



MLCPC 105:

Hello, May I Help You?:

Making a Difference on the Phone

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Abstract

This session will discuss how coaches may best meet the needs of clients through telephone calls. Participants will learn how to build trust, understand the client's needs, and convey confidence and empathy through the phone. Through role playing examples, participants will learn more about an effective phone conversation.

Learning Objectives

1. Participants will explore the importance of a first impression through a phone call.
2. Participants will be educated in the essential elements of a phone conversation.
3. Participants will apply the discussed principles through role-play practice.

I. Telephone Coaching for Abortion-Minded Clients

A. Due to changes in cultural patterns and expectations, it is important that crisis pregnancy centers meet their clients' needs effectively through telephone interactions.

1. Clients expect to be able to use the telephone to get the information they desire.
2. Give clients the gift of your **presence**.
3. Coaches need to learn how to best meet the client's needs and increase the probability that she will come into the center.

B. The phone call is your only chance to make a first impression and perhaps the **only** impression. **Your voice should be:**

1. Caring, but not cloying
2. Confident, but not condescending
3. Clear, but not cold

C. **Visualize** through your heart and your ears.

1. You can train yourself to hear more than you thought you could.
2. Learn more about your client by listening to what's going on in the **background**.
3. What is the client hearing in your background?
 - It is essential that the client feels as though her information is confidential.
 - Make your call center as private as a coaching room, even if it means reconfiguring your office layout.

4. This is not the job for a novice.

- Answering phones is not a job for a volunteer's first day on the job.
- Everyone who will possibly answer a phone in your center needs to be **thoroughly trained.**
- What clients hear **first** will make the difference between whether the client makes an appointment or hears what you have to say.
- Both calls and your office setting should be **safe and private.**

5. According to one famous study, 38% of communication is through voice tone and inflection.¹

D. Building a Bridge

1. When a strong connection is made on the phone, the client is much more likely to follow through with her appointment and take wise steps in her own best interest.
2. We must emphasize the critical need to build a bridge of **trust** from the start to increase the chance of any future face-to-face contact.

E. Invisible Body Language

1. Fifty-five percent (55%) of communication is said to be visual, through body language and eye contact body language.²
2. Though you are on the phone and your client cannot see you, **act as if she can.**

3. Visualize the client as in the room with you—it changes how you connect with her.
4. The inner posture of your heart should be reaching up to the Lord while reaching out to the client.

F. Timeliness

1. If your office manager or a volunteer is well trained to answer the client line, but not a primary counselor, she can ask the client to please hold while she puts a trained coach on the line. Most callers will wait for a quick transfer.
2. Make it a priority to have a trained coach ready to answer the client line whenever your center is open.
3. Remember that **no answer is better than the wrong answer**. She may call back, but will end contact if she is not well served.
4. Manage the phone in such a way to maximize the possibility of reaching clients.

G. How do you prepare?

1. Practice
2. Pray
3. Role play within the center
4. Debrief after calls

II. Essential Elements of the Phone Conversation

A. Establish the Relationship

1. Consider the timing, ask her for her name, and thank her for calling.
2. If trust and confidence are not built early, the call will end and the opportunity will be lost.
3. Convey confidence through a calm, positive voice and attitude.
 - **Downspeak:** when the voice pitch drops at the end of the sentence. In a crisis, short declarative sentences are needed to convey safety. Practice this technique.
4. Normalize her thought patterns by helping her to gain a more objective perspective of her situation. Help her to become less controlled by her emotions, the pressures of others, and the perceived mores of the culture. Abortion is not “normal”, but many women may consider it so when facing an unplanned pregnancy. Talking about abortion openly with a discerning coach can open her mind and help to reduce the likelihood of her making that choice.
5. If possible, stay with her through all of the five essential elements described here. The action plan developed in element four may include referral to another coach or referral contact. However, she needs the security and safety that is being built during the first stage of the call.

B. Assess the Problem

1. Assess how critical the situation is in terms of her thoughts, feelings, and behaviors. Recognize that her ambivalence creates an opportunity to help her move towards a decision, but also increases her anxiety.

2. Remember that her situation is unique to her, even though it may resemble that of many others. Respect her as an individual. Validate the pain and stress she is feeling.
3. Avoid **countertransference**: placing your own experiences and feelings of frustration, anger, or hopelessness on to her. Avoid expressing sympathy or trying to rescue her.
 - Know that this is possible.
 - Recognize that it's not appropriate.
 - Make sure to focus on the client and avoid carrying your issues into the center.
4. Help her to **compartmentalize** and break down the situation into discrete categories. What are the principal concerns?
5. Work with her to prioritize her issues. Help her move past cognitive distortions like catastrophic thinking and to see that steps can be taken one at a time. All of the difficulties she perceives are not of the same magnitude. Removing a few obstacles may clear the way to making a life-affirming decision.

C. Explore the Options

1. Be sure that the timing is right for exploring options. A relationship has to have been established where she has had the opportunity to express her feelings and thoughts.
2. Acknowledge that abortion is an option she might choose, but it is not the only option. Help her to consider setting that aside while she looks at other possibilities. If you state a strong stance against abortion, she may feel compelled to defend it and you have lost the possibility of working with her to see the alternatives.

3. Help her to identify a variety of possible options. Draw her out to name possibilities, and then carefully suggest some ideas she may not have considered. The goal is to encourage her to be hopeful while not appearing to minimize her emotional pain and the difficulties she faces.
4. Realize that if she had a settled and determined desire to have an abortion, she would probably not have called you in the first place or would have already had it done. Seek to reinforce the positive side of her ambivalence.
5. Examine any potential **consequences** or benefits in the short-term or long-term future that may be the result of each option she is considering.
6. Help her realize that ultimately she must own the responsibility for any decision she makes. Look specifically at the problem of making a decision based on the pressure of someone else's expectations.

D. Make an Action Plan

1. **Slow** things down. She does not have to act without thorough deliberation. If she is still thinking that abortion is her only option, help her to realize that it will still be available after she has considered other plans and reviewed all the information available to her. Waiting several days helps to move her through the state of acute crisis, and hopefully become more willing to pursue other options.
2. Carefully identify the potential **support systems** and resources she already has. Realize that some of her familial and social contacts may be urging her in the direction of abortion. Help her to assess the quality and wisdom of such input, before she makes a reactive decision.

3. Move to a **collaborative approach** and work together to find the next steps in her decision-making. Be specific and develop a timetable and set some behavioral objectives that are within her reach. (At this point, you may need to write a few brief notes to keep this clear.)
4. **Review** the plan to ensure that you both understand. Ask her to **repeat** the plan to you.
5. Include **follow-up** with permission as part of the plan.
6. Set a date and time for follow-up contact. One to three **(1-3) days** is the recommended timeframe.

E. Document the Follow-up Call

1. Write accurate notes as soon as the call is over. Be sure to include the detailed plan made with your client. Include what actions were taken and what you said and recommended.
2. Note resources you have already given to the client and indicate additional resources you might use when you follow-up.
3. Ensure the follow-up date and time is on your calendar.
4. Pray for the client as you prepare to follow up.
5. Follow up as planned.

III. Every Call is Unique

- A. What should coaches do when a woman calls saying that she wants an abortion?
 - 1. It is essential that coaches are completely **honest** with clients.
 - 2. Coaches should never lead a woman to believe that she can get an abortion by coming to the pregnancy resource center.
 - 3. Look for an appropriate moment in the conversation to explain to the woman that the center does not conduct abortions, but can give good information about **all** of her options.
 - 4. Ask for the client’s permission to share those options.
- B. Do not make promises that you cannot keep.
- C. Have a **current** list of resources available to suggest to clients.

IV. Application—Role Playing and Practice

- A. Call 1
 - 1. Observations: _____

 - 2. Notes: _____

B. Call 2

1. Observations: _____

2. Notes: _____

C. Call 3

1. Observations: _____

2. Notes: _____

D. Call 4

1. Observations: _____

2. Notes: _____

E. Call 5

1. Observations: _____

2. Notes: _____

V. **Conclusion**

A. There are endless questions that you may be asked on the phone, and we can never be sure of what's going to happen when that phone rings.

B. Be prepared and make sure that trained individuals are the ones answering the phone.

C. Coaches should never make clients promises that they cannot keep. Do not lead clients astray on the phone.

D. There is a **divine reason** for each client calling you.

E. Each situation will have to be answered in a **different** way.

F. Be truthful and direct.

- G. Rely upon the Lord to help and guide you through this.

- H. Make answering the phones correctly a high priority at your center.

VI. Telephone Coaching Resources

A. E-Book:

The Therapist's Clinical Guide to Online Counseling and Telephone Counseling: The Definitive Training Guide for Clinical Practice, Anthony J. Centore, Ph.D., 2007. ISBN 978-1-60461-580-7.

B. Journal Articles:

"A Suicide Crisis Intervention Model with 25 Practical Strategies for Implementation"
Darcy Hagg Granello, *Journal of Mental Health Counseling*, Vol. 32, Number 3 (July 2010): 218-235.

"Implementation and Evaluation of a Formal Telephone Counseling Protocol in an Employee Assistance Program" *Employee Assistance Quarterly*, Vol. 19, Number 2 (2003). The Hayworth Press, Inc.

C. Organizations posting ethical guidelines for telepsychiatry:

American Association of Christian Counselors	http://www.aacc.net/
National Board of Certified Counselors, Inc.	http://www.nbcc.org/
American Counseling Association	http://www.counseling.org/
American Psychological Association	http://www.apa.org/

Endnotes

¹Albert Mehrabian, *Nonverbal Communication* (Transaction Publishers, 1972), accessed September 5, 2012, http://www.psych.ucla.edu/faculty/faculty_page?id=181&area=7.

²Ibid.