

The Information & Referral Interview: Models to Remember

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Examines and extensively excerpts several documents which have significantly impacted referral agency training procedures regarding the referral interview. During the late 1960's, Interstudy (the Institute for Interdisciplinary Studies of the American Rehabilitation Foundation) prepared over a dozen reports which analyzed the referral process. This article focuses on the document, Information and Referral Centers: Interviewing and Information Giving.

The work of Gerald Caplan formed the foundation for the referral model generally used in the crisis intervention environment; this article focuses on that model as implemented by Common Ground Crisis Center (Royal Oak, MI) and the Macomb County (MI) Crisis Center.

Finally, the author examines the fundamental active listening skills as they are presented in the How to Hotline manual prepared by the Mental Health Association of Alexandria, VA.

Author's Note: When Dick Manikowski asked me what I thought about revising and reprinting an article which I had pieced together for the AIRS Journal in 1994, my immediate reaction was yes, reprint the piece. In an era when I&R will change greatly because of the movement toward mounting local computerized resource files on the Internet for unmediated public access, it's probably a good time for

¹ Reprinted from v. 16 (1994).

referral workers to revisit what empathetic listening is and how the people side of I&R works.

The models that are described and reprinted here represent the real foundation of what we base modern I&R on. They're worth revisiting every six months so we don't lose our way amid the bits and bytes world that we inhabit today.

This article will review and present two basic models for the referral interview that were developed over the last thirty years and remain valid today. In the first model, Nicholas Long and his colleagues at the Institute for Interdisciplinary Studies of the American Rehabilitation Foundation offer basic advice on how to approach the referral interview. In the second model, the psychological guidance and teachings of Gerald Caplan provide the basic principles for the crisis intervention model for information and referral provision. The article will conclude with an overview of active listening skills presented by the Mental Health Association of Alexandria, Virginia, adapted from their manual, How To Hotline.

Note—Because there's so much valuable information in the extensive excerpts presented in this overview, an index has been appended,

The Information And Referral Interview

When reviewing the written models that I&R workers follow today in 2000, one must reflect on the history of information and referral service. In her book, The Information and Referral Networks: Gateways to Human Services (New York: Springer Publishing Company, 1988), Risha Levinson provides a thorough history of I&R in general. However, what I have always found most interesting is that

the written models that I&R uses today all appear to have spun off of ones from the 1960's and 1970's.

During that period, Nicholas Long, Shirley Zimmerman, Martha Cushing, Diane Tessari, Leslie Yonce, Aaron Lowin, and Alfred J. Kahn made an enormous contribution to the field of I&R by publishing a series of manuals on referral provision. Their work was done under the direction of Nicholas Long at the Institute for Interdisciplinary Studies (Interstudy) of the American Rehabilitation Foundation. Over a period of about five years beginning in the late 1960's, Interstudy prepared several documents about I&R that would eventually be published by the U.S. Administration on Aging. The single Interstudy document which appears most often in reprints or excerpts is Information and Referral Centers: Interviewing and Information Giving.

Interstudy's work reads well twenty-three years later. Long and his colleagues provide one of the best descriptions of the interview process that has ever been written. I'm going to reprint it almost in its entirety, since it is in the public domain.

What follows is a reprint of Information and Referral Services: Interviewing and Information Giving, Working Draft (Minneapolis, MN: Institute for Interdisciplinary Studies of the American Rehabilitation Institute, February 28, 1971), pp. 1-13 & 18.

WHAT GOES INTO INTERVIEWING?²

Definition and Purpose of Interviewing

All interviewing may be defined as a two-way conversation for the purpose of giving and receiving information. The specific purpose of interviewing in

² In order to distinguish the author's words from the sources he quotes so extensively, the former appear in the (sans serif) **Arial font** while the latter are set in the (serifed) **Times New Roman font** and have left and right indents.

an I&R program is to obtain whatever information is necessary about the person's problems in order to link him to the community provision most relevant to it.

People who seek information are not always sure about what they want to know, nor are they always sure what is really bothering them. In addition, it is difficult for many people to put their thoughts into words and to face their problems straight on. For older people particularly, this may be especially difficult, given the nature of some of their problems. This means that if you are going to fulfill the purpose of interviewing in an information and referral (I & R) center for the elderly, it is not enough to know what interviewing is, but also what is involved in it.

What follows will try to deal with just this—what is involved in interviewing and information-giving in an I & R center. In addition, it is recommended that you do some reading on your own for a deeper and fuller understanding of what is entailed in interviewing and information-giving.

Understanding People

Basic to good interviewing is an understanding of human behavior. This will enable you to tune in and be sensitive to what people are saying and not saying. It is important to recognize that people are alike in very basic ways and different in significant other ways. We are all alike in our need for food, clothing, and shelter; our need for safety and security; our need to love and be loved; our need to be cared for; our need to be recognized as persons in our own right; our need for self-esteem; and our need to find some meaning in life. These are needs common to all of us. Some people call them common human needs.

How We Are All Different

While all of us have many of the same needs, we differ from one another in the degree or intensity with which each of us feels these needs. For example, it may be more important to some people to work among people they like than it is for others who consider salary and status more important. Similarly, it may be more important to some older people to live independently in their own households than it is for others who may not object to being cared for by their children or other relatives, and, in fact, feel somewhat relieved to be free of the responsibility for their own care. In between these extremes, of course, there are all degrees of shadings, depending on the person and the situation. This is why each interview is unique—no person is just the same as any other.

The Importance of Feelings

Also important to understanding human behavior is an awareness and understanding of the part that feelings play in each of our lives. Indeed, if you are really observant, you will find that feeling and emotion often seem to predominate over reason and logic in much of our everyday discourse and activities. We are all much more likely, for example, to accept suggestions or criticisms from someone we like and respect than from someone we don't. Often we will be spontaneously attracted to or repulsed by people we hardly know for reasons that may be unknown to us. This is not to say that thought and reason do not count, or influence the way we feel; often a piece of information or new knowledge does help to change our feelings. It is to say, however, that neither we nor anyone else can rationally determine how we should feel. We feel the way we feel.

Feelings in Times of Upset and Change

Not only can we not determine or will our feelings, but feelings that we are able to control in normal circumstances can become more difficult to manage during times of change and upset. This is especially important to remember in interviewing at an I&R program. By its very nature, it is designed to serve people in changing or upsetting situations: people who may be suddenly faced with retirement; entry into a nursing home; giving up homes they had lived in all their married lives; death of a husband, wife, and/or other close relatives and friends. These are all significant events in a person's life, particularly for the older person who may tend to view time backwards in terms of his own death, these events may fill him with uncontrollable feelings of fear, grief, loneliness, being deserted, and of having "no way out."

The Mix of Feelings

In addition to the significant part that feelings play in each person's life, it is important to remember that feelings are often mixed and not of one kind. This is what is meant when we say a person is ambivalent or conflicted. He feels one way at one time and another way at another time. A person may say he wants to be independent and yet be demanding of other people's time, attention, and care. We may like a friend and yet not like certain things about him, or like him sometimes and not at other times. Most of us know about the close connection between love and hate and have experienced the pain and happiness involved in relationships that are especially meaningful to us. Similarly, we all know what it is to want to be recog-

nized for our own individual selves and personal achievements, and yet still want to be a part of the lives of other people and connected to them in some way whether through friendships, church groups, professional or social organizations, or other kinds of groups and associations. That is the way it is with people. We often may not know which way we feel. We do and we don't, as the sayings goes.

Learning to Know Yourself

In addition to an understanding of human behavior, another important part of interviewing is learning to know yourself. This means that you must take time, effort, and pain to observe the way you act and feel in an interview situation. You must become aware of yourself in ways that perhaps you had not done before. How did you react, for example, when Mr. M. shouted at you in anger over the phone to say that he couldn't get along on his Social Security check? Did your heart start to pound, and did you begin to panic and offer apologies and excuses for reasons you were not quite sure about? Or did you quietly listen to Mr. M. understanding his anger, knowing that it was not directed at you personally? And then did you try to help him unravel his problem to find out how and if the program could help him?

How do you answer the phone when it rings? Do you sound hurried and rushed, even though this is why you are at the program—to answer the phone and talk to people? And what do you do when someone comes to the office when you are on the phone or maybe writing a report or taking care of the many other things you have to do? Do you let him know by a nod of the head, a smile, or some other gesture that you have seen him and will be with him in a moment?

Or do you let him wait unnoticed until you are ready to talk to him?

How did you respond when Mrs. X. didn't accept the information you gave her about other possible living arrangements she could make, after listening to her complain for so long and so bitterly about her daughter with whom she was now living? Did you become irritated and impatient and tell her what you thought would be best for her? What went through your mind and what did you say when Mr. D. told you that the woman with whom he had lived for many years, but to whom he was not married, has left him and now he needed a housekeeper? Did you accept Mr. D.'s statement as a matter of fact, or did you try to pry further and pass judgment about his behavior? It is this kind of looking at yourself that is essential to develop the kind of self-discipline, objectivity, and sensitivity needed for your job of linking other people to the services they need, and also for making people feel comfortable in using the center.

The Importance of Each Person

Underlying all interviewing, of course, is a commitment to people and to the notion of the dignity, worth, and importance of each individual person. If you are so committed, much of what goes into good interviewing will come naturally. You will almost intuitively sense that what a person tells you about himself is not to be shared with others unless he gives you his permission to do so. You will almost intuitively respect his right to decide for himself what he wants to do, provided he is not harmful to himself or others, which means, of course, that you will not impose your views on him. You also will be attentive

and responsive to what he says and asks and take his feelings into account with a smile, a word, a nod, or a pause to let him know that you hear his pain, his anger, his grief, his happiness without probing into his feelings or necessarily dealing with them directly. Personal counseling, after all, is not the business of an I&R program. It is the I&R program's business to link people to the services they need, not to duplicate the services of other agencies. The important point is that if you truly believe people are important and that each person is uniquely important this will come through in:

- The attentiveness with which you listen
- The sensitivity with which you ask questions
- The respect with which you treat confidence
- The restraint you use in imposing your views on others
- The care you take to avoid disappointments and uneasiness based on glib and ill-founded statements and promises

Conviction about the importance of each and every person coupled with an understanding of human behavior, self-knowledge, and knowledge about community resources should go a long way toward helping you conduct a good interview and enabling you to link people to services they need.

WHAT TAKES PLACE IN AN INTERVIEW?

At the Beginning—Discomfort

As you gain experience in interviewing, you will probably notice that people often are uneasy and unsure of themselves, especially at the beginning of an interview. Not only may many people contacting the center be experiencing significant changes in their lives which they find uncomfortable to admit, but they also do not know you. Many have never gone outside their own family or circle of friends to find solutions to their problems.

Putting Fears to Rest

This means that at the beginning of an interview you may have to spend a considerable amount of time putting fears and apprehensions to rest if you are to be able to get to the business of providing information to people about services and resources they want or need. In all phases of interviewing, the warmth of your voice, the words you use, and the interest you convey are important. This is especially true at the beginning, because everything else has to follow. In some cases, you will probably have to explain the purpose of the center, what it is set up to do, and who it is for. Give the person a chance to ask questions and make comments, and give him time to collect his thoughts. Do not rush him.

In order to avoid misunderstandings, you may also have to clarify what the center cannot do. It cannot counsel on personal problems; it cannot provide medical services; it cannot provide financial assistance or determine eligibility for it; nor can it provide homemaker or transportation service. You can go on

to further explain what it can do—it can provide entry or access to these services, and one of the mechanisms for doing so is information-giving. Then, perhaps you can explain that this is what you are now prepared to do.

Information-Giving: A Few General Comments

Information-giving is part of the interactional process of interviewing. The same general principles apply for information-giving as for interviewing. The same personal qualities needed for interviewing are also needed for information-giving. It is all part of the same package. Nonetheless, a few general comments about information-giving specifically may be useful within the context of the present discussion.

Knowing Enough About the Person's Problem

Because the purpose of the I&R program is to link the individual to whatever community resources, provisions, services, or facilities they need, you will have to know enough about the person's problem to know which of these services is most relevant to it. This means that you must learn enough about the person's problem to know not only which resource is most likely to be of help to him, but under what circumstances.

Therefore, when a person calls and says that he cannot make ends meet, you will have to help him describe his problems in greater detail in order for you to know what provision you should tell him about. Does he mean that he cannot pay his rent and goes without food month after month, or does he mean that since his retirement he has had to cut back on his former standard of living and can no longer afford to pay for items such as magazines and organizational mem-

bership dues? Once you have determined the specific nature of his problem, you may want to probe further to see if he is receiving or might be entitled to receive a monthly cash payment for any one of a number of income-granting sources or if he might be interested in post-retirement counseling.

Take another example. When a middle-aged daughter calls to say that she can no longer manage the constant care of her bedridden mother and has to have help, what is she saying exactly besides conveying the impression that she is tired and maybe resentful about being burdened with the care of her mother? What kind of help is she thinking about? Is she thinking about nursing home care for her mother, visiting nurse services, or homemaker services? Indeed, she may not know that these various community provisions exist. Or might she want to talk with someone about her feelings regarding the responsibility her mother's illness has imposed upon her? Information from the resource file will be helpful to her in locating the resource best suited to her and her mother's needs, providing you know what she is really asking for.

A Person's Right Not to Tell You Everything

In attempting to accurately identify the person's problems in order to locate the resource most relevant to it, it is always best to accept the person's statement of his problem at face value, even though you may suspect that he is not telling you the whole story. To do otherwise would be to infringe on his privacy and right to decide for himself what he wants to tell you in relation to the kind of help he wants. Probing is the province of the agencies, not the I&R program.

Knowing the Resource File

Just a word about the resource file in information-giving. The more familiar you are with it, the more efficient you will be in exploring with the person what you need to know in order to find the provision or provisions most relevant to his problem. This is very important. The other side of the coin, of course, is that it is almost impossible to list or to second guess all the questions that you will need to ask in order to provide a given person the information he needs about any given resource. The service you provide literally depends on your knowledge of community resources and your ability to use the resource file efficiently. This cannot be emphasized enough.

Letting People Tell You in Their Own Way: Good Listening Pays Off

As you gain experience in information-giving, you will find that people often will provide information that you need without your having to ask for it. They will simply tell you in their own way what you need to know with only an occasional question from you to help clarify what they are saying. This is where good listening pays off. It saves the person who is seeking help from unnecessary questioning and facilitates the skill with which you do your job.

Giving Information That Is Useful and Relevant to the Person

In addition to learning enough about the person's problem to enable you to provide him with information about a particular community resource, it is also important to keep in mind that you should provide the person with only that information about the resource that is useful and relevant to him. In other words, if a person calls with what seems to be a health problem, it is not necessary or even helpful, after exploring the problem in greater detail with him and then telling him about a health clinic in his neighborhood, to also tell him about the difficulties the clinic has had with its advisory committee or medical director. All he needs and probably wants to know is where he can go to get the medical attention he needs. Additional, irrelevant information may only confuse or frighten him. If the clinic near his home can provide the service, that is all that he needs to know. The rest is just so much conversation that benefits no one.

Making Sure People Understand

Again, as you gain experience in information-giving and interviewing, you may sometimes find that you are not getting your point across to the person with whom you are talking. This may occur for a number of reasons. The information may be new to him. Some of it may be complicated. He may be preoccupied or disturbed about something and not really be listening to you. He could easily be hard-of-hearing, yet embarrassed to tell you. Perhaps he cannot understand English well or there may be too much noise in the room or static on the phone. Whatever the case,

it is important for you to find ways to help the person understand what you are trying to tell him.

Sometimes you may have to rephrase your words, finding words that ring a bell or have meaning to a particular person. If you suspect that the person is hard-of-hearing, you may have to take special pains to speak slowly, distinctly, and directly to him or into the phone. However, if the person is so hard-of-hearing that you are unable to communicate with him, even after taking these measures, you may have to write or print what you want to say to him in a face-to-face interview. If the program is to fulfill its mission of linking people to services, it is not enough simply to give information. You must be sure that people also understand it.

When People Get Angry

You should also be able to deal with anger, frustration and annoyance when you encounter them. These are common reactions which you are likely to meet. Often you will not be at fault, but sometimes you may be. When you are not at fault, it is important for you to listen to the person to hear what he is saying. Sometimes he may not have understood what you told him, or he may have been mistaken about a particular agency's policy. Maybe he was rebuffed; perhaps he is in a mood or is always difficult. Whatever the reason, he is unhappy. If the error was yours, the only thing you can do is acknowledge it and try to correct it. If the error was his, the only thing you can do is to explain and help him correct his mistake, but in a way that does not embarrass or degrade him. If the problem seems to rest with another agency, either because of its policy or the person offering the service, you may want to consider twice before taking sides at that

particular moment. You should certainly take the opportunity to explore the validity of the inquirer's anger and complaint. The important point is that you will have to deal with anger, annoyance, and frustration as part of your daily job. This can be emotionally exhausting. You should be prepared to meet such encounters armed with an understanding of human behavior and knowledge about how such situations affect you. This will help lessen the strain that these kinds of situations impose upon you.

Ending the Interview

Like all interviews, the interview in an I&R center comes to an end when the purpose of the interview has been fulfilled for both parties. This is when you have explored the details of a person's problem fully enough to be able to provide him with the information he needs about the community provision most relevant to his problem. When the purpose of an interview has been fulfilled, it is time for you to go on to attend to other people. With some people, this may not be easy. A tactful comment to let the person know you were happy to be of help, if you were helpful, or if you were not, a similar comment indicating that you were sorry you could not be more helpful, should be sufficient to indicate that the interview is over. Ask the individual to call back to let you know how things turned out, or if he needs another referral. You will find other ways to bring an interview to a close as you gain more experience.

Conclusion

This, in essence, concludes the basic minimum linkage service of any I&R program. By itself, information-giving can be very important. It will certainly help make many people in your community more aware of the services and provisions available to them and it can go a long way toward making the lives of people healthier and happier. In addition, if records are properly kept, the basic I&R service can provide important statistical information about the kinds of problems that people have, the extent of their occurrence, plus valuable information about the ability of the community to meet these needs. This, in fact, is what an I&R program is all about. It is a two-way street going from the community to the individual and from the individual to the community. It is an access point and an entry way to a large and complicated service network that is designed to help people in its own cumbersome way.

Today, Interstudy's model is implanted in almost all of our written training materials; unfortunately, it is rarely credited correctly. The simplicity and clarity of Interstudy's explanation of the I&R model still make it an excellent model today for any I&R.

***Crisis Intervention and
Gerald Caplan's Teachings***

As Interstudy impacted the I&R field by writing about I&R, another development of the 1960's and 1970's would also produce models for referral workers. Crisis intervention centers would develop all over the U.S. in the 1960's to fill the void created by the inability of youthful drug abusers to respond to more traditional social and medical models. The prototype of these centers was the

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Nightwatch program of the Suicide Prevention Center in Los Angeles in 1963. After that, hotlines and crisis centers would become common throughout the USA. The underlying theory for the crisis model for intervention was taken from Gerald Caplan's work in preventive psychiatry. However, this work is often not cited correctly and Caplan's name often does not appear with it. For years, I thought his model was actually Interstudy's work because it is at times cited that way.

Not only does Caplan's model constitute an excellent structure for referral, it also provides a marvelous framework within which to critique our work when referral goes poorly.

The model for referral that developed in crisis centers and is used by their referral workers was based on Gerald Caplan's work. Other works often cited are P.E.T., Parent Effectiveness Training: The Tested New Way to Raise Responsible Children, by Dr. Thomas Gordon (New York: P. H. Wyden, 1970), Client-Centered Therapy: Its Current Practice, Implications, and Theory, by Carl Rogers (Boston: Houghton-Mifflin, 1951), and The Art of Empathy: A Manual for Improving Accuracy of Interpersonal Perception, by Kenneth Bullmer (New York: Human Science Press, 1975). All three of these volumes provide insight on interviewing and empathy.

The model for crisis-based referral that I learned from Common Ground (now Common Ground Sanctuary) in Royal Oak, Michigan, uses a "well model" and views the client as capable of resolving his or her own problems. This model for crisis intervention also works perfectly as a model for information and referral. Common Ground's model looks basically the same as most crisis intervention referral models in that they all pull from Caplan's work. Caplan's model works, and when it is used properly, clients

respond very well to the non-judgmental nature of it. The following model for looking at Caplan's ideas was devised by former Common Ground Director, Ms. Diane Vincent, to help her staff visualize Caplan's work. It is reproduced here with her permission and with the permission of Common Ground.

**A COUNSELING MODEL
FOR INFORMATION &
REFERRAL PROVISION
(based on Gerald Caplan's work)**

1. Define Problem, Develop Relationship and Trust
2. Clarification of the Problem
3. Establish Contact
4. Exploration of Referrals
5. Discuss Referrals and Alternatives
6. Terminate Contact

INTRODUCTION

The stages listed below are typical of the helping process. The various stages are not mutually exclusive, may not always exist in this exact sequence, and are not always present.

The focus of our helping is to help callers see the problem for themselves and to make decisions based on their own decision making patterns and life styles.

Our goal is toward self-help. Therefore, our goal is to go through the following helping process with callers so that they are exposed to a process that they themselves can use again when confronted with future problems. Our philosophy is not to do it for them or to them, but with them.

**STAGE I: DEVELOP RELATIONSHIP
AND TRUST:**

PURPOSE:

1. Open call with a minimum of resistance, lay groundwork of trust, enable caller to state request for help comfortably and clearly.
2. Provide callers with the "permission" to go on verbalizing ideas and feelings freely in a supportive non-judgmental relationship.
3. To provide callers with the feeling of being understood.
4. This stage is most important because the quality of the relationship determines not only the nature of the personal exchange, but whether the call will continue at all.
5. Even when callers admit to themselves they have a problem, the degree of trust they feel will determine their willingness to discuss their problem.

SKILLS/TECHNIQUES: My name is _____ you can talk to me.

STAGE II: CLARIFICATION OF THE PROBLEM**PURPOSE:**

1. Increase the helper's and caller's understanding of the caller's situation.
2. Bring vague descriptions into sharper focus. Aim for specific and behavioral descriptions.
3. Identify the various problems and focus on clarifying one problem at a time.

SKILLS/TECHNIQUES: Specific vs. General feelings. Most important concerns

STAGE III: ESTABLISH CONTACT**PURPOSE:**

1. Elaborate and clarify the nature and kind of help sought by caller:
 - a. Wants a relationship to discuss feelings
 - b. Wants a better understanding of situation
 - c. Wants to problem solve
 - d. Wants information'
 - e. Wants referral to an agency
2. Determine if help sought by caller falls into the kind of help we provide as a telephone crisis service
3. Recognize what stage(s) in the Counseling Model meets the caller's needs
 - a. Don't move beyond this unless the caller is ready
 - b. When the caller isn't ready to move beyond this, limit the interaction.

STAGE IV: EXPLORATION OF REFERRALS**PURPOSE:**

1. Identify precipitating event. *What is happening now? What brought the problem to a head?*
2. Explore the caller's problem solving and decision making patterns. *"How do they usually solve similar problems?"*
3. Explore the caller's available resources:
Explore personal resources first. What has the caller done? What has the caller thought of doing?
How is the caller presently functioning in respect to the resource ring?
4. Be aware of feelings in helper and caller that interfere with progress.

SKILLS/TECHNIQUES:

Explore coping mechanism. How do they usually react to stress?

STAGE V: DISCUSS REFERRALS AND ALTERNATIVES**PURPOSE:**

1. More clearly lay out and pin down the various alternatives of the caller.
2. Generate alternatives from the caller first, after this, helper can present other alternatives and resources.
3. Clarify and explore the implications and consequences of each alternative.

SKILLS/TECHNIQUES:

Do not be judgmental—"Talk out" each fantasy
Be supportive of their decision if they feel comfortable with it.

STAGE VI: TERMINATING CONTACT**PURPOSE:**

1. Bring a clear and formal closure to the contact.
2. Summarize the nature of the contact and clarify any decisions made.
3. Discuss caller's plan of action. Provide any necessary information to carry out.
4. Clarify any future involvement of the Crisis Center.

SKILLS/TECHNIQUES:

Exchange phone numbers
Follow-up date & time
If going in circles
If no longer a pressing crisis
If refusing to hang up

PROCESS FOR I&R INTERVIEW

- 1) Define Problem
 - a) Difference between Process and Content
 - b) Deciding what is appropriate to respond to: the surface problem or underlying ones.
 - c) Making judgment as to the immediacy of the problem.
 - d) Determining if we can provide service.
 - e) If it is a crisis call, and intervention counseling is appropriate, see special point #6
- 2) Define I&R Services
 - a) To help caller understand what we can do.
 - b) Explain what we're doing as we look up a resource (trust, good communication prevents caller from feeling neglected).
 - c) When needed, to explain what are our limitations.
- 3) Give Referrals
 - a) Direct requests and information giving is easy
 - b) Exploring a Referral and Paving the way for someone to use a referral (calling the agency).
 - c) Preparing someone for what to expect. (How they will be processed at the Referral).
- 4) If Caller isn't satisfied with Referral
 - a) Review and Redefine Problem
 - b) Explore Additional Resources (staff, other workers, files).
 - c) Check to see if they want something we can't provide. If so, go back to step #2.
- 5) Extend an invitation for them to call back
 - a) To tell us if it worked.
 - b) To tell us if it didn't work, why and where do we go from here
- 6) (Through the process again.) **SPECIAL POINT:**
Crisis calls such as, SUICIDE, DRUG

OVERDOSE, RAPE, HOMICIDES, any immediate emotional problem that requires a crisis intervention counselor or anything that sets off an alarm in your head . Please get the assistance of other staff or volunteer counseling supervisor.

Caplan's model stresses several basic helping skills which can benefit I&R providers:

BASIC HELPING SKILLS

ATTITUDE	The helper must want to understand the caller, to communicate meaningfully with him, and to relate with acceptance and trust.
ATTENDING	Verbal attending is using responses which relate to the caller's statements without interruptions, questions, or new topics
REFLECTING	Restating caller's statements in the
VERBATIM	same words of the caller. Test our listening and attending and is relatively a safe response.
PARAPHRASING	Repeating the caller's basic message in similar but usually fewer words. The main purpose is to test our understanding of the caller's statements. The caller experiences a feeling of being understood and feels encouraged to go on.
REFLECTING	Expressing in words the

FEELINGS	essential feelings that are stated or implied. The purpose is to bring vague feelings into clearer awareness and to assist the caller to "own" their feelings.
SUMMARIZING	Attending to the various themes and emotions while putting together the key ideas and feelings into a summarizing response.
FOCUSING	A response that clearly or deliberately focuses on one aspect of the caller's response. Focusing can be done by picking out one word or a short phrase. "You have been talking about several concerns; which is the most important to you?"
QUESTIONING	When appropriate open-minded questions can help the callers explore their situations. Open-ended questions cannot be answered with a "yes" or "no". "How" and "what" questions generally are more open-ended. Avoid "why" questions.
CONFRONTING	Feed back inconsistencies you are hearing.

Common Ground trainers also stressed twelve points in using this crisis-based model for referral:

MAKING A REFERRAL WITHIN THE CRISIS MODEL

The following twelve statements represent a general overview of your role in helping make a referral:

1. Our goal is toward self help. Therefore, our goal is to go through the helping process that they themselves can use again when confronted with future problems. Our philosophy is not to do it for them or to them, but with them.
2. The focus of our helping is to help callers see the problems for themselves and to make decisions based on their own decision-making patterns and life styles.
3. Identify the various problems and focus on clarifying one problem at a time.
4. Elaborate and clarify the nature and kind of help sought by the client.
5. Determine if help sought by client falls into the kind of help we provide as a crisis service.
6. Recognize what stage(s) in the Counseling Model meets the caller's needs.
7. Explore the client's problem solving and decision making patterns. "How do they usually solve similar problems?"
8. Explore the client's available resources.
9. More clearly lay out and pin down the various alternatives of the client.
10. Generate alternatives from the clients first. After this, helper can present other alternatives and resources.
11. Clarify and explore the implications and consequences of each alternative.

12. Discuss client's plan of action. Provide any necessary information to carry it out.

Both Caplan and Diane Vincent influenced another model developed by the Macomb County (Michigan) Crisis Center. I'm quoting their training literature with permission:

The Referral Process

DESCRIPTION

The referral of a client to another service should be treated as a process (interaction) rather than a procedure. It constitutes an interaction between two people considering involvement of a third party.

RESOURCE RING

Crisis intervention theory provides a general framework for the use of community resources, the resource ring. It is usually represented as a series of concentric circles. The self is at the core and emergency resources are the outer ring.

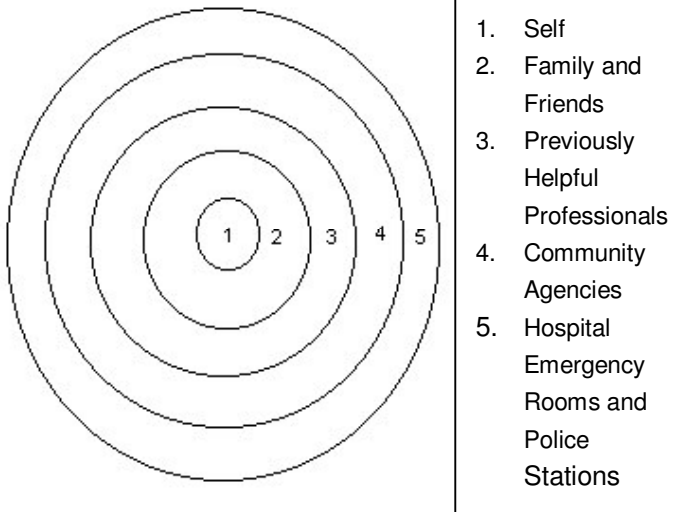
We generally believe that the resources closest to the center of the rings are the most helpful. These resources allow the client to maintain the greatest sense of responsibility for self. The client must initiate the action, and can have greater control over the circumstances.

It is helpful to explore resources from the inner circle (self) outward:

1. What has the client tried so far?
2. What else has the client thought about doing?
3. Has the client explored the possibility of assistance from family and friends?
4. Has the client been in a similar situation before?
What did she/he do at that time?

The Resource Ring

Macomb County (MI) Crisis Center



FEELINGS OF THE CLIENT

The feelings of the client about being referred may be important. Unless the client's feelings are taken into account, the referral may not be successful. The following feelings are most often encountered:

Frustration

The client may have already contacted several agencies looking for help before reaching you. It may begin to seem as though no one is going to help, and they are only getting the "run-around".

Rejection

The client may interpret the suggestion of a referral elsewhere as being rejected. She/he may feel that the counselor is disinterested or unaccepting. She/he might react with anger and reject the idea, or simply not follow through on the referral.

Guilt

The client may interpret the referral as the result of information or feelings she/he has divulged. If the client already feels guilty about his/her situation or feelings, a referral would have special meaning. The client may fear she/he has upset the listener, who, out of anxiety, recommends that special professional help is needed. The client may regret having exposed information, and may not follow through on the referral.

Anxiety

A client would appropriately have some anxious feelings about being referred to a strange agency or unfamiliar setting. It is usually helpful to provide general information about the agency being referred to. Respond to any hesitancy you hear.

Special Fears

The client may have special fears related to referral to a mental health agency. It may suggest that she/he is in need of hospitalization, or is mentally ill. A referral for public assistance may bring out fears of investigation, or reinforce feelings of helplessness and inadequacy. A fear not to be minimized is the fear of separation from the counselor. This can be present even after a rela-

tively short relationship, but particularly after a period of time during which the client has formed a close relationship with the counselor.

PROBLEMS OF THE COUNSELOR MAKING THE REFERRAL

Be willing to examine your reasons for referral:

- Is there something about the relationship that is troubling you?
- Are you more concerned than the client is about doing something about the situation?
- Are you feeling that you are not experienced enough to help and hoping someone else can do better?
- Are you trying to "unload" the client?
- Do you feel the need to "give" the client something?

A referral based more on the counselor's need than the client's need is not useful.

BASIC PRINCIPLES IN MAKING A REFERRAL

1. Use the counseling model. Allow ample time for the client to describe the problem and their feelings about it. Clarify the client's needs and explore their personal resources first. Do not move quickly into giving a referral.
2. Gather information needed to make referral. This generally includes client's residence, age, sex, financial and insurance resources, and other eligibility requirements as listed on resource card.
3. Take time to decide upon the referral. It is often helpful to discuss it with another staff person. Tell the caller you need time to get the referral.

- Check back occasionally with any caller on hold to let them know you're still working on it.
4. Avoid confusing the client by referring him to three or four places at the same time. Establish priorities and make one or two referrals for that need. The client may recontact us if necessary.
 5. Do not discuss another agency's fee except in general terms. Fees change rapidly and depend upon many factors. The client should ask these questions of the agency involved.
 6. Be sure the client has the information. Have them write it down and read it back to you.
 7. Encourage the client to take the initiative. Do not underestimate his ability to do this, or to be too willing to "carry the ball" beyond reasonable "clearing the way".
 8. Inform the caller realistically about the limitations as well as potential help available from the referral.
 9. Before making a counseling referral, find out if the client is currently in treatment, and then refer the client back to that person. We encourage clients who are having misgivings about a current therapy process to discuss their feelings with that therapist before making a change. Respond to the client's feelings, and help them verbalize what it is they would like to say to the therapist. If the client can deal with the "here and now" feelings about their therapy, they can often work through that resistance.
 10. Do not measure your success in helping a client by whether or not a referral is accepted. Sometimes problems are alleviated by the process of our contact alone. Other times the clarification that a

client is not ready to seek additional help is
valuable knowledge.

At TIP, the information and referral service of the Detroit Public Library, Interstudy's and Caplan's were the two basic models that impacted me most in my work in referral from 1973-1990. Both models stood the test of time. The crisis intervention model was the simplest to remember and use. The strength of the crisis model is that in six clear steps I&R is defined:

1. Define Problem, Develop Relationship and Trust
2. Clarify the Problem
3. Establish Contact
4. Explore Referrals
5. Discuss Referrals and Alternatives
6. Terminate Contact

The beauty of the crisis intervention model for referral is based in its self-help approach and how positively clients respond to being treated fairly and in a trustworthy manner. Read back through every step of the model. It works because we clarify our role with callers, we take the time to hear them and develop trust, we take the time to find out what they have tried and what their resources are, and we strategize with them. All through the process, the client is in control and remains responsible for solving his or her own problem(s).

Common Ground offers ten reasons for failures in communication. (Reproduced with permission):

1. PRE-JUDGMENT

This is the tendency to conclude ahead of time

that, because of the way the speaker looks or the way he starts, he really has nothing to say

2. JUMP TO CONCLUSIONS

We have already decided the material is too trivial, too difficult, or too something else and we turn off our listening and just sit there.

3. ASSUME

We assume that other people think, feel and speak the same way we do.

4. CLOSED MIND

When one assumes the answer is already known or what the speaker is going to say, the mind is closed to effective listening.

5. LACK OF ATTENTION

Most people speak at a rate of about 125 words per minute while most of us listen or think between 500 and 1,000 words a minute. We use the "spare time" to think over other things.

6. WISHFUL HEARING

We hear what we want to hear—interpret as it best fits our wants or needs.

7. DIFFERENT MEANINGS

Words do not always have the same meanings to different people.

8. TALK TOO MUCH

It is difficult to learn anything when you're doing all the talking.

9. LACK EMPATHY

Cannot look at things from the other person's point of view.

10. FEAR

The other person may be right and we may be wrong. When this reason is preventing us from listening, we are usually guilty of looking for a

mistake or a flaw that we can pick apart and start an argument.

The models we've reviewed work. Good I&R is performed by people who:

1. View the client with respect and dignity.
2. Believe in self help.
3. Work from good referral models.
4. Take the time to find out what the client really is trying to resolve and help them explore ways to resolve or address their real problems.

I hope reviewing Interstudy's work and the basic crisis intervention model for referral provides a solid review of from where we come in the field of I&R.

I would like to conclude with an overview of information and referral interviewing skills excerpted from How to Hotline: The Alexandria Virginia Hotline Planning Manual by Jim Besser. I strongly recommend purchasing their full manual. This overview of active listening is reproduced here with their permission. We can improve the effectiveness of our communications and referral interviewing by learning "active listening skills", and they define how to do this very clearly. (Adapted with permission from How to Hotline: The Alexandria, Virginia Hotline Planning Manual by Jim Besser. Copyright 1979 and 1983. This manual can be ordered from the Mental Health Association in Alexandria, 4600 Duke St., Suite 301, Alexandria, Virginia 22304, phone 703.212.0010.)

ACTIVE LISTENING

The idea of active listening suffuses I&R interviewing. These skills provide us with the tools we need to help callers with any situation, from simple information-giving to crisis intervention.

Using active listening skills is a quick and efficient way to develop rapport with the caller, especially when intense emotions clog up normal channels of communication. Active listening skills help us avoid a natural tendency to express sympathy, they help us draw out hesitant callers, set appropriate limits, clarify situations and feelings, and provide helpful, well-structured responses.

Active listening is a logical extension of normal friendship and communication. The skills are designed to help us become more sensitive, empathetic and objective listeners.

There are four cornerstones to good active listening: listening to feelings; giving feedback; being non-judgmental; and developing empathy. The first cornerstone is the need to listen to feelings as well as content. Everyone communicates on two levels. One is the content a person relates—simple facts, uninterpreted—and other is behind the content the emotional level of communication. This is suggested by the sound of a person's voice, the inflections and mannerisms that indicate how a person feels about the words and facts just conveyed. "I am pregnant" is a statement of fact. But it can come across with happiness, depression, uncertainty, resignation or innumerable other emotions. Good active listeners train themselves to be especially sensitive to this emotional level behind the content of communication.

The reason we need this special sensitivity is the second cornerstone of good active listening. People—especially those with problems—can benefit from feedback from others. Feedback is the fresh viewpoint of an objective, sensitive observer. It is not necessarily advice; good active listeners do more than give advice. Instead, feedback consists of telling callers how they are coming across to us. When we do it with skill and sensitivity, we help them clarify situations, alternatives, and feelings. This sorting-out process is the vital first step in dealing with people with problems.

The third cornerstone of active listening is perhaps the most difficult to apply. We need to be non-judgmental in our dealings with the people we are trying to help. It is one thing to point out alternatives for dealing with problems or to provide sensitive feedback about the emotions we hear. It is quite another to pass or imply judgment. "You are wrong." "That is a stupid thing to do." "You are only hurting yourself." These statements destroy rapport and quickly reduce our ability to help.

We can't, of course, eliminate our feelings and values, nor should we try. Instead, we need to understand them and work to keep them out of our interaction with callers. The help and information we give must be consistent with their values, not ours.

The fourth cornerstone is the most important. As active listeners, we strive to develop empathy with every caller.

Empathy is an active understanding of another person's situation and feelings, coupled with a strong concern. At the same time, empathy implies a certain

amount of detachment and objectivity—enough detachment and objectivity to avoid a sympathetic approach. Empathy opens up channels of communication; sympathy clogs up these channels. Empathetic listening provides callers with new perspectives on situations and feelings; sympathetic listening usually only compounds these feelings. The message inherent in an empathetic approach to a caller can be distilled into statements like "I understand what you're saying, and I care. Sympathy says something quite different "You poor thing. or "That's terrible!" Empathy builds rapport; sympathy implies pity and sometimes a condescension that makes rapport impossible.

Some situations will naturally make us feel sympathetic—but we still must respond to the caller empathetically. Only then will our feedback be useful and sensitive. When we provide sympathy—either because we feel it as we inevitably will in some calls, or because a caller maneuvers us into expressing it—we become over involved. Our feedback is no longer helpful, and our expressions of sympathy tend to make the caller feel even worse. For some callers sympathy is like a pain-killing drug, it reduces the pain temporarily, but it does nothing to remedy the cause of the pain. Listening for feelings, an empathetic approach providing feedback and a nonjudgmental attitude comprise a strong foundation of successful active listening.

We build on this foundation by incorporating eight specific active listening skills into our conversation.

- emotion labeling
- reflecting
- paraphrasing
- effective pause

- minimal encourager
- open-end questions
- "I" message
- consensual validation

1. Emotion Labeling—This most versatile skill is designed to provide quick accurate feedback on the emotional level of conversation. In emotion labeling we identify important emotions we hear in the conversation of another person. We label these emotions, as exactly as possible, and feed this label back to the caller in a structured manner. When talking to a parent frustrated over her daughter's indifference to a family problem we might say, "You sound very frustrated," or "You sound very unhappy". We are not judging their feelings, but telling them how they sound to us.

Try to be as precise as possible, and learn to differentiate between levels of a single emotion, as well as between similar emotions. There is a world of difference between annoyance, anger, and fury; the closer we are, the more rapport we build.

Generally, it is best to stick to the basic emotion labeling format. Use statements like: "You should _____", "You seem _____", "I'm hearing a lot of _____ in your voice". It is important to realize that in emotion labeling we tell a caller how he or she sounds to us. "You are angry" is a judgmental statement; "You sound angry" is good feedback.

Effective emotion labeling quickly oils the mechanisms of communication. It builds the rapport we need to be truly helpful because it indicates our concern and sensitivity. It tells a caller that we are tuned in and accepting. Because of this emotion labeling is especially useful in the early stages of a call before the caller has "opened up." Good emotion labeling greatly facilitates the opening-up process. Emotion labeling provides a speaker with the strongest, most useful kind of feedback. People with problems often do not understand or recognize the complex emotions they feel. Emotion labeling provides them with a tool for clarification. Even if we use the wrong label, we will encourage this sorting out process.

2. Reflecting—Another effective technique is reflecting. Here we repeat a key word, phrase, or sentence that we have just heard. "I am really scared of being alone," a caller might say. "You are afraid of being alone?" would be a suitable reflecting response. Or just—"Alone?" "I don't know what Mrs. Walsh is going to do without Mr. Perkins." "Without Mr. Perkins?" would be a good response. Reflecting nudges the conversation forward, and it keeps attention focused on the most vital topics. It also nourishes rapport and provides clarifying feedback. The key, of course, is learning to pick out these vital elements quickly so you can reflect at the most appropriate moment
3. Paraphrasing—A related technique is paraphrasing. It takes the same basic idea one step further. Now, instead of just repeating exact

words and phrases, we feed back particularly important parts of the conversation in our own words, adding a dash of interpretation. "It is all such a mess" one caller says. "Tommy and those damn pills, me and all this fat. Suzie just sitting in her room. It is all too much for me." Here we could paraphrase in a way that indicates our understanding and at the same time provides useful feedback. "You are saying that you are frustrated because so many different things are happening at once and it is hard to begin dealing with them?"

4. Effective Pause—An effective active listening skill of quite a different sort is the effective pause. Periods of silence can be communication enhancers—especially when the pause occurs when something important has just been said, or we, as listeners, feel that something important is about to be said. Silence can be uncomfortable. In crisis situations we all feel a natural urge to keep up the chatter. This partly because of our own inevitable nervousness. The good active listener learns to control this impulse and remembers that in all good communication pauses play an important part.
5. Minimal Encourager—Perhaps the simplest active listening skill to use is the minimal encourager. We all use them regularly without being aware of the fancy title. They are little conversational fragments, like "ah ha," "yes," "I see," and "mm" that keep the conversation flowing smoothly and indicate to the caller that you are still listening. These are especially

important after the conversation has started in earnest, when the person has opened up to you and is talking about feeling and situations. You don't want to interrupt, but it is important to demonstrate your continuing interest. Minimal encouragers will do this nicely.

6. Open-Ended Questions—Active listeners ask lots of open-ended questions. When we are trying to help a caller, we often need to know the details of the situation. We do this by asking open-ended questions. They are questions that cannot be answered with "yes" or "no". "Closed-ended" questions are conversational deadends. A "yes" or a "no" could leave you stranded. But open-ended questions—questions that begin with "What," "Why," "Where," "How"—force the caller to give you a more complete answer. Both you and the caller will benefit by the clarification this causes.

Closed-ended questions lead to guessing games that quickly destroy rapport. If you ask, "Do you feel sad about that?" a "No" answer forces you to pick another alternative and try again. The open-ended version of his question—"How do you feel about that?"—gets the clarifying answer both you and the caller need. Open-ended questions can also be lifesavers when callers ask questions we cannot legitimately answer. We use open-ended questions to throw the matter back to the caller and in this way clarify the reasons the question was asked in the first place.

7. "I" Messages—Sometimes callers cause certain reactions in us that preclude good, open communication. Callers may berate you with intense anger out of their frustration, and pretty soon you begin to feel pretty angry yourself. Some callers refuse to consider any options you discuss—the classic "Yes, but" caller—and this can make you feel very frustrated. Manipulative, angry callers can make you feel upset, frustrated, or just plain ticked off. In each of these situations, the caller is acting in a way that makes effective communication difficult, if not impossible. To change this behavior—and make you feel better, as well—we use a nifty tool called an "I" message. In the "I" message we explain to callers how they are making us feel, why we feel that way, and what they can do to remedy the situation. The "I" message takes the form of the following statement:
- I feel (emotion) when you (behavior) because (reason)*
- For example, if a caller is screaming at you because her son is smoking marijuana and refuses to go to the teen program you referred her to, you may be able to defuse this intense emotion and at the same time open up new channels of communication with an "I" message:
- "I feel upset when you yell at me, because it makes it impossible for us to communicate with each other."*
- When a caller is frustrating you with endless

"Yes, but" you are better off expressing your frustration in the form of an "I" message than letting it come across—as it inevitably will—in your discouraged tone of voice:

"I feel very frustrated when you don't consider any of the options we have been talking about because it makes me wonder whether you are really interested in taking action to deal with your problem."

8. Consensual Validation—Finally, effective active listeners use consensual validation. This is a fancy way of saying that we often tell callers that it is okay to feel the way they do. In a sense, we are validating the feelings they express to us; we are saying to them that anyone in a similar situation might have similar kinds of feelings.

Statements like "That must be very hard for you to deal with," "It sounds like a lot of things have been happening to you," or "It seems like your family situation is giving you a very hard time" are examples of consensual validation. Here we walk a fine line. We label the feelings they express to us as being legitimate but we try not to make a judgment about the situation itself. In the first example—"That must be very hard for you to deal with"—we are affirming the validity of the feelings without commenting on the rightness or the wrongness of the situation.

This brings us back to another of the basic assumptions of I&R work. There is no way to overemphasize the importance of a nonjudgmental attitude. This

means that we try to keep our own values and attitudes out of the interaction with the caller as much as possible. Often, callers will be discussing issues that we feel very strongly about—issues like abortion, death and suicide, drug use, and family matters. But when we are in a helping situation, we are most effective when we keep our values to ourselves. Regardless of the morality or ethics of transmitting our own values over the phone, one fact is very clear. Judgmental listeners are ineffective listeners. It's easy to avoid direct judgmental statements, but it requires special effort to avoid implying judgment. We can imply judgments unintentionally by our voice tone, by reactions of shock or horror, by attempts to "subtly" talk a caller out of a course of action that is inconsistent with our own values. Be aware at all times of how you sound as well as what you are saying.

Sometimes you have to probe to find out what the caller really wants to do. If you make a suggestion without understanding the caller's feelings it may be contrary to his or her values and expectations. If you have doubts, toss the issue to the client first. "What do you think you need (should be done)?"

Using these active listening skills will be a bit uncomfortable at first. We are all accustomed to a looser, more flexible mode of communication, and for a while you will feel stiff and formal. Nevertheless, it is vital that you practice these skills and incorporate them into your conversational style when answering the phone for I&R. You'll realize their importance the first time you get a fast-moving crisis call or a really angry, frustrated client. You need to be able to

respond with empathy—instantly—even when you are feeling shocked, nervous, or completely confused.

Remember, when that phone rings, any problem could be on the other end of the line. Use active listening skills in every I&R call. Eventually, the techniques will become quite natural.

Problem Solving

Once we have taken care of the basic priorities (developed empathy, dealt with and defused intense emotion, and found out why the caller has called) we need to establish some call goals. Call goals do not imply an exact sequence of events; we don't go from step "a" to "b" to "c" to termination. Remember, I&R calls are very changeable and unpredictable, and, if we allow ourselves to fall into conceptual ruts we will not be able to respond to these changes. Our primary goal is to help the caller problem solve and then give information or a referral.

In beginning to problem solve, we need to remember that many callers contact I&R because they are unable to perceive any suitable alternatives by themselves. They may be confused about their goals, or they may be confused about ways to meet those goals. They need help locating appropriate resources in their own lives or in the community.

There are two good starting points in the problem solving process. One is to find out what the caller has already tried. Get to this by asking an open-ended question: "What have you tried to do?" "How did it work?" "Who have you contacted?"

Another starting point is to find out what callers want. What are their goals? What kinds of outcomes are they interested in? Often, callers will be

confused about what they want, and you can help them by asking clarifying questions: "What do you want to happen?" "What is important to you?"

Then ask questions to help them explore how they feel about each of the possible goals you discuss. "How does that sound to you?" "Is that something you value?" "How does that compare with your other goals?"

We want to help callers see the whole range of goals available to them, and we want to help them evaluate each of these goals in terms of their own values and needs. This is the only way for them to make the realistic decisions that need to be made in the problem-solving process.

Then it's time for you to help callers look for and assess alternative courses of action to meet these goals. You can point out options that occur to you if you are not sure of their reactions. Then make a referral or give the appropriate information. It is appropriate for you to say to a lonely caller, "Well, have you thought about joining an organization of people who share your interest in turkey-feather collecting?" It is not necessarily appropriate for you to say, "I think you should join Turkey Feather Collectors of America." Give the caller an opportunity to assist in the decision. Ultimately, the client must decide whether or not to use the information and/or referral.

When you discuss options, ask callers how they feel about each one. If they like certain options but seem reluctant to pursue them, talk about this reluctance. If they reject all options, point out and attempt to again help them clarify their goals. When they respond to

this discussion with any kind of emotion, label it. Use all your active listening skills to provide them with feedback about how they are coming across. When you are talking about options, help callers think each one through to its likely conclusion. In other words, help them anticipate what is likely to happen if they pursue each alternative, and how they are likely to feel about each possible outcome.

An important part of the problem-solving process is helping callers identify resources available in their own lives. Do they have relatives, friends, employers, etc., who can help? Are there people they trust but have not considered asking for help? A big part of our job can be to reactivate and reinforce normal support systems or service supports already working with the client. Often, callers do not think of these kinds of resources when a problem or crisis occurs.

We can also help callers identify various resources available in the community. For a pregnant woman, we might inform her of the types of services available—like adoption, counseling, medical services, and the like. For other callers alternatives might be mental health agencies, medical clinics, social and hobby organizations, runaway services—the list is endless. It may be helpful to encourage the caller to make a written list of the options you have talked about.

Then, give referrals from the resource file. Be sure your referrals are appropriate to callers' own needs and values; don't give a medical clinic to a woman who wants information about adoption.

Another call goal which we may choose is ventilation and support. Often, what a caller needs most is an opportunity to unload intense emotion.

In these situations we can provide the most help by using basic active listening skills. Emotion label frequently. Don't hesitate to paraphrase, reflect, and use consensual validation. Let callers know that you are caring and concerned, and at the same time give them feedback about what they're saying and how they're sounding. Eventually, the ventilation process may clear the way to effective problem solving.

Another important set of call goals involve procedures for dealing with certain kinds of emergencies. In crisis calls goals must be subordinated to procedures for dealing with the immediate medical emergency.

This brings us to the final goal of any I&R call. The call must end. Sometimes termination will be the easiest thing in the world. But with some callers, you will have to take the initiative.

If a caller wants to continue the conversation after the point at which you feel you've done everything you can do, say something like, "Well, you seem to have a good idea of what you're going to do next. I hope it works out." Or you can summarize the progress of the call or ask the caller to summarize.

Often your voice alone can have a final quality to it. But don't be rude or abrupt.

Sometimes you will have to be more direct. Some callers resist subtle suggestions. They may want to talk about the same things over and over again. You may respond with statements like "I think we've gone as far as we can in this call, and I'm going to keep the lines open for other callers." Or you can try an "I" message expressing your frustration at their long-windedness: "I feel frustrated when you keep going

over the same things because I don't think it is helping you. I really must keep the lines open for other callers, so I'm going to hang up now."

When you have met the basic priorities and worked through your call goals, it is time to terminate. It is counterproductive to allow calls to continue beyond this point.

Whenever you terminate, tell the caller why you're doing it. And in serious crisis calls, do not terminate until you're sure the crisis is over.

Patience and Other Noble Qualities

We told you I&R work can be frustrating. Sometimes it will seem like your entire function as an I&R specialist is to talk to chronic callers, or to callers who have little interest in productive problem solving. Some callers with legitimate needs will be unable to express their needs in direct ways. They may be so confused that only your patience and skill will help them understand their needs and options.

Patience can be the most difficult skill to master. We need a special kind of patience. We need to combine patience with a clear idea of the functions of I&R. We need to combine patience with a sense of direction in each call. As long as you are not being abused, as long as you have no good clues that a caller is a persistent caller, take your time. Give each caller a chance to communicate without feeling pressured. At the same time, remember that patience is not the same thing as doing nothing. Pace yourself to meet the caller's needs and way of communicating but keep the conversation moving in a suitable direction by using active listening skills.

Don't be abrupt, snappish, or rude to an inconsiderate or inarticulate caller. Give each caller an ample opportunity to benefit from our service, as long as they are willing to abide by your basic ground rules.

Some Helpful Phrases

Good Termination Statements

For "Normal" Callers

- "I won't take up anymore of your time."
- "Well, I hope it works out for you."
- "I'm glad you called and I hope it's helped you."
- "Call back if you need to, I think we've solved your immediate problem."

For Manipulative Callers:

- "We don't seem to be getting anywhere, so I think we should end this conversation."
- "We seem to be going in circles; perhaps this is enough for today, so I'm going to say good-bye."
- "Since there is no way I&R can help you, I'm going to terminate this call."

For Abusive or Angry Callers:

- "You are welcome to call back when you are ready to talk, but you don't seem ready now so I'm going to have to hang up."
- "Since your only purpose in calling seems to be to yell and not to try to work out your problem, I think we should end this conversation."

- "It's difficult to talk when you're so angry. Call back when you feel ready to discuss your problem."

Remember: When you say you are going to terminate. do it!

To review this material on active listening look over the following open-ended questions. "I" messages, and values clarifying responses:

Some Good Open-Ended Questions:

- "How do you feel about that?"
- "How do you think this course of action will turn out?"
- "How did you feel about that when it happened?"
- "How do you feel about it?"
- "What have you tried doing?"
- "What would you like to have happen?"
- "What have you considered doing?"
- "What are some other things that you could try?"
- "What would you really like to do if you could have your choice?"
- "What is most important to you?"
- "When did this happen?"
- "When do you think you'll be able to do that?"
- "When did you first notice?"
- "When do you want to?"
- "When can you . . . ?"
- "Where have you looked for help?"
- "Where did you hear this?"
- "Where are you going to start?"
- "Where will you go if you leave?"

- "Where is the best place for you to . . . ?"
- "I" Message Form—"I" feel (*emotion*) when you (*behavior*) because (*reason*)
- "I feel *frustrated* when you *keep talking about the same things over and over* because *we discussed them thoroughly enough for you to make a decision.*"
 - "I feel *annoyed* when you *keep changing the subject* because *it makes me wonder if you are serious about your problem.*"
 - "I feel *upset* when you *yell at me like that* because *I have not done anything to make you angry.*"
 - "I feel *confused* when you *tell me that so many things are bothering you* because *I am not sure which is the most important to you.*"
 - "I feel *frustrated* when you *turn down all my suggestions* because *you don't seem to want to resolve your problem.*"

Values Clarification (Clarifying Responses):

- "How did you feel when that happened?"
- "What else have you considered?"
- "What other source of action could you take?"
- "Would this idea work better than the other one?"
- "Was that something that you yourself chose?"
- "Did you feel you had to make a choice between _____ and _____?"
- "Are you glad about that?"
- "Is there a purpose back of your action?"
- "How important is this to you?"
- "How do you know that is right?"

- "Is that something you value?"
- "Are you saying that (repeat statement)?"
- "Do you have any reason for continuing to do that?"
- "Have you felt this way for a long time?"
- "What are some things about your choice?"
- "How can I help you do something about that idea?"
- "Is what you are saying now consistent with what you said before?"

Ten Basic Rules for Good I&R Listening

1. Don't be judgmental.
 2. Don't give personal information to callers.
 3. Don't talk about I&R calls or callers outside of I&R.
 4. Don't accept responsibility for a caller's actions.
 5. Don't do anything for callers that they can do for themselves.
 6. Don't hesitate to set firm limits on callers when it is needed.
 7. Don't leave the I&R room upset by a call or a caller. Talk it out with your shift partner or staff member before you go home.
 8. Do terminate immediately when it is called for. When you say you are going to hang up—Do it.
 9. **DO USE THE ACTIVE LISTENING SKILLS ON EVERY CALL.**
 10. Do use the staff as your support system. Use them for discussion and feedback when you're faced with a difficult situation.
-

Conclusion

Hopefully, this review of Gerald Caplan's crisis intervention based referral model, and of Nicholas Long's Inter-study referral interview model provides today's referral workers a review of some of the basic teachings of our field. When one adds to those models the "active listening" advice provided by organizations such as the Mental Health Association in Alexandria, Virginia, referral workers are better equipped to perform the helping function of information and referral. It should also be clear to readers that thousands of referral and crisis workers over the past decades have also contributed greatly to how referral is provided. For the most comprehensive guide to the literature of referral, see Dick Manikowski's ongoing bibliography. The initial installment (published as v. 14 of Information and Referral: The Journal of the Alliance of Information and Referral Systems) has been supplemented by updates published in several succeeding volumes of the journal. Check the AIRS Publications List on p. 194 of this volume for order information.

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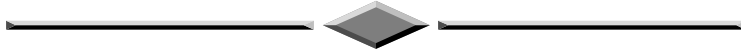
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