

TRAINING OBJECTIVES

By the end of training, each volunteer trainee should be able to demonstrate knowledge, attitudes and skills as follows:

I. Knowledge

- A. The helping process (including what constitutes an effective helper, and the stages in that process).
- B. Basic concepts of crisis theory, assessment and intervention.
- C. Community resources.
- D. Record-keeping system and program policies.
- E. Basic suicidology (including lethality assessment and legal issues).
- F. Ethical issues.
- G. The consultation process and follow-up procedures.
- H. Voluntary and involuntary hospitalization criteria and procedure.
- I. Signs of “burn-out” and/or over-involvement and ways of dealing with it.

II. Attitudes

- A. Acceptance of and non-judgmental responses to, persons different from self and toward sensitive issues, e.g. abortion, religion, sexual preference, etc.
- B. Balanced and realistic attitude toward self in general and, in particular, toward self in helper role.
- C. Realistic and humane approach to death, dying, self-destructive behavior and other human issues.
- D. Awareness and appreciation of one’s own feelings and values as these may impact upon the intervention process.
- E. Openness toward feedback and learning.
- F. Enthusiasm and support for agency aims and objectives.
- G. Perception of people in crisis as basically normal (not crazy), capable of helping themselves and capable of further growth given the necessary resources.

III. Skills

- A. Rapport or relationship building.
- B. Clarification & Information gathering.
- C. Crisis assessment.
- D. Suicide assessment (long-term risk and emergency potential).
- E. Problem solving or formation of an action plan.
- F. Efficient mobilization of appropriate community resources.
- G. Accurate, comprehensive record keeping.
- H. Implementation of agency policy and procedures (including handling of Rape Response calls).
- I. Use of the consultation process.
- J. Termination of a call (when and how).

The trainee's possession of the foregoing knowledge, attitudes and skills shall be assessed through role-play, written instruments, small group interaction, verbal exercises and supervised handling of actual calls. Evaluation and feedback will be ongoing throughout the training period. A written record of progress will be maintained in the volunteer file.

The foregoing also constitutes minimum performance standards for telephone counselors after completion of training.

AGENCY OVERVIEW

Statement of Purpose

“The purpose for which this corporation is organized is to establish in Jefferson County, Alabama, a crisis center, to provide a helping response to human need at all times; to mobilize and specially train a network of professional and lay people in the community at large who will respond to the various physical, social, emotional and attendant needs of all crisis callers regardless of race, creed, or color, and all the necessary actions and activities related thereto...”

Articles of Incorporation
Crisis Center of Jefferson County
January 10, 1970

History & Organization Structure

In September 1970, after extensive research, planning and training by a dedicated group of community leaders, the Crisis Center opened. Operating from a cramped two-room office in the basement of Birmingham’s City Hall, volunteers devoted to the well being of community members began answering the phones. Dependent solely on private donations, the Center existed on a tenuous basis.

The Crisis Center was accepted as a Community Chest United Way agency in September 1973, and a sense of permanence was instilled. The Crisis Center began to look toward the future and to plan for the continuing growth necessary to serve the community’s expanding needs.

Today, the Crisis Center operates from modern, private facilities in the Spain Community Services Building which houses a number of United Way agencies. It is financed by United Way allocations (which are fed by the generous support of the community during the annual United Way Campaign), by a Federal Block grant administered through the State of Alabama Department of Public Health, an Alabama Department of Economic & Community Affairs Law Enforcement Grant, and by donations made directly to the Center. Funding is also received from the Jefferson County Commission and the City of Birmingham.

The Crisis Center is governed by a 25-member Board of Directors consisting of community leaders in business, education, medicine, law enforcement, mental health and the social services. The Board is responsible for policy-making, financial planning, and overall supervision of programs, services and personnel.

The Center operates under the direction of sixteen permanent staff members who share responsibility for administration, direct services, community relations, fiscal operations and the recruiting, training, and supervision of approximately 180 volunteers per year.

Crisis & Suicide Line

323-7777

Crisis Center telephones are staffed every day of the year to provide immediate counseling for people experiencing a wide variety of problems. About 60 to 70 calls are answered each day, with most categorized as “interpersonal”, i.e. relating to marital problems, family crisis, dating, feelings of loneliness and isolation, etc. Other call categories include depression, drug and alcohol abuse, various kinds of emergency assistance and other emotional or psychological problems. The Crisis Center telephone counselor is trained to be an active, non-judgmental listener who allows the caller to express and sort through his or her thoughts and feelings in confidence. Although the counselor may offer suggestions and provide information during the problem-solving stage of this process, the goal in most instances is to assist the caller in coming up with his or her own solutions. Only in a few prescribed emergencies does the counselor tell the caller what to do. All of the counselor’s work is done over the phones. Once training is completed, telephone counselors are asked to make a one-year commitment to the Center, during which time they work one four to six-hour shift every other week.

Rape Response

323-RAPE(7273)

The Rape Response program has been a part of the Crisis Center since 1975. It was founded on the premise that an intervention made subsequent to the assault, accompanied by supportive follow-up counseling, can be a powerful deterrent to the development of future emotional and psychological problems (e.g. sexual dysfunction, depression, suicide, phobias, etc.). Rape Response volunteers meet with victims of sexual assault at Birmingham area emergency departments and the Crisis Center’s Sexual Assault Nurse Examiner (SANE) Facility and stay with them until they are discharged, providing emotional support and practical information. After a victim is discharged, follow-up counseling is provided as needed by Rape Response staff. Rape Response staff provide short-term individual counseling, support groups, and legal advocacy.

Kids’ Help Line

328-KIDS(5437)

The Kids’ Help Line opened on August 26, 1985. During a six-month trial period, the Kids’ Help Line was advertised through the At Home Alone program. Currently, efforts are under way to reach a broader population. Realizing the importance of networking in providing broader service, the staff works cooperatively with agencies that do prevention programs in the schools. Thus, children will have a place to call to explore thoughts and feelings generated as a result of these presentations. The Kids’ Help Line is open from 3:00 – 10:00 p.m. seven days a week.

Teen Link

328-LINK(5465)

Suicide is the third leading cause of death among teenagers according to the American Association of Suicidology. In response to this alarming statistic the Crisis Center, in conjunction with United Way, opened the Teen Link, a talk line targeted at teenagers. Teen Link opened in September of 1994 and receives approximately 250 calls per month. Topics range

from dating and relationships to potentially life threatening emergencies. Teen Link is open from 3:00 – 10:00 p.m. seven days a week.

Senior Talk Line

328-TALK (8255)

Today many senior citizens are very isolated from resources and social support. In 2001 the Senior Talk Line was established to offer telephone reassurance and referrals to senior citizens. Many seniors are dealing with issues related to loneliness, isolation, loss, and depression. Volunteers call to socialize with seniors but also give them a place to talk about what they are struggling with in their lives. Our volunteers make approximately 1,000 calls per month to senior citizens. The Senior Talk Line is open from 9:00a.m. - 9:00p.m. seven days a week.

Bereavement Services – SOS Group

In cooperation with the Jefferson County Coroner's office, the Crisis Center provides supportive counseling for the survivors of suicide. These survivors are individuals who have lost someone close to them due to suicide. Supportive counseling, designed to help these individuals work through their thoughts and feelings about the suicide, is provided through a group format. Qualified staff from the Crisis Center functions as co-leaders of the SOS (Survivors of Suicide) group. Referrals to the group are made by ministers, therapists, physicians, etc. A letter is also mailed to survivors as a result of contact with the coroner's office. This letter describing the SOS group is followed up by a phone call.

Individuals interested in participating in the group are asked to meet with staff to talk about their experience, expectation of the group, and current family situation. Group meetings are held twice a month with individual phone contact provided between meetings as needed.

Community Education

The Crisis Center provides preventive educational services to schools, churches, hospitals, business and civic organizations in the areas of crisis, suicide, bullying, sexual harassment, and sexual assault. The nature of these services ranges from interviews for high school term papers to presentations to graduate level students and professional groups. Professional staff members often act as consultants to other organizations and independent professionals. In addition, frequent interviews in the news media serve to disseminate information to the public.

Information and Referral

The Crisis Center provides information and referrals to community resources as needed. This information is available through the Center's up-to-date listing of local agencies and private organizations specializing in a variety of services relating to human needs. Referrals for general counseling, substance abuse and treatment, food and clothing, emergency assistance, financial assistance, medical treatment, legal assistance, social organizations and support groups are only a few examples of the variety of types of information the Crisis Center is able to provide. If a caller wants information not readily at hand, the Crisis Center will do everything possible to locate it.

FIRST THINGS FIRST

Ten Guidelines for being a Good Volunteer

1. The three core conditions of counseling are **UNCONDITIONAL POSITIVE REGARD, GENUINENESS, AND EMPATHY.**
2. NO call is *unimportant*. **ALL CALLS ARE EQUALLY IMPORTANT**, no matter what the severity of the problem. Every caller is equally special as the last-- no more, no less. Even difficult calls have a special or wounded person at the end of the line.
3. Counseling is empathic, reflective listening in which the caller is helped in developing his or her own solutions. **COUNSELING IS NOT ADVICE GIVING.** Advice giving is better left to buddies, mothers-in-law, uncles, neighbors, etc.
4. **COUNSELING IS DIFFERENT THAN "CHIT-CHAT."** It is also not done in a "formula" or "cookbook" manner, although there are important guidelines for doing it well.
5. **BOUNDARIES ARE IMPORTANT.** Role- and function-clarification is very important. Counselors are facilitative listeners, not friends, lawyers, mind readers, dates, ministers, advice-givers, or experts.
6. **SELF-DISCLOSURE IS NOT COUNSELING.** A counselor NEVER shares personal information about him or herself, even if the caller asks for personal information about you.
7. **COMMUNICATION IS NOT WHAT THE SENDER SAYS; IT'S WHAT THE RECEIVER RECEIVES.** Check it out with the caller...is he or she hearing you as you had intended? And are you hearing him or her as intended?
8. **PAIN IS VERY PERSONALLY DEFINED.** The idea that every person's perspective is valid can be stated with the phrase "Same courtyard, different windows." We all can be looking at the same situation, but from slightly different viewing points, each perspective is very real and possibly very different. What is the perspective of your caller or victim?
9. **CARE FOR THE CAREGIVER IS IMPORTANT.** Talking with your Shift Manager, a Program Coordinator or fellow volunteer is encouraged especially after challenging calls. Feedback, both to and from you, is very important to our success. Also, it is important to attend several in-services that the center offers each year to stay up to date with the counseling field and rejuvenated.
10. **DOCUMENT EVERY CALL** in ReferNET.

Volunteer Policies

Crisis Center volunteers represent a cross-section of the community - students, professionals, homemakers, retirees and so on, ranging in age from 16 to 80, male and female, with varying degrees of experience and training. They have in common a desire to help others and a willingness to give of themselves, investing their time, energy and emotions in an endeavor they believe is worthwhile.

The Crisis Center is founded on the premise that it can only be as effective as its volunteer counselors. Not all applicants, motivated as they may be, will make effective counselors. For example, having experienced serious problems in one's own life may or may not be useful in terms of helping someone else. Applicants are carefully screened in order to determine whether a successful adjustment has been made to such problems, or, as is sometimes the case, they are attempting to avoid their own problems by helping someone else. Experience has taught that in the latter case, volunteers become increasingly frustrated, anxious and unhappy by adding stress to their own difficulties. Another example of a person who might be highly motivated yet ineffective as a counselor is the applicant who feels that he or she has "the answer" for everyone.

Applicants who possess the necessary initial qualifications begin an intensive training program. There is strong emphasis on the serious nature of the commitment and the significance of the class as a probationary period. The training program is designed to provide each person with adequate skills to perform effectively with callers.

Once training is completed, volunteer telephone counselors are expected to work a shift every other week. During this time, they are also encouraged to attend regular in-service training sessions. After having been inactive for a year or more, telephone counselors are required to complete a retraining program.

From the time a person makes an application to be a volunteer for the Crisis Center, throughout training and for the duration of his/her work here, it will be apparent that much is expected of him/her. Although volunteers are not expected to be professionals, the staff believes that a high degree of competence can be obtained with certain prescribed standards. Moreover, it seems to be true that the more a person puts into an endeavor, the more s/he will get out of it. Being a telephone counselor can be one of the most rewarding and enlightening experiences a person can have. It provides an excellent opportunity for personal growth, increased self-awareness, and improved sensitivity to others.

Code of Ethics

As previously stated, the presence of good intentions, i.e. being highly motivated to help others, is a necessary but not sufficient condition for being able to do so. On the other hand, having a Ph.D. in Psychology is no guarantee that you will be an effective helper of people in crisis either. Genuine respect and caring, therefore, must be accompanied by thorough training in the techniques that have been shown to be effective in crisis intervention.

In the course of their work, sensitive, well-intentioned and well-trained crisis workers frequently encounter situations which call for a personal judgment leading to some action which may have grave consequences for themselves, the people they wish to help and for the Crisis Center as a whole. For example, suppose you got a call from a person who revealed to you that he intended to kill someone else. Should you break confidentiality and inform the police or the person in danger? What if the caller was only “spouting-off”, not really serious and nothing happened? Could he sue you or the Center for slander or malpractice?

One purpose of the ethical code for a crisis intervention service is to aid individual workers in deciding what to do when conflicts such as these arise. It helps to clarify what their responsibilities are to their callers or clients and to society. Another purpose is to give the Crisis Center some measure of assurance that individual workers will not behave in ways that could damage its standing in the community. When a crisis center adopts a code of ethics it also hopefully gives the community some guarantee that its workers will demonstrate a sensible regard for the mores and expectations of the community. Finally, a code of ethics gives the Center and its workers a means of safeguarding their personal freedom and integrity. For example, in the situation described above, if you could demonstrate that your decision to break confidentiality was based on a careful assessment of factors which are widely accepted as indications of “clear and present danger to an individual or to society”, your personal liability and the Center’s would be greatly diminished.

The Crisis Center, its programs, staff, and volunteers adhere to a code of ethics which is integrated from the codes of ethics of the American Association of Suicidology (A.A.S.), the American Counseling Association (ACA), the National Board for the Certification of Counselors (NBCC), and the American Association of Marriage & Family Therapists (AAMFT).

Volunteers and staff are required to read, become familiar with, and abide by this statement of the Crisis Center’s code of ethics. A code of ethics is a creed or a commitment to honorable and agreed-upon standards. The spirit and success of ethical counseling is dependent on all abiding by this code.

Terms

The terms *consumer*, *client*, and *caller* may be used interchangeably and refer to any person who makes use of the Crisis Center’s services.

The terms *counselor*, *volunteer*, *para-professional*, and *crisis worker* may be used interchangeably, and refer to any person working as an agent of the Crisis Center delivering services to consumers in need. Staff members, when functioning as a counselor, are included in this definition.

Staff, *shift manager*, *program coordinator*, *clinical supervisor*, and *executive director* refer to any trained professional in paid employment of the Crisis Center.

I. WELFARE OF CONSUMERS

1. With respect for the dignity and diversity of each consumer and his or her gender, age, class, cultural, racial, ethnic, ability impairments, nationality, religious background or sexual or lifestyle orientation, counselors promote the welfare of consumers and extend the core conditions of counseling to each—unconditional positive regard, genuine caring, and empathy.
2. Counselors provide counseling and crisis service to consumers only so long as it is reasonably clear that clients are benefiting from the service. Counselors avoid fostering dependent counseling relationships.
3. If it becomes clear that the consumer would best be served by referral to another counselor, another service, or another agency, such referral should be accomplished without delay.
4. In the event of referral, the referring counselor should continue to render assistance as needed until such time as the responsibility for helping the person can safely be assumed fully, if that is appropriate, by the worker taking over the case.
5. Crisis service should be provided only in the context of a professionally-delivered program (as contrasted with “service” rendered on one’s personal time, in one’s social life, etc.)
6. Counselors shall refrain from labeling or diagnosing consumers unless there is clear standard of practice, therapeutic reason, or qualified training to do so.
7. Counselors are aware of the potential to abuse power and strive to remain unbiased and unwilling to use influence to persuade consumers on political, religious, stereotypical, social, financial, and/or other personal values.
8. No illegal interaction should transpire in the course of providing crisis services.
9. Any special procedure such as recording an interview, use of clinical data for teaching, participation of a third party in the interview, or any unusual consideration that may lead the person to decline continuation of the helping process, should be discussed with the person and permission obtained before it is implemented. If the person is not capable of giving informed consent—the consent of a responsible family member should be obtained if possible. In any case, the right of privacy should be fully respected.
10. The counselor should respect the social and moral attitudes of the community in which he or she works, assuring that the reputation of persons or agencies not be unnecessarily jeopardized.
11. The burden for promoting the welfare and quality counseling is clearly on counselors and staff. Consumers are responsible for making informed decisions and applying problem-solving skills that the counselor has facilitated.

II. CONFIDENTIALITY

1. Maintaining the confidentiality of information from consumers is a primary responsibility. Such information should not be communicated to others unless specific provisions for such release are met.
2. Confidentiality is a permanent covenant between counselors, the Crisis Center, and the consumer. Both during one's term of volunteering and/or employment at the Crisis Center, and unendingly into the future, consumers' privacy will be maintained.
3. Confidential information may be revealed when, after careful consideration, there is clear indication and presence of danger to an individual or to society, and then only to those who must be informed in order to reduce that danger. Persons who may be in potential harm or danger, along with emergency personnel may be contacted without the consumer's said permission, after consultation with shift manager or program coordinator has been sought.
4. Information about consumers may be discussed only by others clearly concerned with the case, and then strictly for professional purposes, such as consultation, clinical supervision, and case management. Consultation and clinical supervision between counselors and staff or supervisors is equally bound to confidentiality for the consumer.
5. Except for 3 and 4 above and only when the consumer gives express permission may information be disclosed to another individual. The consumer should specify what information may be given, and to whom, preferably in writing or noted by the counselor.
6. Written and oral reports should contain only information germane to the purpose of the report. Every effort should be made to protect the person's privacy.
7. In writing and teaching, care should be taken that any clinical material used should be presented in such a way that the identity of the individual is protected.
8. The identity of research subjects should not be revealed or rendered recognizable without explicit permission.
9. The counselor should assure that appropriate provisions are made for the maintenance of confidentiality in the storage, retrieval, use and ultimate disposition of records.

III. ROLE CLARIFICATION: DUAL RELATIONSHIPS AND FINANCIAL RELATIONSHIPS

1. The counselor should not provide services to his/her associates, friends, or family members except in the most unusual circumstances, and then only with the concurrence of an experienced consultant.
2. At all times, the counselor will avoid a personal or business relationship with a consumer, even when the consumer requests it.

3. At no time is it appropriate to meet a consumer at a location for socializing, dating, or having sexual intimacy.
 4. Counselors will refrain from furthering their personal needs (such as using self-disclosure, developing friendships with consumers); consumers' needs will be of the utmost priority.
5. Consumers of the Crisis Center's services will never rely on a Crisis Center volunteer for transportation, and a volunteer or counselor will never offer it, except in the most unusual circumstances after having first sought consultation/permission from staff.
6. No commission, rebate, or any other form of remuneration will be offered or accepted by reason of referral to or from a crisis worker for the provision of crisis services.
7. The crisis worker should not use his/her relationship with the consumer to promote his/her own benefit or that of any agency or of any other enterprise.
8. A crisis worker associated with the Crisis Center should not accept a fee or other form of remuneration for providing services to a person who is entitled to those services through the agency or institution.
8. Crisis worker in an agency or institution should not accept a gift from a consumer, unless its nature and value fall within the limits established by the Crisis Center or its board for such gifts.

IV. COMPETENCE AND INTEGRITY

1. The crisis worker shall place the highest value on integrity. Whether as a practitioner, teacher, trainer, or researcher, the best interests of the consumers served remain the chief priority at all times.
2. Responsibility should only be undertaken or assigned for those activities for which the counselor has been trained and has demonstrated an adequate level of competence. If the needs of the consumer are beyond the competence of the volunteer, referral to someone with the needed skills should be accomplished as expeditiously as possible, assuring a smooth and seamless transition.
3. If lack of competence is observed in other persons or agencies, the observation should be made known directly to the individual or his or her supervisor or to the individual responsible for taking corrective action.
4. Counselors seek consultation from shift managers, staff, program coordinators, or supervisors and pursue ongoing training and education.
 5. Counselors will encourage consumers to make their own decisions and will not place themselves in a position to make a decision on a consumer's behalf.

6. If physical or emotional problems interfere with the crisis worker's optimal functioning, appropriate steps should be taken to see that such problems do not compromise the quality of services offered. The interests of the consumer should be considered a priority. Measures should be instituted to correct the counselor's problems. Counseling and crisis work should be deferred till such problems no longer interfere with the counselor's competence.

V. REPRESENTATION OF SERVICES, QUALIFICATIONS, MATERIALS

1. Counselors will present themselves to consumers as trained volunteers with professional counselors on staff who have provided extensive and ongoing training.
2. The counselor will accurately represent his or her qualifications, affiliations and purposes and those of the Crisis Center.
3. The counselor should not provide information that would imply the presence of qualifications or affiliations, professional or otherwise, that is not accurate, or would lead others to assume qualities or characteristics that are not correct. If misrepresented by others, the crisis worker should rectify such misperceptions.
4. The counselor should not use his/her affiliation with an organization, or its programs, for the purposes that are not congruent with the stated purposes and objectives of that organization. When using the logo, supplies, and acting as a representative of the Crisis Center, the counselor or staff person will adhere to agency policies, standards, and ethics related to fees, administration, services, programs, representation, professionalism, etc.
5. Counselors will refrain from using the name of the Crisis Center, Telephone Counseling Line, Teen Link, Kids Help Line, or Rape Response, or doing business or correspondence of any clinical nature in the electronic media, e-mail, or internet.
6. Counselors offer counseling services and will refrain from giving advice. Even if trained in another profession, counselors will refrain from issuing directives to consumers, such as legal advice, marital advice, etc. Counselors will practice only within the scope of counseling and will not serve as legal advisors or legal experts. Counselors exercise special care when making recommendations to consumers or when making public statements about crisis work.
7. In the course of a crisis, illegal actions by the consumer in crisis should not be encouraged or facilitated. If a legal issue is present of which the consumer is not aware, the crisis worker should inform the person of the issue. In no case should the counselor participate in an illegal act.
8. Counselors will be mindful that there are different standards for counseling and interacting with minors (teenagers and children) and will use good judgment accordingly.
9. All public statements, whether direct or indirect, should be accurate and free of sensationalism, bias, distortion or misrepresentation of any kind. Special care in this regard is required in activities related to news articles and media coverage aimed at stimulating

public awareness and support of the agency, and for solicitation of funds to continue the agency's work.

10. When information is provided to the public about suicide prevention or crisis intervention techniques, it should be made clear that such techniques are to be used only by persons adequately trained in their use.
11. In any communication with the public, care should be taken to avoid any implication that the counselor or agency endorses the purchase or use of a commercial product or service.
12. Any proffering of suicide prevention and crisis services should be carried out within strict limits of community standards, propriety and good taste.
13. Notices designed for public use, such as the telephone book, posters, or brochures may contain a statement of the name, degree, certification and sponsoring agency of the provider, the services offered, a description of those services, circumstances in which the services might appropriately be used, and how to obtain them. Reassurances, such as emphasizing twenty-four hour readiness to respond, and desire to be of help, may be included in material from agencies or organizations.
14. No evaluative statements or assurance of quality or efficacy should be expressed or implied in any form.
15. A counselor or agency associated with the promotion of services, books or other products should ensure that these are presented in a completely professional and factual manner.
16. Any claims made should be supported by scientifically acceptable evidence.
17. If a financial interest is held in any commercial product, care must be taken to assure that the clinical care of person in crisis is not adversely affected by that interest.
18. All materials prepared by a counselor, in carrying out his/her regular duties in an organization shall be the property of that organization. Release or publication of such materials will be governed by the policies established by the organization.
19. Materials prepared by a counselor in an agency, other than those materials resulting from his/her regular duties shall, if published and if the agency so desires, include a disclaimer of responsibility on the part of the agency for the content of the published materials.

VI. COOPERATION WITH OTHER PROFESSIONALS

1. The integrity, traditions and potential helping role of all professionals and disciplines should be acknowledged and respected, both in relations between disciplines and in communications with persons in crisis. No suggestion of precedence among disciplines should be expressed or implied, though special needs may call for unique skills in individual cases.

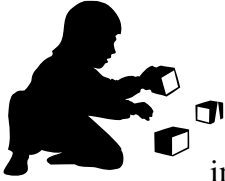
2. Counselors should not knowingly enter into a competitive role with other providers in the community. If the consumer has a previously established relationship with another caregiver, the counselor should attempt to integrate the efforts being made. In no case should there be an effort to prevent the other caregiver from being informed of the counselor's role. Mutual agreement concerning the best way to assist the person in crisis should be strived for.
3. Counselors take steps to ensure that other cooperating agencies to which consumers are referred are qualified and have policies in place to render appropriate care for the referred consumer.

VII. RESEARCH, EVALUATION, AND OTHER ETHICAL MATTERS

1. All research activity must be carried out with meticulous attention to the well-being and dignity of all participants.
2. The design and methodology of clinical studies shall follow federal guidelines for research involving human subjects.
3. Research carried out in an agency or institution must be reviewed and approved by the governing board of that institution, which must determine that compliance with human rights regulations will be observed.
4. All other matters related to research and publication not otherwise discussed in this code of ethics should be deliberated with the program coordinator, clinical supervisor and/or executive director on staff.
5. All matters related to measurement, assessment, testing, evaluation, and interpretation of results should be deliberated with the program coordinator, clinical supervisor, and/or executive director on staff.
6. Staff members who conduct group counseling or professional counseling on the premises or in the field are accountable to the codes of ethics that govern the professional counseling community nationally.
7. Counselors, when faced with an ethical dilemma or even a small doubt about an ethical question, err on the side of caution and seek consultation with peers, shift managers, program coordinators, or supervisors.
8. Ethical codes for clinical supervision and consultation guide the consultative/supervisory process.

MANDATORY REPORTING

Reporting Laws for Minors



There are mandatory reporting laws in the state of Alabama for any crime committed against anyone under the age of 18. If you are talking with someone who indicates that a juvenile has been sexually assaulted, or in any other way abused or neglected you are legally obligated to report the incident to the Department of Human Resources or law enforcement.

Below is a list of legal definitions of maltreatment of children quoted from Ala.Code 1975 § 26-14-1. This list should only be used as a guide. Any suspected abuse or maltreatment of children that does not fall under any of these legal definitions must also be reported.

Child

...any person under the age of 18 years.

Abuse

...Harm or threatened harm to a child's welfare. Harm or threatened harm to a child's health or welfare can occur through nonaccidental physical or mental injury, sexual abuse or attempted sexual abuse or sexual exploitation or attempted sexual exploitation.

Sexual Abuse

...includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in any sexually explicit conduct or any simulation of the conduct for the purpose of producing any visual depiction of the conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children as those acts are defined by Alabama law.

Sexual Exploitation

...includes allowing, permitting, or encouraging a child to engage in prostitution and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming, or depicting a child for commercial purposes.

Neglect

...negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, supervision, clothing, or shelter.

Reporting Laws for Adults



There are mandatory reporting laws in the state of Alabama for abuse of an individual who is 18 years old or older who is unable to protect themselves due to mental or physical impairments. If you are talking with someone who indicates that an adult has been abused you are legally obligated to report the incident to the Department of Human Resources or law enforcement.

Below is a list of legal definitions of maltreatment of adults quoted from Ala.Code 1975 § 38-9-2. This list should only be used as a guide. Any suspected abuse or maltreatment of adults that does not fall under any of these legal definitions must also be reported.

Adult in Need of Protective Services

. . . a person 18 years of age or older whose behavior indicates that he/she is mentally incapable of adequately caring for himself/herself and his/her interests without serious consequences to himself/herself or others, or who, because of physical or mental impairment, is unable to protect himself/herself from abuse, neglect, exploitation, sexual abuse, or emotional abuse by others, and who has no guardian, relative or other appropriate person able, willing, and available to assume the kind and degree of protection and supervision required under the circumstances.

Abuse

. . . the infliction of physical pain, injury or the willful deprivation by a caregiver or other person of services necessary to maintain mental and physical health..

Sexual Abuse

. . . forms of sexual abuse include rape, incest, sodomy, and indecent exposure..

Exploitation

. . . the expenditure, diminution or use of the property, assets or resources of a person, without the express voluntary consent of that person or his legally authorized representative..

Neglect

. . . the failure of a caregiver to provide food, shelter, clothing, medical services and health care for the person unable to care for himself; or the failure of the person to provide these basic needs for himself when the failure is the result of the person's mental or physical inability..

Emotional Abuse

. . . the willful or reckless infliction of emotional or mental anguish or the use of a physical or chemical restraint, medication or isolation as punishment or as a substitute for treatment or care of any protected person.

Inform the caller that if you receive identifying information (name, address, phone, etc.) that the Crisis Center is obligated to make this report and that we will be calling the appropriate authorities immediately. Offer support to the caller while taking time to dispel some of their reporting fears. Even if you are told that the matter has already been reported, applaud that action and state that you, too, must call. Duplicate calls will not hurt anyone. The procedure will make sure that the person gets the help that they need. If the caller does not provide any identifying information, inform the caller that he/she should make the report themselves and encourage them to do so.

FILING A REPORT

- Complete as much of the Blue Abuse Report Form as possible
- Give that report in to your shift manager as soon as possible.
- The Shift Manager will call DHR to make the report.
- The Shift Manager will give the report to the Crisis Line Coordinator to be filed.



CALL:

- Department of Human Resources at 324-2135 Child Abuse Hotline or Adult Abuse Hotline 1-800-458-7214. You will need to provide the zip code of the victim so that the appropriate caseworker will be assigned.

General Notes on Reporting Laws

There are three cases when law mandates you to break client confidentiality. Those times are:

1. Reports of child abuse or adult abuse;
2. Threats to harm self; and
3. Threats to harm others.

We understand our callers' concern for confidentiality, but must also do what is necessary to ensure safety.

In mandatory reporting, there are some additional things to keep in mind.



- If in doubt, it is always better to call and talk over what has come to your attention with the trained professionals.
- Privileged relationships are not grounds for excluding evidence except lawyer-client. [Ala.Code 1975 § 26-14-10]
- Persons making a good faith report of known or suspected abuse, neglect, or exploitation are immune from civil and criminal liability. This immunity exists with respect to the reporting, the investigation, and any judicial proceedings resulting from the report [Ala.Code 1975 § 26-14-9]

**Crisis Center
ABUSE/NEGLECT REPORTING FORM**

Guidelines for taking a call about child or adult abuse or neglect:

1. Do not promise the caller that you will keep this information confidential.
2. Encourage the caller to report the abuse him/herself before you get identifying information.
3. Get as much information as possible.
4. Tell the caller that we must report to DHR if they provide us with identifying information.
5. Notify the Shift Manager (SM) of the call immediately. The SM will make the report to DHR.
6. Call your program coordinator if you need to process this call further.

**DHR phone numbers: Jefferson Co. 324-2135, Shelby Co. 669-3000, Walker Co. 387-5400,
Adult Abuse Hotline 1-800-458-7214.**

Date: _____ Line call received on: _____

Volunteer: _____ Shift Manager: _____

Victim Information

Name: _____ Date of Birth: _____ Sex: _____ Race: _____

School: _____ Grade: _____ Teacher: _____

Address: _____ Phone: _____

Parent/Guardian Information Relationship to Victim (Circle one)

Mother Step-Mother Father Step-Father Legal Guardian Other

Name: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ Phone: _____

Perpetrator Information

Name: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ Phone: _____

Employer: _____ Work Phone: _____

Relationship to Victim: _____

Summary of Abuse/Neglect: (When? Where? How often? Other victims?)

DHR Report

Date: _____ Time: _____ DHR Staff: _____

Comments:

Attributes of Responsible Volunteers

DEPENDABILITY

Punctuality and reliability are necessary for the overall program to function effectively. It is vital that all volunteers be responsible for their scheduled time on duty.

ATTITUDE

It is essential to treat all callers with unconditional positive regard.

CONFIDENTIALITY

Remember that all records are maintained with the greatest confidentiality. Be aware that we are non-judgmental in our dealings and comments. Our role is to be of direct service to our clients and not to comment on their values, actions, or lifestyle. Perform in an accurate and professional manner. Take care that this manual is always in a safe place.

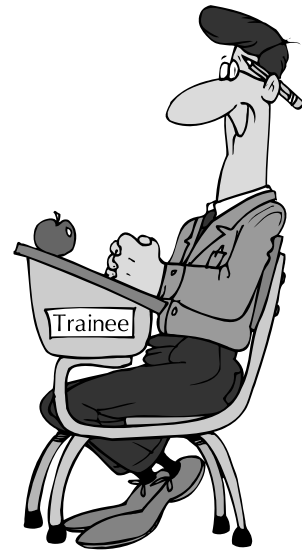
You are not to discuss any client matters with anyone outside of this program. That includes family and friends.

Become familiar with the services offered by the program in order to comfortably and confidently convey information to clients or to the public at large.

COMMITMENT

It is crucial that volunteers attend scheduled meetings whenever possible, fill out required documents, and seek an active role in the functioning of the program.

In order to cover all of the volunteer shifts per month, we ask that all volunteers complete a shift every other week. All holidays must be covered, and these are rotated.



Volunteer Self-Awareness

Individuals choose to volunteer for many different reasons. Some may have a personal experience with a mental health issue while others may be considering going into a human service career. Some simply want to help others. Whatever your motivations, you may experience personal pain as a result of your interaction with our callers. We feel it is important for you to understand this and to deal with it in a healthy manner.



YOU MAY FEEL:

- **Unskilled:** The only skill required is the ability to listen well and to provide opportunity for callers to speak freely.
- **Inexperienced:** It is not necessary for those in the helping role to have experienced all that their client has experienced. It is only necessary to accept the people for who they are, even though they might be different from yourself.
- **Frustrated:** As an objective bystander, you may see a clear set of solutions to problems being experienced by the caller. It is acceptable to point these out to the caller as part of information about alternatives, but it is best not to tell the caller what to do or what not to do. Giving the caller control of decision making is an important part of the process.
- **Helpless:** Those of us who choose to work with people in crisis are often touched by the pain that they are experiencing. We wish this never happened to them, but we can't take their pain away. What we can do is let them know they are not alone, and help them manage and understand their pain.

You are special and important to us. If at times this work creates a crisis for you or causes a resurgence of past grief, please allow yourself to receive the support that you are giving to others. Be sure to take the self-care suggestions in the manual to heart. If you need us, please call or ask for help and we will be there to support you, as you are there to support others.

Volunteer Procedures

Scheduling

Telephone counselors are asked to work a shift in the phone room every other week. You will work with your Program Coordinator to establish this schedule based on your preferences as well as program needs.

During your Shift

1. Arrive on time.
2. Check your mailbox for any news. Fill in your timecard.
3. Keep the noise level down, so other counselors are not disturbed or distracted. If you watch TV during your shift, mute the sound when a call comes in.
4. Visitors are welcome at the Crisis Center, but the phone room is off limits due to the ethical standard of confidentiality.
5. **Do not give callers information about other volunteers, staff, or yourself: Do not give last names, shift schedules, phone numbers, etc.**
6. Make outgoing personal calls from one of the two Admin Lines.
7. Help keep the phone room clean. Over 100 people use the phone room, so leave your workstation clean and ready for the next volunteer.

Changing a Scheduled Shift

Problems may arise which prevent your being able to work your scheduled shift. If the change is within 72 hours of your shift, notify the Shift Manager by calling 458-8985 (administration number) or in an emergency by calling 323-7777 (crisis line). It is important that you speak to a Shift Manager so that a possible replacement can be sought. Volunteer schedules are posted at each phone station two months at a time. If you foresee a change needed for a future date, please tell your Program Coordinator as soon as possible so that the schedule may be corrected.

Documentation

1. Documentation is crucial to the continuance of the program. Grant and funding sources require documentation of our work.
2. Log every call even hang ups in REFER. Please be sure to complete as much information as possible for each call.

Supervision

1. You are encouraged to process calls with your shift manager during your shift.
2. Your Program Coordinator is also available to process calls and any other issues that arise while you are a volunteer.
3. Please call staff during office hours at 458-8985.

VOLUNTEER COMMITMENT AGREEMENT

As a volunteer counselor-trainee, I understand that I am expected to attend all weekly lecture sessions as indicated for this training period. I am aware that my prompt and consistent attendance of these events is important not only in terms of preparing me for the responsibilities that I will assume as a telephone counselor, but also as indicators of my future dependability in that role. If for any reason I find it necessary to miss one of the training meetings or Sit-Ins, I understand that I should inform my Program Coordinator as far in advance as possible. Furthermore, I understand that missing more than one session may necessitate my withdrawal from the program until complete attendance can be achieved. When deemed necessary by staff, I am aware that I may be asked to do additional Sit-Ins and, that, if I am unable to demonstrate the prescribed skills, knowledge or attitudes, or to cooperate with the staff or my fellow trainees, I may be asked to withdraw.

After successful completion of training, I agree to work a shift every other week, for no less than twelve months. I will arrive at my shifts on time. I will avoid canceling my shift with the exception of an emergency. Also, I will notify the staff as far in advance as possible of any changes to my schedule. To the best of my knowledge at this time, I will be able to fulfill this commitment.

I understand that while I am a volunteer at the Crisis Center, I will be provided with regular opportunities to maintain or enhance my skills through in-service training and other special events, and that my attendance at these events is highly encouraged. I also understand that the members of the staff are available for consultation. Keeping the Program Coordinator informed about the nature of my work with callers is understood to be of primary importance. If circumstances in my personal life arise that may necessitate altering my schedule at the Crisis Center, I will discuss my situation with my Program Coordinator.

Printed Name

Signature

Date

(Parent if age 18 or under)

CRISIS CENTER POLICY AGREEMENT

Please initial each of the following statements indicating that you have read, understand, and agree to comply with these policies.

- _____ I agree to adhere to the standards set forth in the Crisis Center's Code of Ethics.
- _____ I agree that I will respect the integrity of records and will not comply with any request to destroy or remove any Crisis Center records.
- _____ I agree that I will maintain the confidentiality and anonymity of all callers and consumers and any information that I disclose will be to no one except fellow Crisis Center workers and staff in an appropriate setting.
- _____ In the event of my withdrawal from the Crisis Center, I promise *permanently* to keep confidential any and all sensitive and confidential information that I have gained through my work.
- _____ I agree that I will not divulge any information about Crisis Center Staff or Volunteers to callers, consumers, or other persons outside the agency.
- _____ I agree that my primary purpose is to serve the callers/consumers' needs. I will refrain at all times from taking advantage of callers/consumers to meet my needs. Additionally, I will refrain from using any self-disclosure with callers or consumers. If callers seek to know me more fully, I will reflect to him or her what seems to be their need for such information.
- _____ I will facilitate the caller/consumer to reach his or her decisions about how to solve problems. I will refrain from advice giving unless directive counseling techniques are called for in an emergency.
- _____ I will *seek consultation* and help from Staff within 24 hours when I am challenged by a call, or when I experience discomfort during or after a call, or when I have sensed that I was inadvertently attending to my own needs during the course of the call.
- _____ I agree that, unless I am a Rape Response Advocate, I will assist callers only by phone, and never make face to face contact with a caller for any reason. I will never transport a consumer of the Crisis Center services in my car or anyone else's car.
- _____ I will represent the Crisis Center as a volunteer only when I am serving on my shift or on official Crisis Center business by request and will refrain from presenting myself as anything other than a volunteer when addressing others in the public, for employment issues, or on electronic media.
- _____ I hereby release the Crisis Center, its representatives, its Board of Directors, and staff from any and all responsibility for loss or injury during the course of my work or duty tour as a Crisis Center volunteer.

I have read and understand the above statements and agree to abide by the policies and procedures of the Crisis Center, Inc. I further understand that violation of the terms of this agreement constitutes grounds for immediate dismissal.

Printed Name

Signature

Date

(Parent if age 18 or under)