

Psychotherapy Guidebook

HOTLINE

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DEFINITION

Since their inception in 1968, Hotlines have continued to grow in number and in the conceptual clarity of their functions and goals. Hotlines are emergency telephone services for individuals in crisis that provide a listening ear and, when necessary, referral to agencies and professional back up. Their purpose is to aid the caller with his immediate crisis and with future crises as well by mobilizing his problem-solving skills. Listening, understanding, and providing support are important parts of this process. Established by hospitals, mental health associations, colleges, and others, Hotline services typically share the following characteristics: 1) they operate during weekend and evening hours when traditional helping agencies are closed, 2) they are staffed by nonprofessional or paraprofessional workers, 3) they accept calls from anyone in the community and on any topic the caller presents, and 4) they offer advice, information, and referral services.

HISTORY

The history of Hotlines is brief, as the oldest Hotlines are barely a

decade old. One of the first Hotlines grew out of the Los Angeles Suicide Prevention Center. In response to troubled individuals who called with a wide range of social and emotional problems, the center broadened its concept to include dealing with any concerns — from loneliness to pregnancy to drug use — the caller presented. Hotlines sprang up rapidly all over the United States. Some were funded through governmental and private agencies; others developed on shoestring budgets, considering themselves part of the counterculture and refusing both dollars and intervention from mental health professionals. Presently, Hotlines seem destined to continue to exist in the community and to become more integrated into the traditional mental health picture.

TECHNIQUE

Hotline services are best understood within the crisis intervention model advocated by Gerald Caplan (1961). According to Caplan, a crisis occurs when a person faces an obstacle to important life goals that appears insurmountable through the utilization of his customary problem-solving methods. A period of disorganization ensues during which the individual makes many abortive attempts at solution until eventually some kind of adaptation is achieved. Crisis intervention is the set of activities designed to influence the course of crisis so that the more adaptive outcome, the one in the best interests of the troubled person, is chosen. Favorable resolution of

the current crisis should strengthen coping mechanisms so that the person will be better able to deal with future crisis as well.

Using crisis intervention theory as a general basis, Hotlines attempt to provide or guide an individual to the amount and kind of support necessary for successful resolution of his crisis. Specific intervention techniques have been outlined by Rapoport (1962). The crisis worker should:

- 1) clarify the problem that led to the call for help,
- 2) indicate explicit acceptance of the disordered affect (emotions, mood), irrational attitudes, and negative responses,
- 3) use interpersonal and institutional resources to provide support and mobilize energy for reaching out to others, and
- 4) recognize that the worker is not the sole available resource.

Rapoport also lists four broad principles that a worker can employ after he understands and indicates acceptance of a problem:

- 1) keep an explicit focus on the crisis,
- 2) help with cognitive mastery,
- 3) offer basic information and education, and
- 4) create a bridge to other community resources.

Rapoport's first list speaks generally to giving emotional support and counseling to an individual while her second list deals with acquainting him with information. These two functions (counseling and information giving) are the core of the Hotline services offered to those in crisis.

In comparison to other therapies, which are traditionally conducted face-to-face, Hotlines are uniquely suited to reach individuals in crisis. Hotlines can be contacted over the telephone and without a wait for an appointment; they can also be reached on weekends and evenings, periods when most helping agencies are unavailable. Besides ease of accessibility, Hotlines differ from other therapeutic techniques in that they preserve the anonymity of their clients, which is especially attractive to the adolescent population, and they provide the client with a large amount of control over the process — he can hang up whenever he chooses.

APPLICATIONS

The primary function of Hotlines is to provide services to those individuals who would not otherwise come to the attention of mental health workers. Hotlines are not a substitute for traditional face-to-face therapy but hopefully an entry point into the mental health delivery network. A typical Hotline caller is an adolescent who is lonely or depressed or who is having difficulty getting along with family or friends and who would not walk into an

unfamiliar community agency for counseling.

Questions have been raised about the effectiveness of Hotline services and attempts have been made to evaluate Hotline workers (Tanley, 1972; Belanger, 1973). Studies have not been done, however, because of difficulties in obtaining caller samples, Hotline cooperation, and sensitive measuring instruments.

The rapid proliferation of Hotlines and the large volume of calls received suggest that Hotlines are meeting community needs. In addition, the relatively low cost of operation and the benefits to the Hotline workers themselves appear to justify continued research and development of crisis intervention telephone services.