



**Mission:** To be an association that is the recognized leader in promoting collaboration and building capacity within organizations that provide distress and crisis response.

**Vision:** To foster an environment of collaboration and networking while providing universal access to support for individuals in distress and crisis.

## Distress and Crisis Ontario

# Spirit of Volunteerism Committee Ending Difficult Calls Webinar Notes

Held VIA Zoom  
July 21, 2021

Hosted by: Neta Gear, Executive Director of DCO, and SOV Committee member Valery Brosseau

Val Brosseau is a long-time volunteer responder from Distress Centre Durham and was kind enough to share her tips on what may be a difficult call and how to end them. Here are notes from the webinar that we hope will be helpful.

### **When a caller is being inappropriate or abusive:**

- There are boundaries set in place to protect responders from callers who are misusing the service, and they should be kept in place always.
- For the purpose of this document, an inappropriate call would be considered any call that is outside of the boundaries of distress or crisis work as set by your organisation. For example, sexually explicit callers or those who are using the call as a source of voyeurism.
- If you feel uncomfortable ending a call immediately, remind an inappropriate caller that their behaviour will have consequences and if this does not resolve the issue, you need to be assertive and end the call.
- Do not ask an inappropriate caller if they are okay with you ending a call (eg. "I'm going to hang up now, okay?"). Inform them that you are uncomfortable with their behaviour, remind them that they did not change it when given a chance, and then hang up.
- If there happens to be a misunderstanding, that is okay, especially if you have clearly stated the boundaries of the call and ended the call anyways because you felt uncomfortable. If they protest, you can provide the administrative contact needed to file a complaint, but still end the call.
- Personal boundaries are just as important as organizational ones, it is okay to tell someone that you are uncomfortable with the manner in which they

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PO Box 40115 RPO Waterloo Square Waterloo, ON N2J 4V1

Phone: 416-486-2242 / email: [info@dcontario.org](mailto:info@dcontario.org) / [www.dcontario.org](http://www.dcontario.org)

are speaking to you, or that the subject falls outside of the realm of subject matter that is appropriate for distress and crisis calls. You may ask them to focus on their distress or crisis and if the behaviour does not improve, end the call.

- Always debrief with your on-call staff/supervisor after an abusive call.

### **When a call is running longer than 30 minutes:**

- In therapy there is a standard that “the hour is 50 minutes” because after one hour, conversations become circular and are less likely to be productive. In crisis centres, the set amount of time for a support call is usually, but not always, 20 – 30 minutes. An hour should be the total cap, unless someone is in severe crisis, so you are liaising with emergency services and/or your supervisor to provide direct assistance.
- Manipulation is a bit of a difficult word because it suggests intent, but it usually happens in these situations because callers want attention or to feel validated and do not know how else to get these things. It can also be described as a coping mechanism, e.g. “I will try to engage you in conversation because I need the validation of having your attention.” Sometimes callers can seem to be a little bit manipulative to keep you on the line for as long as possible. This is usually not done maliciously but is a way for them to ask for their needs to be met in the best way they know how.
- Volunteers do this work because their heart is in it, and you may feel guilty or awkward ending a call abruptly or feeling like you are cutting them off but remember that you are ending a call for a reason and can do so without being harsh.
- Some callers would happily keep you on the phone for hours but that doesn’t help them or teach them resiliency and presents the challenge of the conversation becoming circular.
- You will sometimes feel a break in the conversation or find a natural end place to end the call, and that is usually a good place to stop the call.
- One way to do this is to let them know about 5 – 10 minutes before you need to end the call that they are almost out of time, it gives them a chance to get out their final thoughts/ideas and wrap-up what they are saying.
- Sandwich the amount of time with something positive like, “It was so brave of you to call” or “I’m happy to have been able to provide support”, etc.

- It can sometimes also be helpful to ask if there is one specific thing that you can do to help in the last few minutes before ending the call.
- Always remind people that they can call back later or the next day if needed. "I am happy to have been able to help you today AND you are more than welcome to call again later or tomorrow if you feel you need more support". Avoid using the word "but" as this can negate the positive feelings of having received support.
- When someone absolutely refuses to stop speaking, it can become necessary to completely interrupt them, reiterate that you are happy to provide more support later if they need it, and assertively end the call.

**When a caller is in crisis but is not in immediate danger:**

- Crisis calls are especially difficult because if it does not end with callers being taken away in an ambulance it can be extremely difficult to let that caller go. If it is ambiguous as to whether they will remain safe or not, the situation could remain that way for the entire night, and you cannot stay on the phone with them for hours.
- If you continue to get unspecific answers from someone, you do eventually need to get the information you require to connect them with emergency services or make the decision to end the call so that you are able to support others who may be calling.
- Ask if they can promise you that they will be safe for the night? If not, can they promise that they will be safe for the next 6 hours and then call back?
- It can be hard to let someone go when you are worried for their safety, but there does have to come a time where you must allow for a certain amount of trust in believing them when they say they will be safe for a few hours.
- You need to do a safety assessment and decide based on your best judgement what the best course of action is, then carry on with your night knowing that you did your best. Seek supervisory support to debrief if necessary.
- When in doubt, set in motion what you need to in order to ensure that this person will be safe. It is better to have an angry caller complaining about having an ambulance show up at their door than to have someone die by suicide.

- Sometimes you do need to go a little bit longer than the standard call time, but it is always good to know where the guidelines are so that you can know why you are breaking them.

Following Val's presentation there was time for some questions and discussion, here is what was shared.

**Question 1:** Someone is on the phone, and they are being non-committal and ambiguous, so I'm not getting any information like if they took something or what their address is. What do I do when I have no information?

**Response:** Sometimes people do want the support but do not want emergency services involved. It is always a good idea to get your on-call support on the line and see if you can offer an alternative like calling them a taxi to the hospital instead of an ambulance. If someone is being super ambiguous most centres can track numbers or IP addresses. Every person who uses the service is told right at the beginning that all information is confidential unless there is the belief that there will be harm caused to self or others. Check with your centre to see where your partnerships lie in terms of appropriately connecting to the next step.

There is so much shame that can be attached to the experiences that people may be calling in for, so it is so important to show that you care and want to support them in the best possible way so that they can survive the next day, or 12 hours, or 6 hours, so that they don't feel pressured into looking past the darkness they are sitting in. It is always appropriate to remind them that they called you, remind them that they reached out for a reason, and this will often put them in a bit of a better headspace where they may be more open to accepting what ever support you can offer. Remember that sometimes people who may appear to be "attention-seeking" are just support-seeking. Sometimes the more ambiguous people just really needed a connection and did not know how else to garner support.

**Question 2:** I have warm line calls that I have done twice and both times when I have called [a certain] girl, I can not make out what she is saying because she is all over the place and once in a while, I might get a word but then she negates what I am saying in response to her. For example, if I hear her say something about her cat and then ask about the cat later she will respond with, "I don't have a cat". I am not sure if I should just keep my mouth shut and let her vent, or if I should try to engage? One time when I chose not to engage as much she asked if I was grumpy. Any advice?

**Response:** It can be very helpful to focus on just the simple things. For example, what is the biggest stress you are facing right now? What is the biggest feeling you are struggling with right now? Do not put too much pressure on yourself to clearly

understand what is going, just focus on the key safety issues and callers like that who just need to let it out will already feel supported just for having had the opportunity to talk to another person.

**Question 3:** I am curious a little bit more about asking a taxi to come and pick somebody up because I have had one person who really did not want the EMS to show up and it is very embarrassing for her. Who would pay for the taxi? What if the person cannot afford it and/or is rural? Secondly, how do we talk with clients who fear for their well-being with EMS services because of their ethnicity?

**Response:** Every centre is different but the centre itself should have a budget for taxi or other transportation services at the judgement of the on-call supervisor. Always make sure you have confirmation that this is okay before you offer it to a caller. At times, the hospital or other health services may pay as well. You can also ask if there is there a friend or family member that they can give \$10 of gas money to for a ride.

There are certainly challenges around people seeking support sometimes, if you are in a situation where spirituality, racial ethnicity, and/or your gender or sexuality present a challenge with EMS, you can provide resources that are specific to their situation without sending them to the hospital. There is sometimes the offer of reaching out to a crisis team that is not actually connected to emergency services. Acknowledge that their fear is understandable and call the mobile crisis team and request that they not include police resources. Know what is available in your community possibly through CMHA, the hospital, or some other independent resource. It's okay to say, "I can't help you further with this, but I can connect you with someone who can."