

Ministry of Welfare and Social Affairs

Senior Division of the Emergency and Security Department

Population Cluster- Assisting People and Communities in Times of Emergency

“Open Line” Team- Emotional First Aid by Telephone

Background

Providing emotional support via the telephone during emergency situations has become a well-known and accepted method for helping people. In the past, the telephone was seen as an alienating means of communication. Today, however, most people are intimately attached to their smartphones (which are actually mobile personal computers) and can use them to access many services. Asking for assistance via telephone has become legitimate, and is even more common than face-to-face meetings.

This widespread use of mobile phones can be seen as representing the physical and psychological distance between people in the reality of the twenty-first century. At the same time, mobile phones can bring people together during emergencies and in their aftermath, when security and stability have been severely undermined. Phones can also be used to provide assistance to people who were not directly harmed, and facilitate their efforts to restore a sense of equilibrium. Research has proven that using phones to help people in need is effective, simple, and economical in terms of time and emotional energy.

Israeli citizens have used the Ministry of Welfare's Open Line service frequently, and it has received positive feedback. In the meantime, the threats of war and terrorism continue. This has led to the conclusion that the Open Line should become an official and professionalized service.

1. Objective

The team's primary objective is to provide "psychological first aid" over the phone. Short-term and focused assistance will be provided to people who feel the need for help in dealing with an emergency situation. Assistance via telephone is accessible at any time and regardless of the location of the emergency event. Additionally, the Open Line is available to the entire population,

and can be accessed even by sectors that avoid seeking assistance if it requires disclosure of personal information.

Project Premise: People have a range of reactions to emergency situations, most of which are normal. Short-term, focused assistance may help them function and reduce their anxiety.

Goals: The team will provide professional “emotional first aid” to victims who feel a sense of helplessness, loss of control, or other disagreeable responses to an emergency situation, in order to help them return to an acceptable level of functioning.

The professional intervention will include:

- Identifying and diagnosing the caller’s immediate needs and offering appropriate directions for help.
- Providing cognitive tools that can be applied immediately to reduce anxiety and deal with the situation.
- Providing relevant information to the caller.
- Offering support and encouragement.
- Providing assistance in locating support resources.
- Identifying problems and situations that require intervention and referring the caller to supportive community and therapeutic systems.

2. Tasks

2.1 Rapid professional diagnosis of the reason and purpose for the telephone call. The

diagnosis includes:

- Demographic details relevant to the case (age, marital status, proximity to the event, special needs, etc.).

- Whether the appeal is direct (for the caller) or indirect (for someone else, such as a parent calling on behalf of a child).
- Identifying the problematic issue.
- Determining the severity of the appeal and its short- and long-term consequences.
- Locating immediate resilience/coping resources.

2.2 Providing targeted assistance, including:

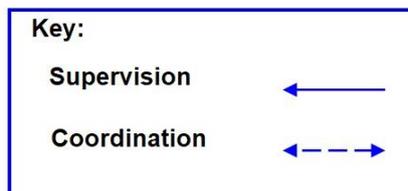
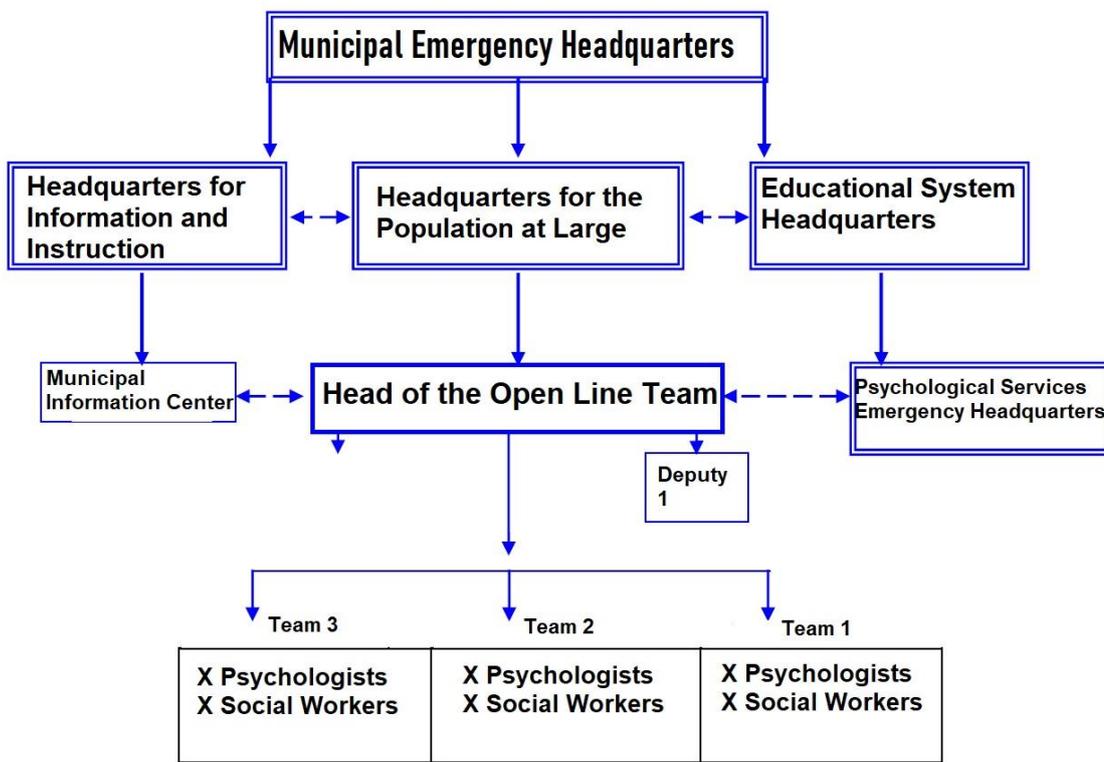
- Establishing contact, listening, encouraging, offering support, and “normalizing” reactions to the event.
- Providing practical and immediate solutions to the caller.

2.3 Providing references for the caller to continue receiving assistance, as necessary:

- In community assistance centers.
- By phone at a later time.
- Invitation to an interview at the Welfare Department, for urgent cases.
- Mediation and follow-up as needed.

2.4 At the end of the call, the caller will be asked to give brief feedback about the assistance provided.

3. Organizational Structure



Note: It is possible to “follow” the Open Line (using an online web-surfing system) to reach a team member’s phone without calling the headquarters. In this way, the Open Line team can interact with the general population in a professional, optimal, and responsive way from their home and/or a place where they can work safely.

4. Personnel

4.1 Composition of the Open Line team

- The Open Line team consists of educational psychologists and social workers.
- There is one director and one deputy manager
- There are X teams; each team includes X psychologists and X social workers.

In summary: XX employees will be recruited early for placement on the team.

In order to assist the non-Hebrew speaking population, team members who speak other languages will be recruited as needed, according to the characteristics of the local authority's population.

4.2 Profile of Open Line team members during a time of emergency:

- Have the ability to diagnose the problem and assist the caller, even without personal contact.
- Demonstrate professionalism and flexibility.
- Have the ability to use judgment under pressure.
- Have professional knowledge on population behavior in emergency situations.
- Show willingness to perform the task.
- Have the ability to quickly locate needs and resources.

4.3 Job descriptions for Open Line team members:

The **director** of the Open Line must be an attorney or a senior psychologist who works in the field of educational psychology. Their duties are:

- Team management
- Giving professional briefings at the beginning and end of the mission

- Delegating duties and assignments during the mission
- Concern for the well-being of those answering the line during their shift
- Providing advice and solutions to immediate problems
- Being a liaison between the team and the municipal emergency headquarters.

The **deputy manager** is responsible for filling in for the team director as needed, and according to the shifts.

4.4 The Shift System

- Activating operation of the Open Line, its duration, its hours of operation, and ending its operation will be determined by the Population Cluster Headquarters, following the Open Line director's recommendations, and will be subject to the policy of the local authority.
- The response team will consist of X people who will work in shifts as needed.
- The duration of each shift is 6 to 8 hours.
- Scheduling and changing shifts is the responsibility of the team director or deputy manager.
- The Open Line will be activated in response to various situations, according to the policy of the regional emergency headquarters and in accordance with the stages of the emergency preparedness plan.
- The headquarters must be prepared to open the line as quickly as possible, until P+3 (up to three hours after the event).

In any emergency situation, the decision to operate the Open Line will be determined by the local authority's emergency headquarters on the recommendation of the Population Cluster Headquarters, according to the conditions, characteristics, and nature of the emergency event.

5. Project Deployment and Launch

5.1 Deployment: Option A

It is imperative to identify and reserve a safe and protected place in the municipal headquarters ahead of time. It is preferable for the team to be located near the municipal hotline center so they can easily exchange information and receive updates.

The Open Line team will operate in [address of building] which has been designated for this use and equipped with the appropriate infrastructure, prior to the emergency situation.

- The team will be deployed with X telephone stations. The chosen location should allow for quiet, private conversations. Each station should have a desk, telephone, and other equipment needed for the task (organizer notebook, report sheets, etc.).
- The activity room should be clearly identified and with a sign.
- Upon receiving an order to launch the Open Line, the team leader will activate the squad selected for the first shift to answer X phone lines that have been designated for use exclusively by the Open Line.

5.2 Deployment Option B: This special team can be deployed even outside the borders of the local authority! This activity is made possible through an online web-surfing system.

This infrastructure is set up for each shift by the team leader, who supervises and coordinates computerization of the mobile phones.

Each local authority will establish, in advance, an infrastructure for the Open Line including a multi-line telephone that can be immediately activated in an emergency, in accordance with the policy of the Population Cluster Headquarters.

In the local authority [name]

The multi-line telephone number for the Open Line is XXXXXXXXXXX

6. Emergency Preparedness Systems

6.1 Computerization

The computer system for the municipal emergency center should be set up to process the data from all call registration forms (see appendix). This will provide a broad picture of callers' characteristics and the nature of referrals in various cross-sections of the population.

6.2 Reporting Procedures

- Staff members will summarize each telephone inquiry to the Open Line in a call registration form. It is recommended that these be entered directly into the computer. At the end of each shift, all inquiries will be consolidated. At the end of each day, the data will be processed (number of inquiries, type of inquiry, analysis of issues raised, etc.) and recommendations for action will be made.

- The team leader will forward the report to the Population Cluster Headquarters, which will make recommendations for a comprehensive public response regarding recurring problems.
- At the end of the emergency event, a report will be made summarizing the data analysis and drawing conclusions regarding lessons learned about the operation (structure, layout, and content).

Conclusion: Every conversation will be recorded, while respecting callers' anonymity. This documentation will enable research of the whole process.

7. Recommended Methods for the Tasks

- There should be organizing folders for those responding to calls that include:

(1) The local authority's updated procedures;

(2) Suggestions and instructions for offering emotional first aid over the phone;

(3) Information relevant to the emergency event such as facilities operating in the area, centers that receive the public, informational materials at the national and local level, etc.

(4) Forms: Call registration forms and summary forms;

(5) List of essential telephone numbers;

- There must be communication devices appropriate for the nature and scope of the event.

The Open Line emergency team

Appendices:

Appendix 1: Open Line principles and guidelines

Appendix 2: Forms

The Open Line Emergency Team

Appendix 1: Open Line Principles and Guidelines

1. Background

Providing emotional support via the telephone during emergency situations has become a well-known and accepted method for helping people. In the past, the telephone was seen as an alienating means of communication. But in today's world, most people are attached to their mobile phones, and the person-phone relationship is undeniable. Increasingly, people use their phones to seek assistance, including for therapeutic reasons. Using this means of communication has become automatic and internalized.

This widespread use of mobile phones can be seen as representing the physical and psychological distance between people in the reality of the twenty-first century. However, mobile phones can bring people together during emergencies and in their aftermath, when security and stability have been severely undermined. They can also be used to provide assistance to people who were not directly harmed, and facilitate their efforts to restore a sense of equilibrium. Research from Israel and around the world has shown that using phones to help people in need has stood the test of time and is effective, simple, and economical in terms of time and emotional energy.

The frequent use of the Open Line service and the positive feedback it has received, in the face of on the ongoing threats of war and terrorism, have led to the conclusion that this service should become officially institutionalized.

2. The Callers

People who turn to telephone services for assistance when there is *not* an emergency situation are generally those who need a listening ear, support, sound advice, help in solving problems, and direction. Some are trying to alleviate their loneliness, or see this as a substitute for other, more effective solutions.

In contrast, those who call for assistance during emergency situations constitute a different population. Research and follow-up of calls to the Open Line during emergency situations has shown the following profiles:

The **first callers** are usually people directly affected by the event. Some were near the place where the emergency event occurred but survived. Others are family members of people who were injured or endangered in the event, and are experiencing concern and anxiety. These people are in the first circle of vulnerability.

The **second wave of callers**, a few hours or days after the event, are often parents, and sometimes children or youth, who were not at the scene of the incident, but who are experiencing severe anxiety due to exposure to the media and news about it. The callers or their family members may be exhibiting dysfunctions such as difficulty sleeping, difficulty eating, regressive behaviors, avoidance, unusual dependence, physical symptoms, and more. The callers (mainly parents) want to know if these behaviors are normal, if they are likely to pass, how to deal with them, and the potential impact on other household members. Sometimes children and youth call about themselves; more rarely they call with concerns about the adults in their home.

The **third wave of callers** includes people who experienced traumatic events in the recent or distant past, such as people who were affected by terrorist attacks or wars, Shoah

(Holocaust) survivors, and people who underwent painful losses that they have not yet processed, such as a divorce or death in the family. Among those in the third wave, stress usually arises several days after the event, for several reasons:

- 1) They think that direct casualties have a right to receive treatment before them.
- 2) It takes time to lower the defenses they have built around their trauma.

Another relevant aspect pertains to callers' physical proximity to the scene. The first callers are generally those who live near the event or were present in the area at the time it occurred. Then the geographical location expands, and by the third circle, people from all over the city or country may call.

Research and empirical data on the rate at which people seek help during an ongoing emergency situation can be found in a study by Schwartz and Wallach (1994). They found that when the first barrage of missiles fell, the rate of callers was very high, then it went down. As the situation continued, the number of people calling increased during each barrage, while the number of callers decreased in between, when there was a break in missile fire..

This interesting and important finding shows the processes that an affected population undergoes, and sheds light on the significance of calling the Open Line. The first event in an emergency is the most serious, because it creates a situation that provokes stress. After that, people begin to form new and appropriate coping strategies to deal with the situation, and the need for assistance decreases. However, it must be noted that the conclusions presented here are from past events. Future emergencies are unpredictable, and populations may react to different and unfamiliar emergencies and mass disasters in surprising ways. This can be seen, for example, in the reactions to three terrorist attacks that took place within the span of eight days: two attacks

against buses in Jerusalem and one at the Dizengoff Center in Tel Aviv. Each attack raised people's anxiety to an extremely high level, before they had a chance to build up their defenses between the attacks.

The population of non-Hebrew speakers must also be considered. New immigrants often call the Open Line, especially as part of the third wave. Immigration is an inherently stressful experience of separation, and this can cause acute stress and anxiety in the aftermath of an attack or other emergency.

3. The Responders

Providing assistance by phone in emergency situations is an art and a skill that must be taught and developed properly. It requires the ability and knowledge to respond under pressure to both expected and unexpected requests from people of various ages and backgrounds. They need help in relieving various types of pain and distress that have arisen for a wide range of reasons, which range from mild to extreme. The responders have a limited amount of time allocated for each call, on average 20 minutes. Usually, a person calls the line only once. Crafting an appropriate and meaningful response is complicated. Providing emergency assistance and intervention over the phone plays a critical and decisive role, and can either alleviate or exacerbate the person's distress.

Important to remember:

Some of the key senses involved in a normal face-to-face therapeutic interaction are absent in a telephone conversation. The interpersonal connection can only be established through speaking and listening, without the visual aspect that is so prevalent in our culture. The person

answering the phone must respond to the caller's situation under these difficult and limited conditions. Additionally, since the emergency is taking place within the local community, the responders themselves are also experiencing some degree of distress; this is not usually the case for those working on helplines during normal times.

Responders must listen, be attentive, and relate to callers' distress, while they are dealing with their own personal stress. In this situation, there is a danger that processes of transference and countertransference will arise. Callers may react to the responders' stress and this may increase their anxiety and disrupt the intervention processes.

4. People Responsible for the Open Line

The Open Line managers are responsible for ensuring that it operates in an organized and appropriate manner. They integrate the responders working each shift, and must be aware of their mental and emotional ability to undertake the task, especially if they come from an at-risk population.

Shift managers can assist the responders with phone consultations. Managers can ask for assistance from members of the Population Cluster regarding specific inquiries, the organization of the program, when it will end, the need for additional human resources, and more. Shift managers are not supposed to answer calls directly. Their efforts should be directed to ensuring the Open Line's proper and efficient functioning. They provide ongoing concern for responders' personal well-being. Managers can allow responders to change their phone stations, take breaks, take care of their financial needs, and encourage them to contact their families. Managers facilitate the relationship among the workers and between workers and the project administrators. At the end of each shift, the manager is responsible for initiating a conversation with responders to get

their feedback, and to encourage them to share their feelings, either privately or with the team, as necessary. Bell (1995) described the use of an existing emergency assistance system following the Oklahoma City bombing and emphasized the importance of supporting the staff members providing assistance, both those already working within the system, and volunteers who joined the effort due to the magnitude of the disaster.

The shift manager should have regular contact with the Population Cluster for consultation and reporting. Shift managers will summarize the inquiry forms and make sure they are delivered to the Population Cluster and its research department.

5. Principles

The general guiding principles for interventions during emergencies are also applicable for emergency interventions provided by telephone. This strategic approach greatly facilitates ensuring appropriate responses. According to this approach:

- It is essential to address the reason for the call, to identify the symptoms, and to exclusively “treat” those symptoms.
- Symptoms should be “respected” by identifying healthy aspects of them and reframing the situation.
- Emphasize that extreme reactions to emergency situations are normal.
- Encourage callers to draw on their own internal resources and support resources available in their community.
- Whenever possible, offer effective and directive suggestions.

Phases during interventions via telephone in crisis situations: (Kron, 1991)

Phase 1: Emphasis should be placed on **establishing a connection** between the caller and the responder. At this stage, there may be signs of testing, restraint, withdrawal, and even remorse for “signing the contract” by both the caller and the responder.

Phase 2: Evaluation and examination of the problem, including assessing: the level of risk, significance, damage to the callers’ life and that of the people around them; callers’ strengths and the amount and quality of the human and material resources available to them; ways the caller dealt with similar situations in the past; unused resources and coping methods.

Phase 3: Provide initial help (first aid)

- A. Initiate assistance; offer an intellectual understanding of the relationship between the caller’s overall reaction and the source, causes, and essence of the stressor or event that caused the crisis.
- B. Allow callers to have a response that is emotionally liberating and offers them relief.
- C. Set a limited number of goals to achieve a sense of relief, control, and success.

Phase 4: Examine the **achievements of the third stage**, reinforce coping methods that proved effective, and suggest alternatives. Offer opportunities for emotional release and encourage callers to take intentional actions that will re-establish family and/or social connections.

Phase 5: Follow-up, support, and preparing for ending the interaction. Build on successes that will help them learn lessons for the future.

Throughout all intervention stages, focus on the crisis event in question, and avoid delving into other, unrelated problems and conflicts.

Building a relationship and communication between the caller and respondent

- Establish a personal tone. The respondent should answer the call by giving his/her first name and asking if the caller wants to give his/her first name (this may be revised for small communities, to preserve anonymity).
- The responder's tone should be caring, matter-of-fact, comforting, and express knowledge and professionalism.
- Responders' remarks should be short, clear, said at an appropriate pace, and reflect their level of understanding of the situation.
- The content and structure of the conversation will reflect the fact that, in most cases, this call will be a one-time counseling session.

Responders should focus on the relevant problem in the following ways:

- Clarify the primary concern that the caller expresses.
- Distinguish between the stated reason for the call and the most significant problem the caller is facing, if they are not the same.
- Try to understand the callers' emotions and thoughts that are relevant to the problem at hand, by asking guiding questions.
- Responders' remarks should be clear and orderly, with the goal of helping callers organize their own thoughts and feelings, alleviate their distress, and enable them to accept suggestions that will help them achieve this purpose.
- Responders should formulate or redefine the problem expressed by the caller, emphasize the callers' strengths alongside their difficulties, and reinforce a feeling of stability and control.

- Use language that legitimizes people's reactions.
- Offer suggestions for relaxing and constructive activities, to strengthen callers' sense of control, ability, and functioning. Such activities can also help callers not focus exclusively on their problems.
- Offer concrete and clear suggestions for activities such as positive thinking, physical exercise, relaxation methods, etc.
- Identify and examine the callers' resources and social support system for dealing with the situation. Encourage contact with this social support system, or with alternative sources of support, such as neighbors, friends from work, etc.
- Responders should end the conversation with a message that emphasizes that help is always available, but without encouraging dependence or recurring calls. This is done to avoid making the caller feel insecure, dependent or a lack of control.
- If there is an impression that the relationship with the caller must continue, this should be initiated and coordinated at the responder's discretion.
- Callers who receive assistance from other services should be encouraged to return to them.
- If there is another relevant help center, the responder should help the caller contact it.

Earlier, certain characteristics of the Open Line were described: limited in time, one-time encounters, and anonymity. However, when a caller is in severe distress, these may be disregarded and a number of exceptional steps undertaken. The responder may suggest taking a break in the conversation to consult with someone else and make an agreement with the caller to resume the conversation later. The respondent may agree to call again at a later time. Sometimes, after

consultation, the conversation can be transferred to a colleague on the same shift, if this will benefit the caller and provide a better response.

In summary, the typical caller is an anonymous person who is distressed, lonely and/or is seeking seeks assistance to address his distress and difficulties.

6. Summary

Because local emergencies frequently arise in daily life, in Israel and around the world, there is a need for specialized community and municipal emergency support systems. The Open Line is an integral, professional, and essential part of the Population Cluster's system for providing assistance in times of emergency.

The Open Line Team for Times of Emergency

Appendix 2

Table Summarizing Forms for Times of Emergency

Number	Form name	Person to fill out the form	Distributed to
1	Open Line call registration form	Team member	Open Line headquarters
2	Form summarizing all calls received during a shift	Team manager	Population Cluster Headquarters

Open Line Team

Open Line Call Registration Form: Part A

Caller's name: _____		Contact telephone number: _____	
1. Date of call <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year Month Date	5. Gender Male 1 Female 2	7. Family status Child 1 Youth 2 Single 3 Married 4 Separated 5 Divorced 6 Widowed 7 Single parent 8 Unknown 9	8. Role Independent 1 Daughter/son 2 Parent 3 Spouse/partner 4 Sibling 5 Friend 6 Other 7
2. Day of the week	6. Approximate age Under 10: 1 11-17: 2 18-21: 3 22-28: 4 29-49: 5 50-64: 6 65+: 7 Unknown: 8		New immigrant Yes 1 No 2
3. Start time of call <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Minutes Hours			
4. End time of call <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Minutes Hours			

<p>For sections 10-11 circle the appropriate number.</p> <p>For sections 12- 13, write the appropriate number from the options given on the right side of the form</p>	<ol style="list-style-type: none"> 1. fear/anxiety 2. social isolation 3. changes in motor function (paralysis, hyperactivity) 4. depression/depressive affect 5. loneliness 6. excessive clinginess 7. difficulty concentrating 8. difficulty sleeping 9. childish behavior for the age 10. feelings of guilt 11. denial 12. general dysfunction 13. physical pain/discomfort 14. eating disorder 15. violent behavior 	<ol style="list-style-type: none"> 16. crying 17. alcohol and drug use 18. flashbacks to past events 19. family problems 20. problems with spouse/partner 21. relationship with parents 22. lack of support 23. need for information 24. need for a caregiver 25. leaving/returning to place of residence 26. questions pertaining to school 27. use of medication 28. delusions 29. issue unrelated to the emergency event 30. other_____ 		
<p>10. Type of application</p> <p>New 1</p> <p>Repeat 2</p>				
<p>11. Source of the call</p> <p>Local authority/Council 1</p> <p>Periphery 2</p> <p>Name of the settlement _____</p> <p>Name of the neighborhood_____</p>				
<p>12. primary problem</p> <table border="1" data-bbox="300 1361 635 1462"> <tr> <td style="width: 50px; height: 45px;"></td> <td style="width: 50px; height: 45px;"></td> </tr> </table> <p>(select from the options to the right)</p>				
<p>13. Additional problems</p> <table border="1" data-bbox="300 1686 635 1787"> <tr> <td style="width: 50px; height: 45px;"></td> <td style="width: 50px; height: 45px;"></td> </tr> </table> <p>(select from the options to the right)</p>				

Part B: Description of the Call

1. General description of the caller's background:
2. Reason for contacting the Open Line. Describe the problem as presented by the caller, and the problem as you (the responder) perceive it.
3. Describe the intervention process and its goals.
4. Referral for further assistance and treatment.
5. Circle the primary sources of support at this stage:
 - a. Family
 - b. Friends
 - c. Community health services
 - d. Welfare Department
 - e. Mental health services
 - f. Other _____
6. Additional Comments:
7. Person completing the form: first and last name _____;
Full date _____ - -
Role: 1. Psychologist; 2. social worker;
Phone number _____
Instructions for treatment _____

Open Line Team

Summary of Calls During a Shift

(It is recommended to complete this form in a computerized system)

Date: _____

Start time: _____ End time: _____

Number of workers: _____

Number	Primary issues	Response given	Transferred to team for further treatment (√/X)	Caller's area of residence	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

First and last name: _____

Signature: _____

Phone number: _____

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Administration