

Looking After Yourself

This section covers the challenges that can come up while working on the helpline, and how to look after yourself both during and outside of your shift. It also includes a self-check up to go through every few months and talk through with your supervisor.

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The golden rules

We do not offer advice (especially legal or medical)

Two questions to help determine whether you are offering advice or information:

1. Is it coming from a factual source (e.g. our factsheet, NHS websites, NICE guidelines) or my own opinion/experience?
2. Is it a generalised statement for people in this situation, or is it based on my personal assessment of their individual needs?

You shouldn't give the caller the impression that you are giving them individualised advice or that you are promising any sort of outcome from the options you are letting them know about.

Try to watch your language – it can be easy to slip into saying 'we recommend', when actually we are just letting them know what NICE recommends and what legislation says. And just a couple of words can make the difference between helpfully interpreting facts and giving advice:

"Because your symptoms are impacting your day to day life so much, you need work with a psychologist"

"Because it sounds like your symptoms are impacting your day to day life very much, NICE would recommend more intensive therapy, like with a psychologist"

Any questions regarding medication should be referred back to the caller's doctor / prescriber

The only information we provide about medication is NICE recommendations and what it usually looks/feels like when medication is successful – so basically only what is on our factsheets.

Depending on someone's other health conditions, other medications, and treatment history, it might be very inappropriate or even dangerous for them to follow the recommendations. Because they need a prescription for any of the recommended tablets, your role is just to provide basic information and tell them to speak to their doctor.

Keep your boundaries

You should not be talking in detail about your personal experience of OCD. You might, depending on the call, say what form your OCD took or what treatment you had, but keep the focus on the caller.

This is a friendly service, and you might get into a conversation with a caller that is not strictly about their steps to treatment. As a way to build a rapport and make the service more accessible or less scary, that is absolutely appropriate. You shouldn't, though, be spending lots of time talking about yourself or unrelated topics.

Do not share personal information about yourself such as where you live, what you do for a living, or people you know (outside of saying that a loved one has an obsessive-compulsive condition)

Never feel compelled to take a call if you do not feel up to it, just let Christian and Cecilia know if you need to take a break. You can never know what type of call the next one will be, so if you find yourself thinking "I can't deal with another parent" or "I really hope this one isn't from a suicidal person", don't take any more calls. You can still do plenty of helpful things like revising, answering emails or doing some research for us.



Difficult calls

Suicidal callers

Don't panic!

Try not to sound shocked

Let them talk about suicidal feelings they are having – breaking down why they are feeling that way can help

Try to distinguish between actively suicidal and having suicidal thoughts – in most cases, people that have suicidal thoughts do not commit suicide

Ask callers whether they have a plan in place - don't be afraid to ask direct questions

As with other very difficult calls, there is no 'perfect' thing you can say, so don't try to, just give space and talk to them

Your job on the helpline is not to dissuade them from it. Your job is to listen.

Report any concerns

Caller is crying / really upset

Let them know it's ok, and that you're there to help

Don't tell them to stop, it will tend to happen naturally

If it is going on for a long time, it might be worth suggesting they call back a bit later, and encouraging them to do so

Try not to let your voice reflect their emotion too strongly, you should remain calm, your voice low and slow

It's quite common for people to say 'sorry, I'm being stupid' as there can be an element of embarrassment in crying down the phone to a stranger. Just say 'no, it's fine, you sound really upset' or words to that effect. Remind them that there's no rush or time limit to the call.

Caller isn't listening to you / isn't focused

If you get frustrated, try not to let this come across

Remind them of how you can help them / how the service works

Try to focus on what they wanted to get out of the call when they first phoned you up / what they're most worried about

Remind them of what you've suggested or summarise what has been covered so far

If you've been over the same point more than once, gently remind them of it



Personally abusive caller (directed at you)

You're not there to be shouted at, but you must distinguish between a caller being angry, and them directing that anger at you

A warning is appropriate: 'if you keep insulting me, I won't be able to help you'

You could try: 'I'm doing my best to help you, but I won't be able to if you continue to be abusive'

Try to avoid using overly formal language, as this tends to sound like you're not listening and can infuriate – keep language straightforward and directed at the caller

If all this fails: 'I am going to end the call because you're being abusive towards me'

Reflective practice

If you've had a tough call, you can always speak to the shift manager about it and talk through how it went and how you're feeling. You can also use some of these reflective questions to check in with yourself about it.

How did I react?

What was this driven by? What was I trying to achieve?

How did it affect me?

What was I not considering?

How could I be/ behave differently if this happens again?

What are some positives that the caller will have gotten out of the call?

Remember – these questions are not to put any blame or fault, but rather to help you get in touch with what happened. You might learn from it, or it might have gone better than it felt at first, but the main reason for doing a check-in is to get any anxieties or judgements (about yourself or the caller) out in the open. Otherwise, they can weigh you down for the rest of your shift.



Burn-out, triggers, and vicarious trauma

Working on a mental health helpline, it's very important that we all take care of our own mental health. Self-care can be a challenge, or even sound like a bit of a cheesy concept, but when you are supporting people in distress it is a responsibility.

Your training, experience, and supervision are in place to help you monitor your own work on the helpline. This doesn't just come down to providing good quality information, but also to listening and empathising with the caller. When a helpline worker struggles with burn-out, vicarious trauma, or being triggered, it impacts on them and their work with service users.

Burn-out

Burn-out happens when you run out of emotional energy to give to the work. It is also called 'compassion fatigue', because the lack of energy makes it much harder to experience empathy and patience for the people around you, especially those you are due to help.

This is often experienced by care workers who push themselves past limits. The person might be making the conscious decision to do so, choosing the other person's needs over their own. This is counterintuitive, though, because the body won't go along with it. If you notice yourself unmotivated to do your shifts, getting frustrated at callers, or feeling fatigued on the helpline, listen to this and speak to a manager about it.

Triggers

A trigger, quite simply, means something that starts off an automatic reaction in someone. Whether you have struggled with OCD or not, you never know what you might hear on the helpline and what reaction that may bring. OCD revolves around very real and common fears, and the people who call us might also talk about other events in their lives.

If you are triggered by something, take a break and feel free to speak to the shift manager about anything. If you need to switch to a less demanding task for the remainder of your shift we can figure this out with you.

Vicarious trauma

Vicarious or secondary trauma happens when hearing about distress causes a trauma reaction. It can be in response to a single disclosure that 'hits' particularly hard, or to a general build-up of upsetting stories. The response in the brain and body can be very similar to those of first-hand trauma experiences – low moods, anxiety, physical symptoms, executive disfunction, and isolation, among others.

Shock plays a big role in whether an experience is traumatic (neurologically speaking), so being unprepared or distracted during a shift can cause unexpected conversations to have a stronger impact. Being grounded or centred before and during a call, and properly checking in with yourself after, are the best ways of keeping yourself well.

Breathing exercises, stretching, shaking your body, walking around for a few seconds, or stopping to have a cup of tea are all great ways to have a micro-debrief with yourself after each call to see if anything is 'sticking' from it or has upset you.

The Helplines Partnership has published a report on [Compassion fatigue and vicarious trauma in helpline workers](#) if you would like to learn more.



Quarterly self-check up

This is the 'Professional Quality of Life' scale, which can be a quick and helpful self-check to go through every few months to look out for any warning signs about how the work on the helpline is impacting you at the moment. You can check your scores on the next page.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- ___ 1. I am happy.
- ___ 2. I am preoccupied with more than one person I [help].
- ___ 3. I get satisfaction from being able to [help] people.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I [help].
- ___ 7. I find it difficult to separate my personal life from my life as a [helper].
- ___ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- ___ 9. I think that I might have been affected by the traumatic stress of those I [help].
- ___ 10. I feel trapped by my job as a [helper].
- ___ 11. Because of my [helping], I have felt "on edge" about various things.
- ___ 12. I like my work as a [helper].
- ___ 13. I feel depressed because of the traumatic experiences of the people I [help].
- ___ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- ___ 15. I have beliefs that sustain me.
- ___ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- ___ 17. I am the person I always wanted to be.
- ___ 18. My work makes me feel satisfied.
- ___ 19. I feel worn out because of my work as a [helper].
- ___ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- ___ 21. I feel overwhelmed because my case [work] load seems endless.
- ___ 22. I believe I can make a difference through my work.
- ___ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- ___ 24. I am proud of what I can do to [help].
- ___ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- ___ 26. I feel "bogged down" by the system.
- ___ 27. I have thoughts that I am a "success" as a [helper].
- ___ 28. I can't recall important parts of my work with trauma victims.
- ___ 29. I am a very caring person.
- ___ 30. I am happy that I chose to do this work.



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Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
 6. _____
 12. _____
 16. _____
 18. _____
 20. _____
 22. _____
 24. _____
 27. _____
 30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

- *1. _____ = _____
 *4. _____ = _____
 8. _____
 10. _____
 *15. _____ = _____
 *17. _____ = _____
 19. _____
 21. _____
 26. _____
 *29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)



Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

- 2. _____
- 5. _____
- 7. _____
- 9. _____
- 11. _____
- 13. _____
- 14. _____
- 23. _____
- 25. _____
- 28. _____

Total: _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

