline:...ok..

Caller:..yeah, she, she's been here with our family for awhile...so...I feel you know, I feel like she's my second mum cause she cooks and she cleans up after me, yeah and so...

Lifeline:..so do you feel she could be someone who you think could be helpful to talk about this with?

Caller:...uhh....umm...II dunno....I don't think she'll understand to be honest...you know...language and all that....

Lifeline:...ok...

Caller:...and maybe....that kind of stuff....is for a teacher or counselor or whatever...

Lifeline: yeah..

Caller:..yeah so school might be something....I mean when I go to school....

Lifeline: ok...so it sounds like we've touched on a couple of potential strategies and resources...so we've talked about the issues with your ex, and the situation happening at school and the self-harm, how that has been a coping mechanism for you at this stage, and we've talked about how running could potentially be good for and listening to music and we went through some breathing exercises, some vision exercises and we touched on the school counselor as well, and a teacher as a potential resource or someone you could share this with. So I wanted to ask, is there anything else you wanted to talk about today? We've got a few more minutes left on the call...and thank you so much again for reaching out. I just want to make sure we can help you as much as possible...with the time that we have...

Caller: ..I mean talking to you guys tonight has been abit of a distraction...so that's been kind of nice and next time I'll call you and tell you exactly what actually happened and we can really talk about what happened, yeah I want to tell you exactly what happened so you can understand it...

Lifeline:...yeah...

Caller: yeah so I didn't do anything wrong and it's all lies...yeah it's been nice to talk to someone who doesn't know all the lies that have been told about me

Lifeline: ..hmm..yeah, we'd love to hear you story. We're open 10am to 10pm every day so you're welcome to give us a call back tomorrow if you think it's something that could be helpful, and I just want to say again, thank you so much for sharing

Caller:...thanks....thanks...

Lifeline:...ok...and would you like to give us a call back again tomorrow?

Caller:...ah..yeah...yeah...I'll call and let you know now things go...

Lifeline: That's great. I'm going to end the call now. Thank you so much and I hope you can enjoy the rest of your night

Caller: Thanks....thanks...you too

Lifeline: Thank you, bye

Caller: Bye....bye.

[The calls ends at 27 minutes]

Task 3. Read the text by Dr. George Hu about 'Clinical Disorders' and then watch the video file, The Voices in My Head.

<https://www.youtube.com/watch?v=syjEN3peCJw>

Task 4. Watch the video 'Inside a suicide hotline' (AV)

<https://www.youtube.com/watch?v=zmiZoPgcFNM>

Task 5. Read through Tom's story below about his personal journey with suicide published in his local newspaper on May 13th, 2014 and explore his blog to find out more.

A Glimpse Into The Suicidal Mind

"A man awaits his end, Dreading and hoping all."

W, B. Yeats

Twenty years ago, on Sunday, May 15, 1994, I planned on dying. I expected and wanted to die. I was in a motel room in Chatham and at 7 p.m. the time had arrived. I was ready to die.

On a day in late January 1994, I decided to kill myself. My life had become meaningless, my future nonexistent - a black hole with no escape. To kill myself was a perfect and brilliant solution, a remedy of redemption from a worthless life.

It was an easy decision. I've had bouts of severe depression for decades, had lost my grandfather, college girlfriend and childhood friends to suicide. To assure my death, I began stockpiling an abundance of prescription medications - Xanax, doxepin, and quazepam. Suicide, once a cruel and mortal enemy in my life, was now a friend I embraced.

Now, the important question: when to die? I did not want to die in winter and be buried in a cold, snow-covered grave. Spring would be ideal. and Sunday, May 15th, the perfect day. It was a week after Mother's Day and two weeks before Memorial Day weekend - thus I wouldn't ruin these special times for family and friends.

I felt relief from my difficulties, fears, and anxieties. A bleak future was suddenly clearly defined. I would die on Sunday, May 15th, after "60 Minutes," my favorite TV show. I decided to keep a daily journal. I also decided to make my funeral arrangements, spend most of March in Florida and April in Ireland.

Writing in my journal was the most important part of my day. A journey of words, of my thoughts, reflections, opinions, hopes, fears, feelings, suffering, loves and daydreams. A narrative of who I was and who I am - of time past and time present.

In extremis: On Sunday morning I went to Mass at Holy Redeemer, then to Larry's PX, where I bought juice, coffee and the Boston Sunday Globe. At noon I wrote in my journal for the final time. I began with Yeats, " a brief parting from those dear is the worst man has to fear." I

ended with my words: life is full of fears that last but awhile, life is full of tears that last 'till you smile.

I went to the Squire, met friends and drank beer. Returning to my motel room, I watched TV. Just before 6 p.m., I filled three paper cups with my hoard of medications, opened a bottle of sangria and watched the news. By 7 p.m. I had become restless. When the "60 Minutes" watch started ticking, I was ready to die. In quick succession, I swallowed the three cups of pills along with a glass of sangria. I immediately collapsed to the floor.

On Monday morning my body was found. I was taken to Cape Cod Hospital. I was in a coma, and my family was notified that I wasn't expected to live. Six days later I came out of my coma. My only memory: someone asked me if I knew where I was and I answered, "Arizona." To this day, I'm not sure if it was a dream or reality. When I was well enough, I was transferred to the Psych Center.

A suicidal mind is a closed, self-centered mind, completely unaware of the consequences of how death will affect family, friends and loved ones. Suicide is difficult to prevent because signs usually become visible only after the fact. Suicides are usually committed during the course of a person's regular routine. Up to the moment I attempted to kill myself, it was an ordinary Sunday with its normal routine.

Some time ago I read these words: "A person thinking of suicide is perfectly capable of feigning an interest in a future they have no intention of inhabiting."

Twenty years have passed since that Sunday in spring. What I remember most is this: when I was in the Psych Center, I was visited by one of the emergency room doctors who treated me. She told me there was no medical reason why I was alive - that I should be thankful and do everything I could to get better.

I have done my best to follow her advice

Please find Tom's blog here: fortheheartcries.blogspot.com

1. Start in the ARCHIVE Section
2. Select Show More
3. Then select a date
4. His journey begins in 1994 but his journal later

Task 6. Read the text about ‘Non-suicidal reasons for self-harm’ (T)

Task 7. Read the test ‘Ten Tips for talking with teens’ (T) and Tips for talking to teens about STDs

Task 8. Read the information about Lifeline’s online chat support using ‘Livecom’.

Introduction to Lifeline’s online chat support

The importance of communicating empathy and respect when supporting a user of online chat is a crucial factor in providing effective assistance for those who choose to contact Lifeline through our website or wechat. Careful attention to the choice of language in addition to following the 5 Step Approach to Taking a Call are required to provide professional, authentic and effective online support for someone suffering from distress. Empathic ‘listening’ skills of clarifying, reflecting the chatter’s emotions and the type of questions used, are all part of creating rapport and providing a non-judgmental space for users to share their experience and receive help. This requires attention to the way language is expressed in written format, compared to telephone support where tone and feeling is conveyed through sound.

Key skill areas of taking an online chat

How to start a chat

The online software used at Lifeline provides the volunteer with a drop down menu where you may select an appropriate greeting to welcome the chatter to the service. Follow the process of the 5 Step Approach in an attempt to begin to help the chatter open up and collect information in order to understand what is happening for the chatter and causing them distress.

Continuing the chat

Following the 5 Step Approach for structuring the chat (*or not...but especially Steps 2-3*) and try to become clear about the purpose and focus of the chat at the start and throughout by asking questions to understand the chatter’s current emotional state (***because a chatter’s emotional state not as clear to the volunteer in light of a lack of audio***)

The importance of assessing risk on a chat

(because the emotional state of the chatter is not as clear to the volunteer in light of a lack of audio) → when any suggestion of risk, harm, self harm or suicide is suspected, follow the protocol for assessing the level of risk to the chatter and begin to reduce this risk. (Addressing suicidality will be covered further on the afternoon of Day 2 following this session on Livechat).

The choice of language used to communicate empathy and respect

The awareness of your responses as a volunteer on a chat are especially important regarding questioning, assessing and assisting. A written statement may appear interrogative or like a command so taking your time to carefully consider the words you type will improve your response and how these might 'sound' to the chatter. Chats are slower than a call so expect this to take some time and use this time to consider your own response. The Lifeline Livecom software contains a list of scripts or phrases you may use at certain times in a chat. Familiarize yourself with these on your induction shift. **Use your word bank and scripts available to you if these are appropriate and genuine for that particular chat response**

Automatic disclaimers

There are two automatic disclaimers that appear on our website and on our live chat when it is activated:

- **U18 disclaimer:** displayed so younger users are informed that if they share information that alerts the volunteer they are in a vulnerable situation, the volunteer may then share this information in order to provide them further help or assistance.
- **Wechat ID disclaimer:** any user contacting Lifeline using wechat exposes their wechat ID and photo in our online system. You may reassure the user that their information remains completely confidential but that they may wish to contact Lifeline using our website to chat online or by telephone.

The Online Disinhibition Effect

Online users may show less inhibition in their communication with a volunteer compared to a voice-to-voice exchange over the telephone. For the same reason that online chat creates a 'barrier' for the volunteer who may not easily understand a chatter's emotional state, this barrier can also create a space where the user feels more open to a more confrontational style of communication. See the examples below:

- chatter can have a resistant or negative attitude to help
- chatter may have a negative attitude toward the volunteer and/or critically challenge the volunteer
- chatter can express emotions in a more heightened/provocative/ambivalent or incongruent way
- chatters may have more provocative help seeking behaviors (*more common if they are younger users*)

.... all of this may lead to less productive dialogue → so the volunteer can **use more motivational interviewing techniques helping users to explore options**

What to do when.....

a. The chatter is unresponsive – chats can remain quiet for some time and it is Lifeline's policy to notify the user after 10 minutes with a message from the drop down menu that this chat will soon be closed if no response is received. You may offer a second warning if time, other calls/chats do not come in but you can **close the chat only after giving this warning. Do not close an active chat without giving a warning or ending the chat appropriately. Always close the chat window once a chat is complete.**

b. If another chat/call comes in while you are on a chat or call – you will hear a bell and a new window will pop up to show a new chat has been received. Select accept and use the drop down menu to select the message that informs the user all Lifeline operators are currently busy. Then close the chat window. The user may contact you several times when you are busy on another chat or call. Continue to send the same message from the drop down menu.

c. You accidentally close an active chat – volunteers are people too and we all make mistakes. If you accidentally close an active chat, it is likely that the user will simply send you another message and this will cause a new chat window to be activated and you can continue from

there. You may let the user know the chat was closed unexpectedly and that they may continue.

Lifeline's online chat software

Lifeline's online chat service is operated by software named Livecom. You will see instructions about how to log in and use this software during your induction. It is important to always test Livecom is working by checking through the Lifeline website to confirm our 'Contact us now' bubble is visible. If you are on shift and Live chat is not working, please follow the guidelines in the Lifeline Shift Guide.

Task 9. Read through the example live chat and answer Questions 1-11.

Lifeline

Example call – Live chat [25:00]

Chatter: Hello

Lifeline: Hello, this is Lifeline. How may I help you?

Chatter: Is this message confidential?

Lifeline: Yes. This message is confidential. But as you have contacted us using Wechat, our computer system does show your wechat ID and photo. Would you prefer to contact us by telephone or through our website which are completely anonymous?

Chatter: I can't

Chatter: I need some help

Lifeline: Ok. I am glad you have contacted us today. Can you tell me abit more about what is going on for you right now?

Chatter: yeah

Lifeline: ok, take your time. I'm here when you are ready

Chatter: my boyfriend and I have been apart a lot recently

Lifeline: yes, sometimes apart can be challenging for a couple

Chatter: it was ok at first, then in the third week apart he got really mean

Chatter: at first I didn't know why

Lifeline: I'm sorry to hear that you feel your experience with your partner has been less positive recently

Chatter: He's back in Shanghai now. I was bored and found pictures on his phone

Lifeline: Ok. Do you want to tell me abit more about what happened when you found these pictures?

[after 13 minutes]

Lifeline: This chat has been inactive for more than 10 minutes. I am here for you. Please let me know if you wish to continue our chat.

Chatter: yeah, sorry

Chatter: I had a delivery come to the door

Chatter: so he got really angry and threw his phone across the room then we had a huge fight cause those pics were of his ex

Lifeline: yes, many people in your situation would find pictures like those very upsetting

Chatter: then after I cried a lot he agreed to delete them but then I just can't stop thinking about it

Chatter: it's making me so *%£@ing crazy and I can't sleep like I know there's more photos

Lifeline: yeah, that's a really hard thing for a person to deal with. Did you try to talk about how you are feeling with your boyfriend?

Chatter: he just gets angry and starts saying I'm psycho and jealous. I don't know what to do

Lifeline: Sometimes when people find it difficult to talk to their partner face-to-face about a problem, some people write down what they are feeling. Is that something you feel you could do?

Chatter: He'd just laugh at me. He hates talking about his feelings

Lifeline: yes, it can be difficult to talk about how they feel when there is a problem in their relationship

Chatter: What would you do? If you found these pictures?

Lifeline: It's important for me to try to help you today. In the past, when there was a problem in your relationship, what did you do to try to deal with it?

Chatter: we don't deal with our problems

Lifeline: So you feel that when you have had problems together in the past, that you have not really dealt with them?

Chatter: that's what I just said. Are you stupid?

Lifeline: ah I see. I was making sure I understood your meaning about not working out problems in the past

Chatter: yeah he's just such a @£\$%^&*+=

Chatter: why do I stay with him?

Chatter: Do you think I should break up with him?

Lifeline: Are you feeling like breaking up with him might be an option for you?

Chatter: I want him to stop treating me shit *&^%

Lifeline: yes, I can feel that you are really let down and hurt by these pictures and that your partner is not listening to how much this upsets you

Chatter: yeah what an !@£\$%%^*&

Lifeline: You said your boyfriend doesn't want to talk about this situation and your feelings so I'm wondering if you have shared your experience with anyone close to you, like a friend or someone you trust?

Chatter: if I tell my friends they will tell me to dump him

Chatter: they think he's a cheater

Lifeline: ok. So it's sounds like you might be feeling as though you do not want to break up with him. Is it possible for us to think of a way you might begin to talk to him about these pictures and maybe how you are feeling?

Chatter: I don't know. When I try to talk to him he always gets angry or just stays silent. He says he always feels attacked when we try to talk

Lifeline: yes, having a conversation about a problem in our relationship can be scary for some people. Have you thought about planning to have a chat together, telling him something is upsetting you and inviting him to have a talk with you at a particular place and time?

Chatter: no

Lifeline: Some couples can find this approach more useful as both people are prepared abit more to sit down together and talk

Chatter: I see

Lifeline: Do you think that could be something you could try to do?

Chatter: I have to go. My mum is here and it's time for school. Bye

[The chat ends here]

Example call analysis (Live chat)

1. Does the greeting in an online chat differ from the greeting said on the telephone at Lifeline?

.....
.....

2. How does the volunteer with the question about confidentiality in an online chat?

.....
.....

3. We cannot see the time each response is made. What can you do as a volunteer while you are waiting for the chatter to respond?

.....
.....

4. What empathetic 'listening' skills does the volunteer use in this online chat?

.....
.....

5. What does the volunteer do when there is a long time break in the chat?

.....
.....

6. When should a volunteer close an active chat?

.....
.....

7. What coping mechanisms does the volunteer help the chatter to discuss?

.....
.....

8. Why does the volunteer ask the chatter about how they dealt with problems in their relationship in the past?

.....
.....

9. How does the volunteer deal with requests for their personal opinion about the chatter's problem?

.....
.....

10. This chatter uses some strong language in the chat, why didn't the volunteer use the bad language warning with the chatter?

.....
.....

11. How does the chat end? Were there any surprises?

.....
.....

NVT Day 3: Module 7-9

Task 1. Read through the text ‘Domestic abuse survivors stories’ (T).

Task 2. Read the Huffington Post article: ‘Why didn’t you just leave?’ (T)
https://www.huffpost.com/entry/why-didnt-you-just-leave_n_5805134

Task 3. Listen to the TED talk by Leslie Morgan: ‘Why don’t domestic violence victims leave?’ (AV)
https://www.ted.com/talks/leslie_morgan_steiner_why_domestic_violence_victims_don_t_leave?utm_campaign=tedsread&utm_medium=referral&utm_source=tedcomshare

Task 4. Watch the video ‘Inside Domestic Violence: Wheel of Power and Control’ (AV)
<https://youtube.com/watch?v=2WnZCLqL8TA&feature=youtu.be>

Task 5. Listen to the podcast: On the Frontline of Domestic Abuse (A)
<https://www.abc.net.au/radio/programs/conversations/conversations-carmel-obrien/8073150>

Task 6. Read through the list of different kinds of relational violence. Fill the gaps with the correct word for each category.

Types of Relational Abuse

Relational abuse could be manifested through different kinds of violence. Callers may describe one or more of these. Fill the gaps for each type shown.

.....	<ul style="list-style-type: none"> • Spitting • Scratching, biting • Grabbing, shaking • Shoving, pushing • Restraining, twisting • Throwing • Slapping, punching • Choking, burning • Using weapons against the victim 	<p>Some assaults result in physical injury and some do not.</p> <p>Note that bruises sometimes take days to show up.</p> <p>Such physical abuse may be as subtle as a purposeful overdose of anti-diarrheal medication.</p>
.....	<ul style="list-style-type: none"> • Coerced sex by manipulation or threat of physical force • Violent sex • A kind of sex victim does 	<p>Sometimes a victim’s resistance will be punished while other victims comply, hoping that the sexual abuse will end</p>

	<ul style="list-style-type: none"> not want • Sex at a time victim does not want it • Forcing to watch pornography 	<p>quickly.</p> <p>Some battered women are unclear whether this sexual abuse is really abuse, believing it to be her duty as a wife.</p>
<p>.....</p>	<p><i>Threats through words:</i></p> <ul style="list-style-type: none"> • “If I can’t have you no one will.” • “Your mother is going to pay.” • “If you do, you’ll be sorry.” <p><i>Actions:</i></p> <ul style="list-style-type: none"> • Stalking • Brandishing weapons • Standing over victim in a threatening manner • Suicide attempts <p><i>Intimidation:</i></p> <ul style="list-style-type: none"> • Yelling and screaming in victim’s face • Standing over a victim during a fight • Reckless driving while victim or grandchildren are in the car 	<p>Perpetrators will use varying combinations of psychological abuse depending on what works on their victims.</p> <p>The perpetrator’s threats of harm may be against the victim, others important to the victim, or they may be threats of suicide.</p> <p>Perpetrators psychologically abuse their victims through attacks on their property or pets, and other acts of intimidation</p> <p>Attacks on property or pets are not random outbursts of uncontrolled anger - they are part of the perpetrator’s attempts to control the victim.</p> <p>It is the wall that the victim is standing near that the abuser hits, or the victim’s favorite china that gets smashed. The covert message to the victim is “You can be next.”</p>
<p>.....</p>	<ul style="list-style-type: none"> • Criticize the victim • Threaten children, pets • Mock her religious beliefs, appearance • Call her names • Challenge the victim’s sense of reality <p><i>Isolation:</i></p> <ul style="list-style-type: none"> • Moving the victim far away or cutting the victim off from supportive friends or family members. • Claiming that the victim’s friends or family are “interfering” • Not allowing the victim to use the telephone or monitoring her calls • Not allowing the victim access to the car • Not allowing the victim to retrieve the mail or answer the door without permission • Not allowing the victim to socialize or meet neighbors <p><i>Misinformation:</i></p> <ul style="list-style-type: none"> • Giving contradictory information to the victim • Lying to the victim 	<p>Emotional abuse is a tactic of control consisting of a variety of verbal attacks and humiliations aimed at the victim’s sense of self.</p> <p>Verbal attacks usually focus on the victim’s vulnerabilities, which are well known to the abuser.</p> <p>The emotional abuse in domestic violence cases is not merely a matter of someone getting angry and calling their partner a few nasty names. Not all verbal attacks between intimates are classified as domestic violence. In order for a verbal assault to be considered domestic violence, it must be part of a pattern of coercive behaviors in which the abuser is using or threatening to use physical force.</p> <p>Abusers try to control their victims’ time, activities, and contact with others. Control over the victim is gained through a combination of isolating and misinformation tactics.</p> <p>Misinformation tactics are used by the abuser to distort what is real or the truth.</p>

	<p><i>Withholding information from the victim about:</i></p> <ul style="list-style-type: none"> • Resources • Assistance • Phone calls from friends, family 	<p>If a victim is isolated she will believe whatever the abuser tells her, since she has no other sources of information.</p>
.....	<p><i>Controlling victim's access to the family's resources such as:</i></p> <ul style="list-style-type: none"> • Time, transportation • Food, clothing, shelter • Money • Not allowing the victim to work • Not listing the victim as an owner on a home, cars, insurance policies, etc. • Ruining the victim's credit • Working "off the books" or for cash so that no or very little income is reported which the victim may be awarded • Threatening to take her off his medical insurance 	<p>It does not matter who is the primary financial provider or if both contribute - the abuser controls how the finances are spent.</p> <p>Victims are put in the position of having to ask permission to spend money on basic family needs.</p> <p>The abuser may purposely prevent her from becoming financially self-sufficient in order to maintain his power and control over her - as long as she is financially dependent upon the abuser, she may be forced to remain with him.</p>
.....	<ul style="list-style-type: none"> • Threatening to have victim declared incompetent • Falsely reporting victim to law enforcement • Threatening deportation • Threatening to report drug use • Threatening reports to social service agencies who might cut benefits • Filing orders of protection against the victim, • Instituting legal procedures the victim cannot afford to fight 	<p>The abuser uses the legal system against the victim through its manipulation and his/her ability to enter it before the victim.</p> <p>If reported first, the victim is reduced to defending herself instead of protecting herself from the abuser.</p>

Indicators of being a victim of domestic violence:

<p><i>Behavioral Indicators</i></p>	<p><i>The Victim...</i></p> <ul style="list-style-type: none"> • Has repeated "accidental injuries" • Appears isolated • Says or hints at being afraid • Appears confused or frightened • Considers or attempts suicide - many consider this their only means of escape • Has a history of drug or alcohol abuse • Exhibits severe depression • Is withdrawn, helpless • Is hesitant to talk freely
--	--

Psychological Indicators	<i>The Victim...</i> <ul style="list-style-type: none">• <i>Flinches or draws away</i>• <i>Has a change in appetite</i>• <i>Exhibits fear when approached by spouse or caregiver</i>• <i>Has a new onset of depression</i>• <i>Talks about suicide</i>• <i>Has anxiety, panic attacks</i>• <i>Exhibits excessive passivity</i>• <i>Expresses doubts about her sanity</i>• <i>Seems reluctant to discuss home life</i>• <i>Exhibits low self-esteem</i>• <i>Seems resigned</i>• <i>Is tearful</i>• <i>Is afraid of being alone</i>
Social Indicators	<i>The Victim...</i> <ul style="list-style-type: none">• <i>Is isolated with no friends or family who drop by</i>• <i>Is not given the opportunity to speak for themselves</i>• <i>Lives in a home physically isolated from the community</i>• <i>Does not know neighbors</i>• <i>Has relatives who live far away</i>• <i>Does not want you to leave</i>

Emotional Reactions to Domestic Violence	
Symptom	Example of Reaction
<i>Fear/terror</i>	Callers may fear that their partner may escalate the violence, that it may result in their death or that of children.
	Fear may be present even if she/he has separated, sought legal intervention.
	Autonomic arousal may occur, hypervigilance
<i>Intrusive Symptoms</i>	Nightmares, flashbacks, sleep disturbances, intrusive thoughts
<i>Avoidance Responses</i>	Minimization/denial, psychic numbing, failure to acknowledge abuse
<i>Anxiety</i>	Panic disorders, nervousness
<i>Sleep disturbances</i>	Unable to get to sleep, remain asleep
<i>Anger</i>	Anger at self, at abuser, at system, at family members
<i>Grief/ depression/ suicide attempts</i>	Grief over loss of relationship, home
<i>Shame</i>	Embarrassment
<i>Low Self-Esteem</i>	Feelings of worthlessness, being unattractive, not desirable, unable to do anything well
<i>Somatic Complaints</i>	Headaches, stomach aches, loss of appetite
<i>Addictive behavior</i>	Increased use of alcohol or other substances to deal with symptoms described above
<i>Cognitive dysfunctions</i>	Learned helplessness, attribution of self-blame tolerance/acceptance/justification of abuse
<i>Relational disturbances</i>	Problems related to abuse, sexual dysfunction, difficulty with intimacy, pathological dependency upon abuser

Children in Domestic Violence

Emotional Need of Child	Respond By
Fear	<ul style="list-style-type: none"> • Talking to child specifically about their fears. For example, are they concerned their mother may be killed? That they may die? • Working on a safety plan with child to use next time violence occurs.
Anger	<ul style="list-style-type: none"> • Normalize child's feelings of anger. • Work with child on appropriate ways to express anger.
Ambivalence toward parents	<ul style="list-style-type: none"> • Talk to child about it being okay to feel both anger and love toward a parent. • Discuss how it is okay to love an abusive parent but to hate their abusive behavior.
Loss	<ul style="list-style-type: none"> • Discuss with child how they see loss: healthy family, one parent home, possessions. • Develop support system of extended family, friends. • Refer child to domestic violence center for children's group.
Guilt/Responsibility	<ul style="list-style-type: none"> • Explaining to child that violence is not their fault - they do not cause violence and cannot prevent it. • Develop a safety plan with child based upon their age and maturity to teach skills for self-responsibility.
Vulnerability	<ul style="list-style-type: none"> • Identify areas where child does experience control and competence. • Work with parents and child to create some structure and stability. • Develop a safety plan.

Task 7. Sexual Assault

Example call analysis (Sexual Assault)

Read the questions below and then listen to the example call between a volunteer and a caller who has been sexually assaulted. Answer the questions with the information you hear and be ready to discuss your answers during Day 3 of NVT.

a. Which empathetic listening skills are used the most overall in this call? Why?

.....

b. What important reminder does the volunteer use at the start of this call?

.....

c. How does the volunteer deal with the caller's request to speak to a female volunteer?

.....

- d. *The caller uses the word “event” to describe what happened to her. How does the volunteer deal with this aspect of the call ?*
.....
- e. *How the did the volunteer create a safe space for the caller to talk/share her experience?*
.....
- f. *During the call, the caller asks for specific advice about, “...how to process the event...”, “...how to move forward...”. What could a volunteer do at this stage of the call?*
.....
- g. *Why is it important that the volunteer explored the caller’s support network?*
.....
- h. *Did you hear the describe any coping mechanisms she is using to deal with her distress? How would you have handled this aspect of the call?*
.....
- i. *If we think about the stages in Lifeline’s 5 Step model, what is missing from this call?*

Lifeline

Example call – Sexual Assault [25:20]

Lifeline: Hello this is Lifeline. How may I help you?

Caller: ah...hi...a friend said to me that I should call...but I’m not sure...I’ve never done this before...

Lifeline: ...ok...well I’m just here to listen....

Caller:...yeah...well....she said I should call cause I just haven’t been quite myself.....and yeah....so...should I ...should I just talk.....?

Lifeline:...yeah, you can tell me about anything. It’s completely confidential and anonymous when you call us...I’m here to listen...to whatever you want to talk about...

Caller:...well...I’ve I’ve been taking a lot of time off work....um...I’m just finding it really hard to be around people at the moment...I’m finding it really hard to concentrate....I’m not sleeping...that’s probably why...yeah...everything’s abit messed up at the moment....

Lifeline:...ok...what’s been leading up to this?

Caller:...well...I’ve only been missing work for the last couple of weeks....um...yeah...I’m usually kind of you know yeah...happy, bubbly make people laugh kind of person but...I don’t know.....it’s all abit messed up ...after...yeah...something happened a couple of weeks ago....um...actually...is there is female person that I could talk to, do you think?

Lifeline: Right now, we don’t have any female operators, at other times we do and you’re welcome to call back and I am here for you right now, I am able to listen without any judgment

Caller: ...ah...yeah...ok...it's kind of

Lifeline: are you able to tell me how you're feeling right now? Today?

Caller: Right now? Now....(laughs) I feel abit silly....just....feel numb, like I don't want to talk to people, scared and ..its not me...I just feel so not like myself....like I don't know the right thing to do...like maybe I'm a bad judge of character....you know, maybe the people around me, they are not who I think they are....and I'm not sure....that I'm doing the best thing for me anymore...you know...it's really hard cause I really trusted people around me and I started to think they all mean well to me ...I keep thinking that they are being kindbut maybe they are not...you know it's really scary...I don't always want to sit down here and feel like this so I've, I've been staying away from other people and, and not going out anywhere, to work or anywhere....yeah....so I think my friend noticed I haven't been around and is worried and she thought something might be wrong so she said maybe I should call someone but I told her there is no one I want to talk to. Then she said to call Lifeline cause even if I didn't want to talk to her about it it's good to tell someone.....

Lifeline: So how you do you think you might feel if you were to tell someone about it?

Caller: I don't know if I want to tell anyone about this....you know I said if I judge people rightly or wrongly anymore...that I can't even look after myself...you know...this all happened a couple of weeks agoI mean ...I always go out and party....and have a good time....and um...I think I got alittle bit drunk that night.....and I think Iwent home with somebody I met in a bar....

Lifeline: ok...

Caller: ...and then...I think stuff happened...I mean I didn't want to, I didn't know him but ...I...think I said no...butthen I can't remember clearly...I think I did say no...and then I remember...I just got out of there andI ran homeyeah I got home and then...I remember...that's all I remember....it was justcold....I just don't even know what happened that night really....I, I just remember....feeling like I, I couldn't stand up and ...I couldn't take care of myself....so, so he helped me home, but, but when I woke up it wasn't my place ...and when I said no...he, he didn't take me seriously...maybe cause I didn't seem like that....and now, I mean, what do I do now...I just pretend it didn't happen and try not to think about what happened but I can't sleep so then ...how...I can't go to work easily and how ...he didn't listen ...and how they, my colleagues, they know him, they won't believe me....they won't listen

Lifeline: I think that when something bad happens, something traumatic like has happened to you, people struggle to understand and it is normal for you to feel confused....you mentioned that you feel you misjudged the person or the situation, and people who experience similar trauma to you feel they have done something wrong but they haven't. And you haven't done anything wrong.

Caller: But I do feel that I have done something wrong...that I have disappointed myself...I used to be strong and happy and capable...but that wasn't strong or capable ...I don't even have anyone else...it makes me feel so ...so...not good enough you know....like if I had someone else this wouldn't have happened.....That's not good enough....I'm not good enough...

Lifeline: well, you have taken a very strong step in calling us today, that is brave and you have done that for yourself, to help yourself and this is very strong indeed.

Caller: you think...?

Lifeline: And, you were able to be brave and open up to me and to describe what you are feeling, about what has happened and how you've been feeling since then...and...can you tell me about how you've been getting by each day recently?

You said you haven't gone to work, so what have you been doing in this time?

Caller: I....I...it's only been a few days here and there...well....what do I do..? well...going out was such a big part of my life....seeing people and now, now what am I doing....? I'm binging on Netflix...yeah...and...

Lifeline: ok...

Caller:...yeah...I'm by myself a lot...I'm not drinking anymore than usual I guess...I mean...just by myself....so...I guess I've been trying to distract myself a little bit...I guess...I guess I just want to know...these feelings will go away and I will ...let go of it...it mean, it's been weeks and I just don't know how to let go of it....I can't stop thinking about it...

Lifeline:What do you think might help you let go of this? What steps do you think you could take to process what happened?

Caller: How do I process this event?

Lifeline: Calling us is a good first step. Can you think of a person in your life who you might like to talk to about this?

Caller:I don't know....I don't want anyone else to know....I don't want anyone to know I'm useless and I can't handle myself...and then who is going to want to know this stuff....who's going to know this and not judge me for it....?

Lifeline: Is there a person your life you can trust? Talk share this with?

Caller: I don't want people to know...

Lifeline: These kind of feelings are common for someone who has experienced what you have and there are people who will listen to you without judgment ...

Caller: Which people..? People I don't know like you....do you get many calls like this?

Lifeline: Definitely you are not alone in this experience. People do get taken advantage of in the same way you did and that is not their fault and like yourself, they do not know how to process what has happened and move forward by sharing their experience with someone they trust

Caller:...so...so...how do you move forward? I mean people are going to notice, I am not at work, I am not going out, people will notice so how do I deal with this? I need to forget about this. I need to get on top of it

Lifeline: Some people find that trying to keep engaged in their usual schedule can help them to feel more stable

Caller: Keep my usual schedule? Like going to work?

Lifeline: I mean, seeing the people in your life you are close to, and doing the activities that usually make you feel good that are positive in your life

Caller: so...you mean not drinking?

Lifeline: Do you feel that it could be positive for you to take a break from that right now? What else normally makes you feel good, what other things do you like to do in your free time?

Caller:...well...yeah...I should...I mean I should cut back on the drinking. I just feel so crap....I mean...it's all....just...crap. So...you think I should I do something from my normal routine...what, like exercise or something?

Lifeline: Sure, it could be exercise but it doesn't have to be. It could be more relaxing or creative or a task that makes you feel rewarded in a positive way.

Caller: ok...I see...well, I normally do go to a class for writing, a creative writing class, it's kind of silly but I like it.....but how will that help me, when will it help these feelings go away?

Lifeline: Well I think it's important to recognize that you have been through a lot and that it is not your fault something bad has happened to you and to allow yourself some time to work through these feelings you're having

Caller: I really want to believe that....i do....i really want to believe it wasn't my fault, that it was him....it was his fault....that bastard I'm so angry I want to confront him but I can't so...maybe if he said sorry I might be able to let it go faster....that's crazy right?! That I want to talk to him to let it go but I don't want to see him ever again as well! What am I talking about....I don't know...

Lifeline: I feel like it's important for you, to talk to someone about your feelings, and about what has happened. You said you don't feel comfortable talking to people that you know...

Caller:....no, no I don't...

Lifeline: ...so...do you think it might be helpful for you to speak to a counselor about your experience?

Caller: But why? Why talk to a therapist who has no idea what I have been through?

Lifeline: Well, therapists are trained to help people and to give you strategies for dealing with your thoughts and to help you manage ways of coping and they won't be judging you or your story

Caller: Well....i don't know, it was hard telling you...I don't think I can....

Lifeline: You have taken a really big step today, to call us and to share your story with me. Do you think you might be able to make an appointment if I share the contact information with you?

Caller: Well....I'm feeling pretty messed up....so I guess needing a shrink is probably a logical thing...I mean it has felt good to talk to you so....I mean I'm scared but...maybe talking about it does help, will help me....and abit easier than I thought....

Lifeline: Yes, sharing how you feel, sharing your story can help you through this, it can help you gain strength to deal with your experience

Caller: yeah...it's not easy to do this...but I do feel better just saying this out loud...and at least now...someone knows I think that's kind of nice, cause I'm not the only one who knows....yeah...I will think about the counselor...cause it is nice....I'm not the only one that knows.....

Lifeline: So for today, can you tell me about something you could do for yourself, just to take care of yourself and help you feel alittle better?

Caller: well...like what ...?

Lifeline: you mentioned being in the house a lot, not going to work ..

Caller: yeah...yeah... a walk...I'm used to walking home from work each day, you know, so I miss that....

Lifeline: Is there a place you could walk that isn't that same path? A place like a park or garden somewhere?

Caller: ah....yeah...maybe....my friend told me it's nice near the river to walk there...yeah...I will...I will do that

Lifeline: ok that sounds really positive

Caller: and yeah...I will try to see the websites you said as well....

Lifeline: yes...and remember, you can always call us back if you need to...if you would like to talk some more with us....you're welcome to do that...

Caller: yeah...yeah...maybe...thank you...I mean...is it going to be you? Will I have to tell my story again?

Lifeline: Well we have many volunteers so another operator could take your call

Caller: Right ...ok...well I guess thank you, thank you for listening ...

Lifeline: Thank you. Thank you for sharing

Caller: ok. Thanks. Bye

Lifeline: Bye.

Day 4: Module 10-12

Task 1. Read the article from Psychology Today about coping mechanisms.

Identifying Coping Mechanisms

Recognizing our harmful coping mechanisms opens the way to greater freedom.

Psychology Today (Paul Hujich, **Posted Sep 27, 2012**)

The nine steps that form the basis of my approach to mastering stress and living well are, at a basic level, about identifying and changing harmful habits. The subject of my previous post was "[Take Charge](#)," and once an individual has summoned this crucial resolve, one of the first areas to focus on is our habitual coping mechanisms.

Most of us develop certain habits that act as coping mechanisms and outlets for stress. To beat stress, it is essential to overcome coping mechanisms in order to meet stress directly. You can then become aware of the underlying cause of your stress, whether it's your response to some challenge or perhaps choices you are making that are out of alignment with your innermost feelings. This enables you to address issues directly, rather than allowing them to fester by avoiding the root cause through some form of distraction, i.e., a coping mechanism.

A coping mechanism could accurately be looked upon as a type of [addiction](#). Like most habits, coping mechanisms have an addictive quality to them; we feel some degree of compulsion toward them, and we experience some level of difficulty in resisting them.

We tend to use a coping mechanism as a distraction, a crutch that we lean on as a way of avoiding stress. These activities, then, are no longer true choices that we make, but rather, [unconscious](#) habits that often prevent us from dealing directly with stress and are therefore harmful to our well-being.

Addictions can take many forms, both obvious and subtle. Some are clearly harmful, such as reliance on alcohol, prescription or recreational drugs, gambling, or dysfunctional eating. Almost anything can become an addiction, though, from watching TV to exercise,

computer use, work, or even socializing. While these may not immediately appear to be destructive, on a very real level they encroach on your time, sap your [attention](#), and prevent you from living fully. Even something as natural and enjoyable as [sex](#) can become an addiction and exhibit these characteristics. These habits do not generate any true joy, but instead, are a source of obsession that constantly needs to be satisfied.

In speaking with many people who live with serious addictions, I have found that most addictions form gradually over time. After my breakdown, I reviewed my own life and realized that I had many addictions, though I would never have recognized these as “addictions” or “coping mechanisms” until I examined my behavior closely. Even a supposedly easily identifiable one, such as alcohol, wasn’t an obvious addiction, because I wouldn’t have qualified as an “[alcoholic](#).” However, in making an honest assessment, I had to admit that my wife and I were, at times, drinking a bottle of wine with dinner every night and that this was fueled largely by our growing [anxiety](#) and unhappiness.

Other behaviors may have seemed more innocent, but still, they were a reaction to my stress levels. My cravings for large bowls of popcorn or multiple packets of cookies at night while watching movies in bed were not conscious choices for normal portions, but rather mindless, compulsive eating where I would consume the snack of the moment, pursuing a temporary escape from the challenges of my life. Later I was to understand that I had become addicted to the “[dopamine](#) high” of junk food.

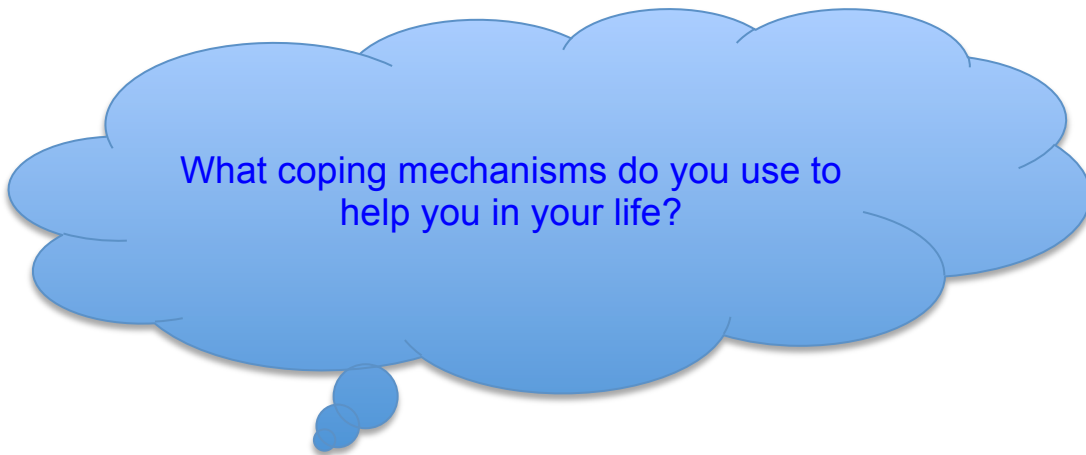
Mental and emotional patterns that have an addictive quality are equally as important to address, though they may be harder to recognize on our own. This is a key role for an objective, wise outsider. Whether that be a trusted friend, family member, doctor, or therapist, someone both caring and impartial can help bring to light destructive psychological tendencies so that they can be dealt with. Until we are aware of our addictions, we are slaves to them, and we will continue to sabotage ourselves and our progress.

While in the Menninger Clinic, I became aware of some of my own psychological addictions, such as the way I approached my work and the building of my business, or my unhealthy need to care of others more than I cared for myself, which resulted in my often feeling like a martyr. I also understood that I’d been working at a [manic](#) pace and in an addictive mode, often taking my briefcase home and working late

nights in my study, then working on Saturdays and Sundays. It was clear that my behaviors had become excessive.

Start by observing where and how you spend your time. Consider the activities you turn to when you are [stressed](#) or uncomfortable. Ask yourself if the way you engage in these activities has an addictive or habitual pattern to it and if you are letting destructive behavior control your life. If you discover certain activities or psychological patterns that are destructive or feel more “addictive” or like a “release” than they do joyful, then make it your goal to gradually free yourself from these addictions.

Task 2. Think about your own strategies for dealing with stress and distress.



Task 3. Self-care

Use the list of individual self-care needs to consider your own strategies for dealing with stress. Add ideas to your self-care list so that you may use these in the future.

Self-care need	Strategy
Psychological	<i>Journaling, self-reflection, drawing etc...</i>
Emotional	<i>Using positive affirmations, asking for help, sharing your feelings etc...</i>

Spiritual	<i>Meditating, spending time in nature, slowing down by being mindful, etc...</i>
Personal	<i>Cooking your favourite meal, listening to music, learning something new etc...</i>
Professional	<i>Setting achievable goals, asking for help, using personal/sick days etc...</i>
Physical	<i>Doing something active, eating healthily, getting a massage etc...</i>

Task 4. Think about the questions below and be prepared to discuss them.



Task 5. Independent Research

Use your own previous skills and knowledge and/or conduct a web search to find out the potential issues that might be faced by some of Lifeline's LGBTQ callers. List any important areas of significance below:

