# BEST PRACTICE GUIDELINES FOR DRUG HELPLINES

## – a document produced by the FESAT Best Practice Exchange Partnership

# ACKNOWLEDGEMENTS

Education and Culture DG

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# TABLE OF CONTENTS

# INTRODUCTION

These guidelines have been developed as part of the FESAT Best Practice Exchange Partnership, a Leonardo Da Vinci Partnership Project, under the Lifelong Learning Programme.

This project was launched in September 2009, with 9 partners from 8 different countries and began with Learning Exchange Visits from each partner service to another partner service. The partner services are: **HSE Drugs/HIV Helpline**, Ireland; **De Druglijn**, (VAD), Belgium; **Linha Vida SOS Droga**, Portugal; **RUStelefonen**, Norway; **Drugs Infolijn**, The Netherlands; **Agency Appogg – Supportline 179**, Malta; **Landelijke Stichting Ouders en Verwanten van Druggebruikers (LSOVD)**, The Netherlands; <<**Perseas**>> **Counselling Centre for Adolescents and Family**, Cyprus and **SOS Helpline**, Greece. These visits between partners provided the opportunity for invaluable insight into the working of Partner helplines. With the focus on the three pillars of 1) Policy and Practice 2) Support and Supervision and 3) Technology and Reporting, visitors explored relevant issues and each compiled a report on their return. The information from these Learning Exchange Visit reports was gathered and the key topics were used to draw up the Programme for the Working Seminar in September 2010, held in Utrecht, The Netherlands.

At this Working Seminar the topics were discussed in further detail and decisions were made on how to progress with putting the information gathered into this Best Practice Guidelines document. In this document, each topic is first defined, then there is a brief look at the issues to consider with that topic and lastly the best practice recommendations are given. As this document reflects the subjects that were raised and explored during the lifetime of this project it is a true 'snap shot' of the issues for Helplines at present. It is hoped that these guidelines will support future training initiatives for Helpline workers and that they can also be enhanced at a later date to reflect new issues as they arise.

These Guidelines aim to give Drug Helplines inspiration and peer advice on crucial aspects in drug helpline work. Drug helpline work in Europe has many dimensions and can differ significantly from one helpline to another and one country to another. From that perspective, it is important to bear in mind that these guidelines are a reflection of knowledge, practice and experience of the participating partners.

**WHAT IS FESAT?**

**FESAT** is a network of Drug Helpline services which aims to promote  co-operation and exchange between its members, with the ultimate aim of  improving the quality of service being offered to the public. The network holds a charter of ethical principles to which all members much adhere. The FESAT Charter (see www.fesat.org) is a point of reference when it comes to essential values such as respect and human rights for drug users. FESAT was officially founded as an NGO in 1993. Since that date and with the support of the European Commission, it has run several projects.

FESAT work includes:

• FESAT Monitoring: statistical reports monitoring trends in drug use across member organisations.

• Conferences.

• Learning Exchange Visits between Drug Helplines in Europe.

• Training seminars on relevant topics.

• Publications such as : F*amilies and Drug Helplines; Guidelines for Good Practice on telephone helplines; Guidelines for setting up a helpline; Equal Access for all Ethnic Minorities and Drug Helplines and Drug Helplines and Legal Aspects.*

• A series of magazines in both French and English entitled *Lines.*

• Regular e-newsletters from 2005 to date.

For more information on FESAT visit www.fesat.org

## WHAT IS THE LEONARDO DA VINCI PARTNERSHIP PROJECT

Leonardo da Vinci Partnerships provide a framework for small-scale cooperation activities between Vocational Educational Training (VET) organisations enabling them to cooperate on themes of mutual interest. Partnership projects are about co-operation and exchange of information at a European level.

Projects focus on active participation of trainees or concentrate on cooperation between:

- teachers, trainers or VET-professionals.
- VET schools or institutions.
- enterprises, social partners or other VET stakeholders.

Partners can cooperate at national, regional or local level, but also at sectoral level, such as within VET-fields or economic sectors. Partners work on a specific topic or theme and are able to visit each other to share their experiences and practices.

The benefits of this Partnership is that it allows you to work with similar organisations from across Europe to share good practice, discuss problems and compare solutions on a particular topic.

For more information, visit http://ec.europa.eu/education

# PILLAR 1: POLICY & PRACTICE

Policy and practice is the first and perhaps most fundamental of the three pillars, which have been identified by Drug Helpline workers in this project. They are the foundations upon which a Helpline service is built.

To follow is some exploration of specific topics as highlighted during the Working Seminar in Sept 2010. The topics are:

- Anonymity and Confidentiality
- Neutrality
- Low charge ('lo-call') versus Freephone
- Working with Volunteers
- Challenging Calls
  - Repeat Call
  - Prank Test Calls
  - Sexual Gratification Calls
  - Suicide Calls
- Remote Working

## ANONYMITY AND CONFIDENTIALITY

### Definitions

Anonymity means that the identity of the caller remains unknown. Anonymity can allow people to reveal personal history with the reassurance that their information is safe and private and that it will go no further.

Confidentiality means that the callers identifying information is private to the helpline worker, the team or the organisation.

### Issues to consider

- Most helplines practice anonymity both ways, meaning that both caller and helpline worker remain anonymous.
- There may be exceptions and specific situations in which anonymity is breached. What statutory obligations are there? When should confidentiality be breached?
- For the callers it seems that what is most important is not anonymity, but confidentiality.
- Is there legislation concerning privacy or storing personal data in your archives that you have to consider?
- Is your policy adequately understood both within and outside of your helpline?
- Do your telephone and computer systems enable you to maintain caller confidentiality? Can you block access to your callers phone number? What ICT tools are available to help you with this?

- Does the tariff you choose dictate whether the helpline number shows up on an itemised telephone bill?
- Do you keep records of calls with any identifying information on site?
- How do you balance the anonymity of Helpline worker with possible presence in the media? How can you be anonymous on the phone and known in media circles (newspapers, radio etc)?
- How to promote anonymous help, e.g. through internet (e-counselling) when your funders want to know names and numbers etc.

**Best Practice**

- More drug helplines stick to the principles of anonymity and confidentiality. They are often considered as key values of helpline work. It helps to create a safe environment within which callers may feel able to speak most freely.
- Helplines should treat information about both callers and helpline workers in confidence, as far as possible. If there are limits to confidentiality, these should be explicitly stated and examples given of the implications for callers and helpline workers.
- Child Protection, where the needs of children are prioritised and abuse is reported, may carry legal or ethical obligations in your country. This therefore must be considered when dealing with calls from or about young children.
- In order to best support callers, helpline workers and other workers, confidentiality should be within the service and not between individual callers and helpline workers. If your organisation offers more than one helpline, you might wish from time to time to discuss calls with helpline workers, supervisors or managers from these other services.
- It is good practice to inform the public, on your website and in your promotional leaflets, about your service policy on anonymity and confidentiality. This will help to clarify things for potential callers and creates safety for callers too.

## NEUTRALITY

**Definition**

A service which is neutral or non-judgemental deals with callers needs without bias or agenda. Helpline staff will 'meet the caller where they are at' and support caller in a completely neutral way offering any and all information and support available required. This includes information on safer drug use, abstinence and all other relevant topics.

**Issues to consider**

- Harm reduction versus abstinence debate: Where does a helpline 'draw the line'?
- Non-judgemental helplines attract a great diversity of callers, including drug users.
- Are there political issues to consider? Does your helpline have to follow a particular policy of government or an institution? Do you follow a particular standpoint when it comes to drug testing or legalising drugs etc.

**Best practice**
- A high number of prank calls can have a significant impact on your service availability and can be very challenging for staff. However, if considering this your still feel that your target group would be better served by making the number free to all, then ideally it should be freephone.
- Staff training and support should address any negative impact from excessive prank/test calls.
- You could consider the issue of prank/test calls when promoting your service in schools, youth clubs etc.

## LOW CHARGE versus FREEPHONE

**Issues to consider**
- Freephone increases accessibility.
- What is the average salary of people in your country compared with the cost of a call?
- What kind of helpline do you operate? Is there an emergency or crisis aspect to your role?
- What is your target group? Young people? Parents?

**Best practice**
- Usually, freephone numbers yield high numbers of prank/test calls. This can have a significant impact on your service availability and can be very challenging for staff. However, if considering this you still feel that your target group would be better served by making the number free to all, then it would be best practice to make it freephone.
- Staff training and support should address any negative impact from excessive prank/test calls.
- You could consider the issue of prank/test calls when promoting your service in schools, youth clubs etc.

## WORKING WITH VOLUNTEERS

Many drug helplines are staffed more by volunteers than paid workers. Often in this situation, volunteers take care of the 'front end' of the helplines work (answering calls etc.), whereas paid staff take care of organisational matters at the 'back-end' of the service. The involvement of volunteers in the running of a helpline can bring greater diversity of life experience, perspective and practice. Voluntary work promotes initiative, creativity and a spirit of responsibility, as well as social integration and participation. Working with volunteers also adds a dimension to the paid staff tasks and can contribute to their job satisfaction.

### Definition

Volunteering is the commitment of time and energy for the benefit of society and the community, the environment or individuals outside ones immediate family. It is undertaken freely and by choice without concern for financial gain.

### Issues to consider

- How to recruit volunteers and which target groups of potential volunteers to approach?
- What level of commitment is being asked of the volunteer?
- What initial training is needed?
- What ongoing training is needed?
- How to retain volunteers and what are the ongoing support needs of voluntary workers?
- What are the volunteers motivation to work with your organisation?
- Roles within the helpline and broader organisation.
- Is there a national legislation on voluntary work that the helpline needs to take into account (eg. Obligation to take out insurance)?

### Best Practice

- A volunteer charter should be drawn up in conjunction with volunteers, stating clearly the organisations responsibilities and ethos and also clarifying the role and expectations of volunteers.
- The organisation needs to be aware of its responsibility towards the volunteers and the voluntary work. Volunteers should be aware of their responsibility for the voluntary work.
- The organisation provides the volunteers with adequate resources and an infrastructure that is clear and accessible.
- There should be initial training before starting helpline work and ongoing training at least once a year.  Ideally there should be an induction period, after which you discuss any issues, concerns or gaps with the new worker.
- Supervision and support needs to be regular and accessible.
- The organisation ensures that volunteers are adequately involved within the organisation and that there is a democratic style of working within the volunteer group and in the work with professionals.
- The organisation ensures that new members in the group are wholeheartedly welcomed and that the voluntary work is suitably recognised.
- The volunteers should observe the guidelines of the institution or the volunteer group and act in keeping with these objectives.
- The aim of improving the quality of life of other people presupposes that the volunteers are willing to develop themselves. Self-reflection and transparency are important factors for volunteers.

- The volunteers should be aware of their possibilities for also supporting the ideals and goals of volunteering outside of the voluntary work.
- If a volunteer decides to leave your organisation, it is a good idea to have an 'exit interview'. This provides an opportunity for the organisation to evaluation its management of volunteers and where things can improve. This also gives an opportunity to give and receive positive feedback.

## CHALLENGING CALLS

The accessibility and anonymity of helplines can mean that a wide diversity of people opt to use the service. Those who work on Helplines often deal with calls that are very challenging. For the purpose of this document, we define challenging calls as the following:

- Repeat/Frequent callers
- Prank/Test calls
- Sexual Gratification calls
- Suicidal calls

### REPEAT CALLERS

#### Definition

Repeat/frequent callers are those who contact the service three times or more. Some may have a repeated question, have new questions on each occasion or just call without any specific question or expectation at all. These occur more in helplines that are free-of-charge to callers. Some repeat callers may have psychiatric conditions, which may or may not be immediately obvious.

#### Issues to consider

- If the repeat caller has a psychiatric condition or mental health issues, it is possible that their helpline use may become a problem for them, either in that it may offer a forum for exploring concepts or scenarios that are not factually accurate.
- Over reliance: If you welcome repeat callers, there is a possibility that they may come to over-rely on the helpline to cope and rather than using it as a step towards problem solving and accessing face to face supports.
- Impact on helpline workers: dealing with frequent callers can be very de-motivating for workers, who feel that they are not having any impact or benefit to these callers.
- The need for consistency: do all helpline workers maintain the same strategy or policy when dealing with repeat callers?

#### Best practice

- Each organisation needs a clear policy for dealing with repeat callers. If your service is not designed for repeat callers, you should clarify this with callers in an appropriate way and let them know of an alternative source of support, if possible.

- Use 'we' statements. This discourages the development of dependence on one particular helpline worker. The use of an alias and strict rules about self disclosure can also help with avoiding the creation of unhealthy relationships between the caller and themselves.
- After an agreed period of time, all repeat callers should be discussed confidentially at team level and an ongoing policy for dealing with these callers agreed. This policy might include a time or frequency limit, advice on how the call should be dealt with and support suggestions for helpline workers (eg. Teaching skills on how to respectfully end conversations with repeat callers).
- Repeat callers can be hard to identify because some of them create different characters in order not to be easily recognised. This might be avoided by discussing calls with colleagues or asking a colleague to listen in on calls sometimes.
- To assess the extend of the problem and the impact on the helpline, a record should be kept of the number of times the regular caller has called the service, as well as some additional information on the time of day he or she calls and the theme of each call.
- Utilise outside supervision or support where necessary, if a caller is presenting needs that are beyond your skills base eg. Consult a psychologist or psychiatrist about callers with mental health problems.

## PRANK/TEST CALLS

### Definition
These are calls where a person is contacting the service with motives other that seeking information and support. These calls are made for fun.

### Issues to consider
- Can this call be made educational?
- What is the emotional impact on helpline workers and the impact on the accessibility of the helpline itself?
- Is your service freephone or low charge (lo-call)? Invariably helplines which are free of charge to callers receive more prank/test calls.

### Best Practice
- Each organisation should have a specific policy for dealing with these callers so that a consistent message is always being given from helpline workers.
- Your service policy could include the following:
  - Offer the caller the opportunity to make a genuine enquiry of your service, provided they are not too abusive to do so.
  - Explain the goals and areas of action of the helpline.
  - Explain that what the caller is doing is negative and unproductive and inform caller that they should only call if they have real questions to address the service.
  - Having covered all of the points above, the call can be terminated (hang up).

- After hanging up, the helpline worker should discuss the call with colleagues and with the team's supervisor, always including in that discussion the emotions that he/she went through dealing with the call.
- This policy should also include guidance on self-care and support for helpline workers.

### *SEXUAL GRATIFICATION CALLS*

**Definition**

These are calls where the caller is seeking sexual enjoyment from their helpline conversation.

**Issues to consider**

- These calls can have a great emotional impact on helpline workers, particularly if there are high numbers of these calls or if the caller was given alot of information, time and support before it became apparent that they were a sexual gratification caller.

**Best Practice**

- Each organisation should have a clear policy for dealing with sexual gratification calls and this policy should be known to all helpline workers. Some services might even use a specific script for these calls.
- This policy should either
  - involve the use of specific language and phrasing to keep caller focused on support and information or
  - to terminate the call, in a clear and respectful way.
- Whichever policy your service uses with sexual gratification callers, it is important to be consistent, not to react emotionally during the call and to seek support after the call.
- This policy should also include guidance on self-care and support for helpline workers.

### *SUICIDE  CALLS*

**Definition**

These are calls where suicide is being discussed as a very real possibility in the callers life.

**Issues to consider**

- The emotional impact on the helpline worker.
- What are the legal and ethical obligations for the helpline worker?
- How can the caller and helpline workers' needs be best looked after.

**Best Practice**

- Suicidal callers demand special attention and handling from the helpline staff. Always ensure that staff have support during and after these calls.
- As with all calls, it can be a good idea to limit the discussion to 3 issues. This can help with keeping both the helpline worker and caller focused.
- Maintain a calm supportive tone with caller.
- Try to establish callers supports, if there is someone that they can talk to or explore the idea of contacting a specialist service after the call.
- If possible discuss these calls at group/team level also.
- This policy should also include guidance on self-care and support for helpline workers.

## REMOTE WORKING

**Definition**

This is where helpline staff can work from places other than the Helpline office. The concept of remote working is helpful in situations where staff/volunteers live long distances from the Helpline office.

**Issues to consider**

- Phone technology and its capabilities.
- Data protection.
- Call logging and record keeping.
- Access to services information.
- Overall organisational impact of remote work on the helpline's functioning.
- Remote working may increase your services access to specialists, volunteers and increase staff retention.

**Best practice guidelines**

- The quality of service provided to the public should not be affected negatively by the fact that the call/email is being dealt with by a remote rather than office based worker.
- Ensure that your service has the technical tools to manage remote working
- Clear rules on accessibility and communication between the remote worker and the helpline are required.
- The remote work needs a dedicated work space, a computer and a phone (land)line.
- Implement a strategy to guarantee both support and evaluation means for remote working staff or volunteers.

# PILLAR 2: SUPPORT & SUPERVISION

Supervision can be broadly defined as a working alliance between two people, where the supervisor can offer the person being supervised space to explore their practice, reflect on it, receive feedback and guidance if necessary. The ultimate goal of supervision is for the helpline worker/volunteer to gain ethical competency and confidence so that they can provide the best possible service to callers.

Supervision and support are essential for the well-being of helpers when they are offering emotional support to callers, who may be in considerable distress. Helpline workers are bound to be emotionally affected from time to time by the work and will always have areas of their work which they could usefully develop. Self awareness is useful for helpline work as it allows the helpline person to develop insights into how they conduct themselves on the helpline.

Openness and honesty are key to making the process of Reflective Practice, which is an integral part of Supervision.

Questions to consider....

- Have you ever had a call and at the end you have felt angry, tired, confused, or even elated?
- Did the caller create an emotional reaction in you? Something within yourself that you can't quite put your finger on, or maybe their voice reminded you of somebody or their manner caused you to feel 'on edge' or irritated. How did you manage that?
- Have you ever wondered what a caller gains from your own voice? Is it your accent? Or the way you pronounce words and construct sentences? Can the caller sense that you are tired today?
- Taping your own voice can be a useful way of hearing how you come across on the telephone... Is your pace too fast or just right?
- Do you convey empathy in your voice? What blocks you from conveying empathy to a caller? What calls do you struggle with?

As a drug helpline, one can consider both supervision and support, some organisations separate the two:

1) Supervision as a line-management task and focusing on the work done.
2) Support focusing on the emotional impact of the work.

This section looks further at the following

- Debriefing
- One to One Supervision
- Live Call Supervision
- Intervision (or Group Supervision)
- Self Care/Burnout

## DEBRIEFING

### Definition

This is where the helpline worker talks through a communication that they have had on the Helpline, that they have found challenging, stressful or traumatic. It may be immediately afterwards or after some time has passed.

### Issues to consider

There are individual differences between workers when it comes to debriefing. This may be due to their level or experience, their life issues or their openness to debrief.

### Best practice

- Debriefing is an essential part of best practice in helpline work.
- Debriefing can be provided by a peer, a supervisor or an external source of support.
- It is important that a safe and trusting environment is created for Helpline workers so that they feel able to talk through such calls, without judgement etc.
- It is best if there are protocols for crisis debriefing in each service.

## ONE TO ONE SUPERVISION

### Definition

This is supervision between a helpline worker and their supervisor, who may be their line manager or an external supervisor. The aim of this interaction is to offer the worker a opportunity to discuss their work practices, their training needs and any  work related support needs that they may have.

### Issues to consider

- If the supervisor is a senior staff member, such hierarchic relations may hinder the outspokenness and 'safety' of the supervision.
- Supervision is not intended purely as a tool for evaluating performance of helpline workers.
- Often in supervision there is no simple right answer to specific topic. Rather is offers a forum where the ethics and implications of an approach can be explored.

### Best Practice

- As with all supervision, one to one supervision should happen on a regular basis, ideally monthly.
- The supervisor should be suitably skilled and should be aware of the specificities of helpline work.
- A supervision policy should be written by each organisation and the terms of the supervision arrangements agreed and understood by both individuals involved.

## LIVE CALL SUPERVISION

### Definition

This is where some or all of the helpline conversation is listened to by another person from within the organisation for Supervision purposes. This may be done using a 'dummy' listening device, where the third party can listen in but their voice cannot be heard. In addition to this an audio recording could be made of the conversation and then it could be listened back to later.

### Issues to consider

- Technical possibilities to listening in on calls to identify areas for further training, without disturbing the caller. During a crisis or challenging call the helpline worker has the opportunity to ask a colleague or supervisor to listen in on the call.
- If an audio recording is made of the helpline call, the caller must be informed that the conversation is being recorded. This may have a negative impact on calls as callers may fear that the service cooperates with law enforcement authorities etc and restrict what they discuss accordingly.

### Best Practice

- Some form of regular live call supervision is recommended as it offers 'real time' insight into the helpline workers practice and actual examples that can be discussed.
- As with all supervision, live supervision should happen on a regular basis, ideally monthly.
- The supervisor should be suitably skilled and should be aware of the specificities of helpline work.
- A supervision policy should be written by each organisation and the terms of the supervision arrangements agreed and understood by both individuals involved.
- When audio recording of helpline calls is considered, this should be done in accordance with the national legal requirements.

## INTERVISION/GROUP SUPERVISION

### Definition

This is where three or more individuals have a supportive supervision session about calls and practice. A major strong point of group supervision or intervision is that it helps to use all the potential of expertise, experience and skill available in a team. It is an efficient and cost-effective training method. Its core feature is mutual support and consultation of equals.

### Issues to consider

- Support is provided by people of the same status within the organisation.
- Support is spread among a number of others and is mutual.
- As with one to one supervision hierarchical relationship may effect the process.

**Best Practice**

- The group setting needs to be 'safe', with agreed 'ground rules' such as trust and confidentiality.
- Group supervision or intervision requires openness and sincerity. Participants have to be prepared to share their choices for a certain approach, personal issues and emotions in a group.
- Participants should know in advance what they can expect from intervision sessions, not only so they will be able to prepare themselves, but also to avoid confusion and negative surprises. The following issues of a session should be clarified and communicated in advance to the participants: scope, frequency and duration of the sessions as well as number of participants and eventually the maximum number of cases to be discussed.
- Group supervision or intervision requires a chairperson whose role and tasks are clearly defined. Ideally this Chairperson should come from outside of the organisation.

## SELF CARE/BURNOUT PREVENTION

**Definition**

Burnout is a state of emotional, mental and physical exhaustion. It is characterized by negative feelings including hopelessness, disillusion and helplessness amongst others. A helpline worker may become less enthusiastic whilst making absolutely no attempt to regain this enthusiasm in any way. This state can be healed and prevented in many ways. Though the role of volunteers and paid helpline staff may vary somewhat, the impact and risks of burn out are the same. Below they are jointly referred to as Helpline workers.

**Issues to consider**

- Burnout amongst Helpline workers can be caused by high expectations and unrealistic goals.
- When a worker encounters a reluctance to engage by a service user, it can spark strong feelings. Such a discrepancy between the goal of 'making a difference' in someone's life and the failure on the side of the caller to accept any kind of help can create fear and worry amongst others. This is highlighted by Higgins Self Discrepancy Theory (Brehm & Kassin, 1996).
- Crisis calls, if a helpline is available outside of office hours are high risks situations for burnout. Such situations are demanding both emotionally and intellectually. Dealing with issues of great emotional potency such as domestic violence, child abuse and homelessness can cause vicarious trauma to the Helpline worker. This is where consistent exposure to crises and traumatic events can wear the person down emotionally.

- A lack of resources from the organisation may intensify such a feeling and result in burnout. Although volunteers may be trained to deal with this, they often admit to having found difficulty maintaining a distance between their emotions and callers.

### Best Practice

- Acknowledgment and acceptance of helplines´ policy and values.
- Having a balanced workload.
- Development of the "feeling of belonging" in the group of helpline workers.
- Agency – Administrator supervision and support.
- It is best if Helpline workers feel valued within the organisation.
- Effective supervision, support and training can contribute to and reinforce a healthy environment and prevent or help deal with burnout.
- Ongoing training can act as a refresher for helpline workers.
- Practice 'Controlled Emotional Involvement' (Biestec, 1992) during a call.
- The helpline is staffed by up to two people at a time. The Helpline workers support each other and help each other when crisis arise. Debriefing after crisis also helps prevent burn out.
- Helpline workers can also be supported by Supervisors on-call on a 24hour basis. If or when a crisis arises, and they feel they have exhausted any option in dealing with it, they may call the supervisor on shift.
- If a worker is over-stressed and over-stretched, it may be helpful to offer the option to continue working but in a changed role for a period or to take a leave of absence if needed.

# PILLAR 3: TECHNOLOGY & REPORTING

## TECHNOLOGY

Technology and Reporting are also crucial to helpline work but in a less obvious way. Techology can encompass everything from the phones, headsets and computers that sit on your desk to the many routes of voice and text communication that can happen through the internet and mobile phones.Technology can also enable easy access to your drug services directory and can allow data recording on calls, which can then be distilled into statistical packages for reporting purposes.

Therefore in this section we look at:

- Phone technology
- Computer technology
- Website
- Online counselling/Chat etc
- Social networking

### PHONE TECHNOLOGY

#### Definition

This refers to the phone apparatus on your desk, the headset and wires and also the computer that maybe behind the phone, directing calls, giving messages or information also.

#### Issues to consider

- Does your phone give access to callers phone number? Is this a concern in relation to anonymity?
- Is your phone Headset compatible?
- Can a Listening-in device or recording device be used on your phone?
- Can calls be diverted elsewhere in the building or to another location?
- Can hours and messages be changed easily?
- Can your phone computer offer statistics on the numbers of calls received etc?
- Can the number of phones in your helpline be increased if necessary, in case the number of calls suddenly increases?
- Your phone number:
  - Is your phone number freephone or local charge?
  - Do callers use a normal 'office type' phone number?
  - Does your phone number appear on callers phone bills?
  - If you return phonecalls, can your helpline number appear as a missed call number or is your number withheld.

**Best Practice**

- Always use a headset with helpline phones. Using a regular handset for extended periods of time can cause back and neck strain. A headset also allows workers to work hands free and often guarantees better background noise reduction compared to a regular telephone receiver.
- Ideally each helpline worker should have their own headset, for hygiene reasons.

## COMPUTER TECHNOLOGY

**Definition**

This concerns all computer 'hardware' and 'software' for your helpline service.

**Issues to consider**

- If your service can afford it, do you have an up-to-date computer with internet access?
- Does your organisation restrict internet access?
- Does your organisation allow you to use personal laptops in case internet access is too restricted to conduct the service you need to conduct?

**Best Practice**

- Consider your service needs carefully before spending a lot of money on technology. Free of charge and downloadable software (often called 'Freeware') can offer good alternatives (eg. www.techsoup.org).
- Good computer technology can make the workings of your service more efficient, can help keep information etc up to date and can increase the number of people who access your service.

## WEBSITES

**Definition**

This is a website, webpage or similar presence on the internet.

**Issues to consider**

- Can your service afford to establish your own website?
- Are there other free options for getting a web-presence?

**Best Practice**

- You need to search the internet for reference to your helpline online regularly to ensure that whenever it is mentioned that the information is accurate, up-to-date and appropriate.
- A website can be like your Helplines shop window: a great advertisement or a poor reflection. If you have a service website it needs to be kept up to date.
- Consider your target audience when designing your website and the features that you have on it.

- If possible make your website interactive.
- Consider using Social Media such as Twitter, Facebook, Blogs and video sharing networks to enhance your helplines visibility. However it is important to consider anonymity and privacy issues if you want to create an online social network. Therefore protocols for best practice should be developed that deal with these issues.

## ONLINE COUNSELLING/CHAT

The prominence of the Internet necessitated that those involved in addressing the psychosocial needs of people, both young and old, embrace its potential. This new field of working also offers new possibilities for engaging people, delivering information and counselling and therefore acts as an extension of traditional counselling services. Online counselling can serve as an ideal opportunity for a first contact and can aid in overcoming initial inhibitions. It is both a bridge towards face to face counselling and a stand alone method of counselling support. The terms email counselling and email support are both used for the same thing. Both refer to supportive communications between a professional (using counselling skills) and a client. For more details, please consult FESAT Publication: *Guidelines for Online Counselling*.

### Definition

Helpline email, chat and text support services use the written rather than the spoken word, to communicate information and support to service users. They offer accessibility and anonymity to service users and are particularly good for offering support to those who might be less comfortable telephoning a helpline. Online counselling, usually happens through email where a query or concern is sent to a service, a reply is drafted and sent back to the 'client'. There may be this single piece or there may be further exchanges. Online support may consist of the repeated exchange of written documents, making it an interactive standardised process. The Internet is both the location of the online support and a technical prerequisite for the different types of online support.

There are a number different types of online support listed below. In all, communication is in written form and regardless of modality, the same standards apply.

- **Individual Counselling/Support**

The original form of individual counselling on the web was counselling via email (email counselling/ support). The client poses a question to the advising institution via email and gets a reply. As there is a delay between sending questions and answers, email counselling is not a synchronised way of communication. On a positive side, this delay offers more opportunity for consideration, unlike an online chat session.

- **Online Forums and Bulletin Boards**

Counselling through bulletin boards gives the client the opportunity to discuss matters with other users and counsellors. This type of online counselling usually takes place in public, a fact that allows others to read the contents. Therefore, other clients have the opportunity to read up on similar issues and their solutions without needing to initiate direct counselling. In this way, boards are a very valuable way of obtaining topic specific information. Counselling via bulletin boards is especially suited for direct and uncomplicated queries and for overcoming inhibitions. As with individual counselling, communication is not synchronised.

- **Chat services**

Counselling via chat can be carried out with individuals as well as groups. Clients and counsellors meet at the time appointed in a private chat room only accessible to them. As clients and counsellors communicate at the same time, this is a form of synchronised communication.

The same holds true for the so called 'Group chat' which allows a number of clients to simultaneously enter the chat room, like a virtual support group. However Group chat may not be suitable for all interactions, particularly if the client has concerns about their privacy. It could however be useful in an aftercare/recovery situation.

**Issues to consider**

- Which type of online service: group chat; one-to-one chat; Email counselling.
- One time only versus repeated online contacts with the same person.
- Operating hours.
- Qualifications and training of staff/volunteers.
- Remote working versus working at the office.
- What is your target group?

**Best practice when setting up an online email or chat service**

When offering an email service the people who contact you will expect a reply within a certain delay. The organisational impact of embarking in an online service is often underestimated. It is not something you just add to your daily telephone work, it has demands and consequences of its own.

- Privacy and data security are important when dealing with email counselling. It is best practice to always have server side encryption, where all information is stored directly on the institution's servers and access is only granted to clients and counsellors. Hence, information always remains on the institution's web server and cannot be read from third parties.
- Technical requirements:
  - A safe, stable and secure internet connection;
  - A suitable work space;
  - A chat application (downloadable or even better, web based);

- A registration system for all chats.
- A 'Back office' with features such as timesheet, statistics, logging, etc. Protocols to instruct the IT department at the office or remote working.
- Protocol to regulate the chats in a standardized way.
- Privacy requirements:
  - Access to the data related to the visitor/client (IP address, characteristics of the chat session, possible names or addresses, etc) should be limited to co-workers and the administrator of the chat service only.
  - The computers should be secure and password protected.
  - Copyright and ownership of the content of the application.
  - IP addresses can be hacked. By using specific software the addresses can be encrypted so that it cannot be directed back to one single IP address.
- It is important that staff dealing with online support are consistent in their use of language style and skills. Specific training is needed for staff. Skills building is necessary.
- Have an automatic response to email queries, which states your service policy around how long it will take for them to receive a tailored response to their email. Your service may decide to have a quicker response rate for support queries than for information queries.
- With chat, it is best to publicise your usual response time and to keep it to the shortest time possible, to avoid frustration.
- Use a model such as 5 steps model below:
  Step 1: Welcome/introduction
  Step 2: Clarifying clients' question
  Step 3: Defining the aim of the call
  Step 4: Deliberating on the aim
  Step 5: Closure
- Apply double check system to all responses, getting a nominated Helpline worker to check what you have written before you send it.
- Everything you write online will remain visible for a long time, so beware of possible consequences of your words, even though you may be protected by a disclaimer. With emails even more than with chat sessions, service users may decide to print or even forward your answer and consider it as some kind of written 'proof'.
- Ensure that you have good technical support and backups in case there is a breakdown in service or staff are unavailable at short notice.
- Set boundaries to online contacts:
  - The preferred duration of a chat conversation should not exceed 30 minutes.
  - When offering email counselling, it is useful to set a limit to the number of emails or replies the same person can send you on the same topic. If necessary you may also ask the person to contact you via the telephone or consider other options.
  - When providing an email service, make sure that service users are made aware that email is not suitable for emergencies, as it may take several hours before an email is read eg. when sent in the middle of the night.

- If a service user become abusive, you may want to block the person by blocking the IP address (enciphered or not). But always inform them that you are doing that.

## REPORTING

A helpline that answers hundreds or thousands of calls per year cannot allow itself not to keep track of data. It is in the helpline's own interest to invest in setting up a reliable data logging and reporting system or strategy. The information that you can retrieve from the data can act as an objective assessment tool for self-evaluation. Data can, in other words, help you optimize helpline work. They can provide a better understanding of who is contacting your helpline and why. Conclusions based on data can help the helpline staff to deal with certain types of calls. It can also point out 'blind spots' in the knowledge, skills or information files that the staff has at hand. E.g. If you notice an increase in calls from partners of drug users, you may look at specific training for staff on this topic. Of course anonymity is a crucial point of attention when collecting or processing data from calls.

Data can be used for the following:

- To better understand queries that come into the service.
- To learn more about the realities for drug users.
- To analyze trends in drug use (especially when comparing data over the years).
- To help the development of strategies of intervention and prevention of drug abuse.
- Publicity for your service.
- To assist in sourcing funding.

Some data including the number of calls, call duration and origin (area) of call can be acquired from your telephone company. This anonymous information can also be used in assessing or evaluating the service.

The EU's drug monitoring centre, EMCDDA in Lisbon is interested in that data. Via Focal Points in each EU member state, they co-ordinate an early warning system on new drug-using habits and can benefit from the information that helplines collect. For many years, Bjorn Hibell and more recently Tom Evenepoel have been Coordinating the FESAT Monitoring Project, which identifies trends in drug use and is also fed back to the EMCDDA.

Evaluation of Helpline services can be an invaluable way for a Helpline to gain insight and direction for the future. Evaluation can look at the service provided to the public from the public's point of view or alternatively it can look at the effectiveness of the service in what it is doing from an organisational perspective.

There are numerous different methods for evaluation. These include:

- Direct surveying of callers at the end of calls/contacts or at a later date.
- Employment of an external evaluator.
- Evaluation can be ongoing or a 'snap shot'.

## CALL RECORDS

The call record is the only source of information about the caller and the call. That is why call details must be registered. There are three ways of making call records – computer database, hand-written records and combined methods.

### Issues to consider

- What kind of information should be collected?
- How often do you need to analyse call records?

### Best practice

- The call record needs to be clear and easy to complete.
- The call record needs to gather relevant, objective pieces of information, such as age, gender, relationship to the drug user etc. Subjective pieces are of limited value eg. Do you think that the caller was motivated to change?
- The call record needs to be reviewed for relevance annually.
- Data from call records should be inputted automatically or manually in to a format where the figures can be analysed e.g. An Excel database or a tailored call logging system package.

## INFORMATION RESOURCES

Workers should have sufficient, accurate, up-to-date and easily accessible information on issues such as effects of drugs, treatment options etc. They should know where and how to get information needed. When possible, these information resources should be made available also for clients.

### Issues to consider

- Do you have access to relevant databases?
- How is your own information and data in your office stored?

### Best practice

- It is best to have a computerised services database which can be accessed easily, searched thoroughly and updated at any time.
- It is best for helpline workers to have access to the internet. This is particularly useful, when researching new drugs etc.

## DATA MANAGEMENT

### Issues to consider

- Have you checked the laws governing databases and records?
- Are anti-virus programs and firewalls kept up to date?
- Do you take backups regularly?

**Best practice**

- Some attention should be given to databases, electronic forms and reporting. All of your databases should comply with laws governing data protection. Also if you want to use information collected from calls either as statistics or when the same person calls again, then a computerised database is the most effective way. There are different common database programs (e.g. Access) which can be used as a tool to build your own database system. Usually this work requires helpline professionals to define the requirements of the system and a professional to do programming.
- Data protection – Data security is also essential when we are dealing with somewhat delicate information. All data/computer systems should be protected against computer viruses and hackers. You must have good anti-virus programs and reliable firewalls to protect your clients.
- You need also to take care of backing up your records. Backups can be automated so that it is made daily. The backups should ideally be stored somewhere other than your office. They could be stored on a server or using a virtual storage option such as is used with Cloud Technology.

# IN CONCLUSION

Future versions of this Best Practice Guidelines document may cover very different topics. Although 'New' technologies will never replace the helpline, it is clear that there are more and more ways that these technologies can be applied to providing support and information to the public. They increase the variety of means by which Helplines can be contacted. This offers new challenges with each new application, but as the world of communication evolves, Drug Helplines must evolve too.

Notwithstanding the changes in the methods of communication, the skills used by Helpline staff to support those dealing with substance use problems remain constant and invaluable. These skills need to be maintained and Helpline workers need to be supported in continuing to improve their skills and to cope with the impacts of the work.

Similarly communications need to be governed by policy and though this too evolves, the basic principles and ethics behind helpline policy vary little.

This project and FESAT aim to  assist Drug Helplines to work towards best practice in every  aspect of their work.

**This document was produced with the combined efforts of this projects' Partners:**

**HSE Drugs/HIV Helpline**, Ireland.

**De Druglijn**, (VAD), Belgium.  www.druglijn.be

**Linha Vida SOS Droga**, Portugal www.idt.pt

**RUStelefonen**, Norway www.rustelefonen.no

**Drugs Infolijn**, The Netherlands www.drugsinfo.nl

**Agency Appogg – Supportline 179**, Malta  www.appogg.gov.mt

**Landelijke Stichting Ouders en Verwanten van Druggebruikers (LSOVD)**,
The Netherlands www.lsovd.nl

<<Perseas>> **Counselling Centre for Adolescents and Family**, Cyprus
www.moh.gov.cy/MOH/MHS/MHS.nsf/All/OD378333FBB368EDC2257004001EE3A2

**SOS Helpline**, Greece www.okana.gr

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