



# POLICIES & CODE OF ETHICS

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VOLUME 1

## Rape Response Training Objectives

### I. Overview of Sexual Violence and Crisis Intervention

- a. Core skills of the helping process: active listening, open-ended questions, reflection.
- b. Relevant definitions and statistics.
- c. Common misconceptions (myths) surrounding sexual violence.
- d. Working with underserved or high-risk populations.
- e. Cultural responsiveness and humility.
- f. Ethical issues related to sexual violence.

### II. Working with Survivors

- a. Crisis assessment and intervention.
- b. Reactions to crisis and trauma.
- c. Trauma-informed, survivor-centered care.
- d. Responding to survivor needs and feelings.
- e. Suicide assessment and intervention.

### III. Medical Issues

- a. Sexual Assault Nurse Examiner (SANE).
- b. Reasons for seeking medical attention.
- c. Overview of forensic evidence collection
- d. Preventative medications and testing.
- e. Drug-facilitated sexual assault.

### IV. Legal Issues

- a. Overview of the legal process.
- b. Working with Law Enforcement.
- c. Preventative medications and testing.
- d. Drug-facilitated sexual assault.
- e. VOCA/VAWA Compliance.

### IV. Procedural Issues

- a. Documentation of services. Confidentiality
- b. Mandated Reporting
- c. Program policies and procedures.
- d. Community Resources.
- e. Self-Care

## Crisis and Suicide Line/UTalk Training Objectives

### I. Overview of Crisis Intervention

- g. Core skills of the helping process: active listening, open-ended questions, reflection.
- h. Relevant definitions and statistics.
- i. Working with underserved or high-risk populations.
- j. Cultural responsiveness and humility.
- k. Ethical issues related to crisis intervention.

### II. Working with Callers

- f. Crisis assessment and intervention.
- g. Reactions to crisis and trauma.
- h. Responding to caller needs and feelings.
- i. Stages in a crisis call.

### III. Suicide

- f. Overview of the suicide paradigm.
- g. Myths and facts about suicide.
- h. Rights of people at risk.
- i. Common errors of suicide intervention.
- j. Suicide and emergency assessment.

### IV. Procedural Issues

- f. Documentation of services.
- g. Confidentiality
- h. Mandated Reporting
- i. Program policies and procedures.
- j. Community Resources.
- k. Self-Care

Volunteers in training shall be assessed through role-play, written instruments, small group interaction, verbal exercises, and supervised handling of actual clients. Evaluation and feedback will be ongoing throughout the training period. A written record of progress will be maintained in the volunteer file. These training standards constitute minimum performance standards for volunteers after completion of training.

# Agency Overview

## Statement of Purpose

“The purpose for which this corporation is organized is to establish in Jefferson County, Alabama, a crisis center, to provide a helping response to human need at all times; to mobilize and specially train a network of professional and lay people in the community at large who will respond to the various physical, social, emotional and attendant needs of all crisis callers regardless of race, creed, or color, and all the necessary actions and activities related thereto...”

Articles of Incorporation  
Crisis Center of Jefferson County  
January 10, 1970

### Vision

“To improve the lives of people”

### Mission

To serve unmet needs of people experiencing personal crisis or mental health issues and respond with services that promote coping, emotional health and well-being.

## History & Organization Structure

In September 1970, after extensive research, planning and training by a dedicated group of community leaders, the Crisis Center opened. Operating from a cramped two-room office in the basement of Birmingham’s City Hall, volunteers devoted to the well being of community members began answering the phones. Dependent solely on private donations, the Center existed on a tenuous basis.

The Crisis Center was accepted as a Community Chest United Way agency in September 1973, and a sense of permanence was instilled. The Crisis Center began to look toward the future and to plan for the continuing growth necessary to serve the community’s expanding needs. Today, there are three branches of the Crisis Center, representing specialized programs: Crisis Intervention and Prevention Services, Sexual Assault Support Services, and Mental Health Services.

Presently, the Crisis Center operates the Sexual Assault Support Services and the Crisis Intervention and Prevention services from modern, private facilities in the Spain Community Services Building,

while the Mental Health Services are operated out of two private facilities in Birmingham and Bessemer. It is financed by United Way allocations (which are fed by the generous support of the community during the annual United Way Campaign), by a Federal Block grant administered through the State of Alabama Department of Public Health, an Alabama Department of Economic & Community Affairs Law Enforcement Grant, and by donations made directly to the Center. Funding is also received from the Jefferson County Commission and the City of Birmingham.

The Crisis Center is governed by a 25-member Board of Directors consisting of community leaders in business, education, medicine, law enforcement, mental health and the social services. The Board is responsible for policymaking, financial planning, and overall supervision of programs, services and personnel.

The Center operates under the direction of 20 permanent staff members who share responsibility for administration, direct services, community relations, fiscal operations and the recruiting, training, and supervision of approximately 180 volunteers per year.





# Crisis Intervention & Prevention Services

## Crisis & Suicide Line

205-323-7777

Crisis and Suicide Line telephones are staffed every day of the year, 24 hours a day, to provide immediate crisis intervention for people experiencing a wide variety of problems. About 60 to 70 calls are answered each day, and these calls are typically related to depression, anxiety, or relationship problems. Crisis and Suicide Line volunteers are trained to be an active, non-judgmental listener who allows the caller to express and process his or her thoughts and feelings in confidence. Volunteers are trained to be non-directive and allow the caller to identify his or her own solutions and coping skills. Only in a few prescribed emergencies does the volunteer tell the caller what to do. All of the volunteer's work is done over the phones. Once training is completed, volunteers are asked to make a one-year commitment to the Center, during which time they work one four to six-hour shift every other week.

## U Talk (formerly Kids Help Line and Teen Link)

205-328-5465

Since 1985, the Crisis Center has provided crisis intervention for kids and teens. Through U Talk, youth who needed help with problems, ranging from difficulty communicating with peers and/or family members to more serious issues such as physical and sexual abuse, suicide and mental health issues, can talk on the phone or chat and text with a trained volunteer who can help them develop healthy coping skills and link them to appropriate resources. In addition to the telephone and online counseling component of the program, U Talk staff also provides educational outreach in schools and other youth organizations on bullying and healthy relationships. U Talk is open from 3:00 – 10:00 p.m. seven days a week.

## Senior Talk Line

205-328-8255

The Senior Talk Line was opened in 2001 to assist older adults and their caregivers in our community. As people age, they face significant losses, which include the deaths of family members and friends, as well as the loss of physical abilities and independence. This can lead to extreme isolation, loneliness, and depression. The Senior Talk Line aims to reduce isolation by giving seniors a place to voice their problems. The program also offers this service to caregivers of seniors. Caregivers are often in need of a source of support to help cope with the stresses related to caring for someone who is elderly. In the elderly reassurance component of the Senior Talk Line, a minimum of three to four calls are made per week to elderly clientele who may otherwise lack a significant support system in family or friends. Our volunteers make approximately 1,000 calls per month to older adults. The Senior Talk Line is open from 9:00 a.m. - 9:00 p.m. seven days a week.

## Suicide Prevention Education

Because suicide is the 2<sup>nd</sup> leading cause of death for adolescents in the US, our suicide prevention educator trains students in middle and high school on how to recognize the warning signs of suicide, as well as the steps to take to aid friends in getting the help they need. Additionally, we offer QPR (Question, Persuade, Referral) and ASIST (Applied Suicide Intervention Skills Training) training for faculty and staff of schools, as well as community organizations who may work with populations who may be at higher risk for suicidality.

## Bereavement Services – SOS Group

The Crisis Center provides supportive counseling for the survivors of suicide. These survivors are individuals who have lost someone close to them to suicide. Supportive counseling, designed to help these individuals work through their thoughts and feelings about the suicide, is provided through a group format. A qualified individual leads the

SOS (Survivors of Suicide) group. Referrals to the group are made by ministers, therapists, physicians, etc. Group meetings are held twice monthly at the Crisis Center or virtually.

## Sexual Assault Support Services

### Rape Response

205-328-7273

The Rape Response program has been a part of the Crisis Center since 1975. It was founded on the premise that an intervention made subsequent to the assault, accompanied by supportive follow-up counseling, can be a powerful deterrent to the development of future emotional and psychological problems (e.g. sexual dysfunction, depression, suicide, phobias, etc.). Rape Response volunteers meet with victims of sexual assault at emergency departments within the Crisis Center's service area, the Sexual Assault Nurse Examiner (SANE) Facility, One Place Metro Alabama Family Justice Center, or on the Mobile Unit to provide emotional support and practical information. After receiving medical advocacy, follow-up counseling is provided as needed by Rape Response staff. Rape Response staff provide short-term individual counseling, support groups, and legal advocacy.

### Sexual Assault Nurse Examiner (SANE)

The Sexual Assault Nurse Examiner, or SANE Facility, coordinates efforts of forensic medicine, victim's advocacy and law enforcement, providing victims with comprehensive care within a private setting as an alternative to public emergency rooms. A SANE nurse is a registered nurse who has received advanced training in both the care of victims and evidence collection. Combining this expertise with the use of specialized equipment and digital technology, SANE can provide detailed evidence within a court of law. By utilizing the SANE program, victims of sexual assault receive more efficient, compassionate and specialized care that is available at no cost 24 hours a day, 7 days a week.

### Mobile Unit

Staff from the Mobile Unit provide follow-up services, counseling, legal advocacy, STI testing/treatment and medical exams to sexual assault survivors. The need for services after a sexual assault is extensive. For many people there are numerous barriers to services, including a lack of transportation, insurance, time, and money. The Mobile Unit hopes to better serve survivors in rural areas around Birmingham. Our goal is to offer care for clients in Jefferson, Blount, St. Clair and Walker counties. This unit provides Rape Response and SANE (Sexual Assault Nurse Examiner) services, including follow-up medical exams and care. It also offers counseling for primary and secondary survivors and legal advocacy.

## Sexual Violence Prevention Education

In addition to direct services for survivors, the Crisis Center is committed to prevention sexual violence in our community by offering educational sessions for school age youth, college students, and professionals working with youth. These sessions focus on bullying, healthy relationships, empathy, bystander intervention, and conflict resolution. Our education team focuses on addressing attitudes and behaviors that are precursors to sexual

violence in an effort to stop violence before it occurs. During our bystander intervention training, participants are educated on how to help people in high risk situation.

## Survivors of Sexual Violence Support Group

Because many survivors feel isolated and alone following an assault, we offer a support group twice monthly to give survivors a safe place to share experiences, process feelings, develop coping skills, and connect with other survivors. This is a closed group, but is open to survivors at any stage of the healing process.

## Recovery Support Services

### Recovery Resource Center

205-458-3377

The Rape Response program has been a part of the Crisis Center since 1975. It was founded on the premise that an intervention made subsequent to the assault, accompanied by supportive follow-up counseling, can be a powerful deterrent to the development of future emotional and psychological problems (e.g. sexual dysfunction, depression, suicide, phobias, etc.). Rape Response volunteers meet with victims of sexual assault at emergency departments within the Crisis Center's service area, the Sexual Assault Nurse Examiner (SANE) Facility, One Place Metro Alabama Family Justice Center, or on the Mobile Unit to provide emotional support and practical information. After receiving medical advocacy, follow-up counseling is provided as needed by Rape Response staff. Rape Response staff provide short-term individual counseling, support groups, and legal advocacy.

## Assessment

The state-approved American Society of Addiction Medicine (ASAM) substance abuse placement assessment can be conducted to identify the appropriate level of care needed and begin the discussion about referrals. Many state funded treatment centers require an assessment before a client can be considered for admission. RRC staff is able to complete the placement assessment without an appointment, but because it may take up to two hours, appointments are encouraged.

## Peer Support

Each individual who receives services from the RRC is linked to a Certified Peer Recovery Support Specialist. Peer support specialists serve as on-call advocates for people looking for substance use treatment information and/or services. Peers respond to requests for substance use advocacy at all Birmingham area emergency rooms and the local Crisis Center offices. The peer provides emotional support, answers questions, explains the Recovery Resource Center process, and assists clients in completing necessary intake paperwork. They inform the client about the services offered by the Recovery Resource Center and will provide them with an appointment to have their state assessment (ASAM) completed if necessary. Additionally, they may offer support or answer questions for the family at the medical facility, but the client remains our primary concern and focus of attention.

## Recovery Crisis Line

Recovery Crisis Line volunteers provide supportive crisis counseling via the telephone to individuals who are struggling with substance use or issues related to substance use. Volunteers are trained to be active, non-judgmental listeners who allow the caller to express and sort through his or her thoughts and feelings in confidence. Although the volunteer may offer options and provide information during the problem solving stage of this process, the goal in most cases is to assist the caller in developing his or her own solutions. Examples of presenting

problems include depression, feeling of loneliness, family conflicts, assistance with basic needs referrals, and providing a way for callers to more easily access various substance use treatment resources via the Recovery Resource Center.



# Code of Ethics

When faced with ethical dilemmas, staff and volunteers of the Crisis Center are expected to engage in a carefully considered ethical decision-making process, or “code”, consulting available resources as needed. Resolving ethical issues is a process and ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards. The following code of ethics offers a set of values, principles, and standards to guide decision making and conduct when ethical issues arise. It does not provide a set of rules that specify how crisis counselors should act in all situations. It helps to clarify what their responsibilities are to their callers or clients and to society. Using a code of ethics and evaluation of the context of the situation, crisis counselors work with callers and clients to make decisions that promote growth and safety. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law but may result in termination of employment or volunteer position.

Another purpose is to give the Crisis Center some measure of assurance that individual workers will not behave in ways that could damage its standing in the community. When a crisis center adopts a code of ethics it also hopefully gives the community some guarantee that its workers will demonstrate a sensible regard for the mores and expectations of the community.

Finally, a code of ethics gives the Center and its workers a means of safeguarding their personal freedom and integrity. For example, if you could demonstrate that your decision to break confidentiality was based on a careful assessment of factors which are widely accepted as indications of “clear and present danger to an individual or to society”, your personal liability and the Center’s would be greatly diminished.

Addressing complex ethics questions requires crisis counselors to have a set of skills that include the ability to:

- Identify the ethical dimensions of crisis intervention,
- Articulate conflicting values and ethical dilemmas when they arise,
- Deliberate on options and courses of action using inclusive methods that engage callers and clients when appropriate, and
- Implement and evaluate solutions to keep the process open for revision, especially in situations where information is limited or developing quickly.

The Crisis Center, its programs, staff, and volunteers adhere to a code of ethics which is integrated from the codes of ethics of the American Association of Suicidology (A.A.S.), the American Counseling Association (ACA), the National Board for the Certification of Counselors (NBCC), the National Association of Social Workers (NASW), the American Public Health Association (APHA), and the American Association of Marriage & Family Therapists (AAMFT).

Good intentions are necessary but not sufficient to help others, and even those who are trained in mental health or medical professions may not be effective Crisis Counselors. Unconditional positive regard, genuineness, and empathy must be accompanied by thorough training in the techniques that have been shown to be effective in crisis intervention. Volunteers and staff are required to read, become familiar with, and abide by this statement of the Crisis Center’s code of ethics. A code of ethics is a creed or a commitment to honorable and agreed-upon standards. The spirit and success of ethical counseling is dependent on all abiding by this code.

The following ethical standards are relevant to the activities of crisis counselors. These standards concern (I) welfare of consumers, (II) confidentiality, (III) role clarification, (IV) competence and integrity, (V) representation of services, (VI) cooperation with other professionals, (VII) research and evaluation. The extent to which each

standard is enforceable is a matter of professional judgement to be exercised by those responsible for reviewing alleged violations.

## Terms

The terms consumer, client, or caller may be used interchangeably and refers to any person who makes use of the Crisis Center's services.

The terms counselor, volunteer, advocate, peer, or crisis worker may be used interchangeably, and refer to any person working as an agent of the Crisis Center delivering services to consumers in need. Staff members, when functioning as a counselor, are included in this definition.

Staff, shift manager, program coordinator or director, clinical supervisor or director, or executive director refers to any trained professional in paid employment of the Crisis Center.



### I. Welfare of Consumers

While the nature of crisis work lends to a shorter relationship with consumers than traditional counseling, staff and volunteers continue to aid client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client's right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

1. With respect for the dignity and diversity of each consumer and his or her gender, age, class, cultural, racial, ethnic, ability impairments, nationality, religious background, sexual orientation, gender identity, or gender expression, counselors promote the welfare of consumers and extend the core conditions of counseling to each-- unconditional positive regard, genuine caring, and authenticity.
2. Counselors provide services to consumers only so long as it is reasonably clear that clients are benefitting from the service. Counselors avoid fostering dependent counseling relationships.
3. If it becomes clear that the consumer would best be served by referral to another counselor, another service, or another agency, such referral should be accomplished without delay.
4. In the event of referral, the referring counselor should continue to render assistance as needed until such time as the responsibility for helping the person can safely be assumed fully, if that is appropriate, by the worker taking over the case.
5. Crisis service should be provided only in the context of a professionally delivered program (as contrasted with "service" rendered on one's personal time, in one's social life, etc.)

6. Counselors shall refrain from labeling or diagnosing consumers unless there is clear standard of practice, therapeutic reason, or qualified training to do so.
7. Counselors are aware of the potential to abuse power and strive to remain unbiased and unwilling to use influence to persuade consumers on political, religious, stereotypical, social, financial, and/or other personal values.
8. No illegal interaction should transpire while providing crisis services.
9. Any special procedure such as recording an interview, use of clinical data for teaching, participation of a third party in the interview, or any unusual consideration that may lead the person to decline continuation of the helping process, should be discussed with the person and permission obtained before it is implemented. If the person is not capable of giving informed consent—the consent of a responsible family member should be obtained if possible. In any case, the right of privacy should be fully respected.
10. The counselor should respect the social and moral attitudes of the community in which he or she works, assuring that the reputation of persons or agencies are not unnecessarily jeopardized.
11. The Crisis Center believes that each individual associated with the Crisis Center (staff, volunteers, and consumers) has the right to be free from harassment because of age, color, creed, religion, national origin, disability sex, sexual orientation, gender identity, or gender expression. Harassment can come from superiors, fellow employees, or volunteers. The Crisis Center cannot stress enough that it will not tolerate any form of sexual harassment. The Crisis Center will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance that creates an intimidating, hostile or offensive working environment or otherwise is harassing.
12. The burden for promoting the welfare and quality counseling is clearly on counselors and staff. Consumers are responsible for making informed decisions and applying problem-solving skills which the counselor has facilitated.



## II. Confidentiality

One of the core conditions of crisis counseling is confidentiality. Crisis counselors should respect consumers' right to privacy and should only disclose confidential information when appropriate with valid consent or if a consumer is in imminent risk of harm to self or others. Clients have a right to know the limits of confidentiality and should have the option to disclose or not disclose information.

1. Maintaining the confidentiality of information from consumers is a primary responsibility. Such information should not be communicated to others unless specific provisions for such release are met.
2. Confidentiality is a permanent covenant between crisis counselors, the Crisis Center, and the consumer. Both during one's term of volunteering and/or employment at the Crisis Center, and unendingly into the future, consumers' privacy will be maintained.
3. Confidential information may be revealed when, after careful consideration, there is clear indication of imminent risk to an individual or to society, and then information is only

released to those who must be informed in order to reduce that danger. Persons who may be in potential harm or danger, along with emergency personnel may be contacted without the consumer's said permission, after consultation with shift manager or program coordinator has been sought.

4. Information about consumers may be discussed only by others clearly concerned with the case, and then strictly for professional purposes, such as consultation, clinical supervision, and case management. Consultation and clinical supervision between counselors and staff or supervisors is equally bound to confidentiality for the consumer.
5. With the exception of 3 and 4 above and only when the consumer gives express permission, may information be disclosed to another individual. The consumer should specify what information may be given, and to whom, preferably in writing or notated by the counselor. Consent to release information should be time-bound.
6. Written and oral reports should contain only information germane to the purpose of the report. Every effort should be made to protect the person's privacy.
7. In writing and teaching, care should be taken that any clinical material used should be presented in such a way that the identity of the individual is protected.
8. The identity of research subjects should not be revealed or rendered recognizable without explicit permission.
9. The counselor should assure that appropriate provisions are made for the maintenance of confidentiality in the storage, retrieval, use and ultimate disposition of records.

### III. Role Clarification



in a crisis. Boundaries are an important part of the counseling relationship, especially in a crisis. The responsibility for boundary setting is on the crisis counselor, and these boundaries may be physical, emotional, or relational. Crisis counselors must model healthy boundaries for consumers.

1. The counselor should not provide services to his/her associates, friend, or family members except in the most unusual circumstances, and then only with the concurrence of an experienced consultant.
2. At all times, the counselor will avoid a personal or business relationship with a consumer, even when the consumer requests it.
3. At no time is it appropriate to meet a consumer at a location for socializing, dating, or having sexual intimacy.
4. Counselors will refrain from furthering their personal needs (such as using self-disclosure, developing friendships with consumers); consumers' needs will be of the utmost priority.
5. Consumers of the Crisis Center's services will never rely on a Crisis Center volunteer for transportation, and a volunteer or counselor will never offer it,

except in the most unusual circumstances after having first sought consultation/ permission from staff.

6. No commission, rebate, or any other form of remuneration will be offered or accepted by reason of referral to or from a crisis worker for the provision of crisis services.
7. The crisis worker should not use his/her relationship with the consumer to promote his/her own benefit or that of any agency or of any other enterprise.
8. A crisis worker associated with the Crisis Center should not accept a fee or other form of remuneration for providing services to a person who is entitled to those services through the agency or institution.
9. Crisis worker in an agency or institution should not accept a gift from a consumer, unless its nature and value fall within the limits established by the Crisis Center or its board for such gifts.



#### IV. Competence and Integrity

Training to becoming a volunteer with the Crisis Center is a long process. Trainers attempt to cover as much material as possible while respecting the time of the trainee. Training may be classroom or lecture style learning, experiential, or self-study, and volunteers are expected to complete a minimum of four hours of additional education each year. Even with training as extensive as that of the Crisis Center, volunteers and staff may run into situations that they are not equipped to handle. Volunteers and staff are expected to consult with other Crisis Center personnel when they are faced with a situation in which they do not feel competent to respond appropriately.

1. Crisis counselors shall place the highest value on integrity. Whether as a practitioner, teacher, trainer, or researcher, the best interests of the consumers served remain the chief priority at all times.
2. Responsibility should only be undertaken or assigned for those activities for which the counselor has been trained and has demonstrated an adequate level of competence. If the needs of the consumer are beyond the competence of the volunteer, referral to someone with the needed skills should be accomplished as expeditiously as possible, assuring a smooth and seamless transition.
3. If lack of competence is observed in other persons or agencies, the observation should be made known directly to the individual or his or her supervisor or to the individual responsible for taking corrective action.
4. Counselors seek consultation from shift managers, staff, program coordinators, or supervisors and pursue ongoing training and education.
5. Counselors will empower consumers to make their own decisions and will not place themselves in a position to make a decision on a consumer's behalf.
6. If physical or emotional problems interfere with the crisis worker's optimal functioning, appropriate steps should be taken to see that such problems do not compromise the quality of services offered. The interests of the consumer should be considered a priority. Measures should be instituted to correct the counselor's problems. Counseling and crisis work should be deferred till such problems no longer interfere with the counselor's competence.



## V. Representation of Services, Qualifications, Materials



Volunteers of the Crisis Center represent a wide variety of backgrounds, interests, and values. Crisis counselors must ensure that they remain neutral when representing the Crisis Center with consumers and the general public. Regardless of their qualifications outside of the scope of the Crisis Center, crisis counselors should only represent themselves as trained volunteers, supervised by licensed clinicians.

1. Counselors will present themselves to consumers as trained volunteers with professional counselors on staff who have provided extensive and ongoing training.
2. The counselor will accurately represent their own qualifications and those of the Crisis Center.
3. The counselor should not provide information which would imply the presence of qualifications or affiliations, professional or otherwise, that is not accurate, or would lead others to assume qualities or characteristics that are not correct. If misrepresented by others, the crisis worker should rectify such misperceptions.
4. The counselor should not use their affiliation with an organization, or its programs, for the purposes which are not congruent with the stated purposes and objectives of that organization. When using the logo, supplies, and acting as a representative of the Crisis Center, the counselor or staff person will adhere to agency policies, standards, and ethics related to fees, administration, services, programs, representation, professionalism, etc.
5. Counselors will refrain from using the name of the Crisis Center programs, for business or correspondence of any clinical nature in social media, e-mail, or internet.
6. Crisis Counselors will refrain from giving advice. Even if trained in another profession, counselors will refrain from issuing directives to consumers, such as legal advice, marital advice, etc. Counselors will practice only within the scope of counseling and will not serve as legal advisors or legal experts. Counselors exercise special care when making recommendations to consumers or when making public statements about crisis work.
7. In the course of a crisis, illegal actions by the consumer in crisis should not be encouraged or facilitated. If a legal issue is present of which the consumer is not aware, the crisis worker should inform the person of the issue. In no case should the counselor participate in an illegal act.
8. Counselors will be mindful that there are different standards for counseling and interacting with minors (teenagers and children) and will use good judgment accordingly.
9. When representing the Crisis Center, public statements, whether direct or indirect, should be accurate and free of sensationalism, bias, distortion, or misrepresentation of any kind. Special care in this regard is required in activities related to news articles and media coverage aimed at stimulating public awareness and support of the agency, and for solicitation of funds to continue the agency's work.

10. When information is provided to the public about crisis intervention techniques, it should be made clear that such techniques are to be used only by persons adequately trained in their use.
11. In any communication with the public, care should be taken to avoid any implication that the counselor or agency endorses the purchase or use of a commercial product or service.
12. Any proffering of suicide prevention and crisis intervention should be carried out within strict limits of community standards, propriety, and good taste.
13. All materials prepared by a counselor, in carrying out his/her regular duties in an organization shall be the property of that organization. Release or publication of such materials will be governed by the policies established by the organization.
14. Materials prepared by a counselor in an agency, other than those materials resulting from their regular duties shall, if published and if the agency so desires, include a disclaimer of responsibility on the part of the agency for the content of the published materials.



## VI. Cooperation with Other Professionals

Mental health is a community issue, and as such, crisis counselors may provide a variety of referrals to consumers in order to ensure that a holistic approach to intervention is being used. Because crisis counselors often get only a snapshot of a consumer's entire story, it is important that they support the interventions recommended by mental health and medical professionals.

1. The integrity, traditions and potential helping role of all professions and disciplines should be acknowledged and respected, both in relations between disciplines and in communications with persons in crisis. No suggestion of precedence among disciplines should be expressed or implied, though special needs may call for unique skills in individual cases.
2. Counselors should not knowingly enter into a competitive role with other providers in the community. If the consumer has a previously established relationship with another care giver, the counselor should attempt to integrate the efforts being made. In no case should there be an effort to prevent the other care giver from being informed of the counselor's role. Mutual agreement of all concerned as the best way to assist the person in crisis should be strived for.
3. Counselors take steps to ensure that other cooperating agencies to whom consumers are referred are qualified and have policies in place to render appropriate care for the referred consumer.





## VII. Research, Evaluation, and Other Ethical Matters



Due to the confidential nature of the work done by crisis counselors at the Crisis Center, staff and volunteers do not often have the opportunity to engage in scientific research. When the Crisis Center does take advantage of opportunities to be a part of research, all consumers, staff, and volunteers will be given ample information with which to make a decision about participating in said research. No consumer, staff, or volunteer will be required to participate in research.



1. All research activity must be carried out with meticulous attention to the well-being and dignity of all participants.
2. The design and methodology of clinical studies shall follow federal guidelines for research involving human subjects.
3. Research carried out in an agency or institution must be reviewed and approved by the governing board of that institution, which must determine that compliance with human rights regulations will be observed.
4. All other matters related to research and publication not otherwise discussed in this code of ethics should be deliberated with the program coordinator, clinical supervisor and/or executive director on staff.
5. All matters related to measurement, assessment, testing, evaluation, and interpretation of results should be deliberated with the program coordinator, clinical supervisor, and/or executive director on staff.
6. Staff members who conduct group counseling or professional counseling on the premises or in the field are accountable to the codes of ethics which govern the professional counseling community nationally.
7. Counselors, when faced with an ethical dilemma or even a small doubt about an ethical question, err on the side of caution and seek consultation with peers, shift managers, program coordinators, or supervisors.
8. Ethical codes for clinical supervision and consultation guide the consultative/ supervisory process.

# Mandatory Reporting

## Reporting Laws for Minors and Adults

 <p style="text-align: center;"><b>Reporting Laws for Minors</b></p>	 <p style="text-align: center;"><b>Reporting Laws for Adults</b></p>
<p>There are mandatory reporting laws in the state of Alabama for any crime committed against anyone 18 and under. If you are talking with someone who indicates that a juvenile has been sexually assaulted, or in any other way abused or neglected The Crisis Center is legally obligated to report the incident to the Department of Human Resources.</p>	<p>There are mandatory reporting laws in the state of Alabama for any crime committed against anyone over 18 who meets the definition of an adult in need of protective services (see below). If you are talking with someone who indicates that an adult who meets the criteria of needing protective services has been sexually assaulted, or in any other way abused or neglected The Crisis Center is legally obligated to report the incident to the Department of Human Resources.</p>

	 <b>Reporting Laws for Minors</b>	 <b>Reporting Laws for Adults</b>
Population	<p>Child: Any person under the age of 18 years.</p>	<p>Adult: A person 18 years of age or older whose behavior indicates that they are mentally incapable of adequately caring for their person or interests without serious consequences to themselves or others, or who, because of physical or mental impairment, is unable to protect themselves from abuse, neglect, exploitation, sexual abuse, or emotional abuse by others, and who has no guardian, relative, or other appropriate person able, willing, willing, and available to assume the kind and degree of protection and supervision required under the circumstances(Code of Alabama § 38-9-2(2)).</p>
Abuse	<p>Harm or threatened harm to a child’s welfare. Harm or threatened harm to a child’s health or welfare can occur through nonaccidental physical or mental injury, sexual abuse or attempted sexual abuse or sexual exploitation or attempted sexual exploitation.</p>	<p>The infliction of physical pain, injury or the willful deprivation by a caregiver or other person of services necessary to maintain mental and physical health.</p>

	 Reporting Laws for Minors	 Reporting Laws for Adults
Sexual Abuse	Includes the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in any sexually explicit conduct or any simulation of the conduct for the purpose of producing any visual depiction of the conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children as those acts are defined by Alabama law.	Forms of sexual abuse include rape, incest, sodomy, and indecent exposure.
Exploitation	The sexual use of a child for sexual arousal, gratification, or profit.	The expenditure, diminution or use of the property, assets, or resources of a person, without the express voluntary consent of that person or his legally authorized representative.
Sexual Exploitation	Includes allowing, permitting, or encouraging a child to engage in prostitution and allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting a child for commercial purposes.	Actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another.
Neglect	Negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, supervision, clothing, or shelter.	The failure of a caregiver to provide food, shelter, clothing, medical services and health care for the person unable to care for himself; or the failure of the person to provide these basic needs for himself when the failure is the result of the person's mental or physical inability.
Emotional Abuse	The willful or reckless infliction of emotional or mental anguish or the use of a physical or chemical restraint, medication, or isolation as punishment or as a substitute for treatment or care of any protected person.	The willful or reckless infliction of emotional or mental anguish or the use of a physical or chemical restraint, medication, or isolation as punishment or as a substitute for treatment or care of any protected person.

Inform the client that if you receive identifying information (name, address, phone, etc.) that the Crisis Center is obligated to make this report and that we will be calling the appropriate authorities immediately. Offer support to the client while taking time to dispel some of their reporting fears. Even if you are told that the matter has already been reported, applaud that action and state that you, too, must call. Duplicate calls will not hurt anyone. The procedure will make sure that the person gets the help that they need. If the client does not provide any identifying information, inform the client that he/ she should make the report themselves and encourage them to do so.

## Filing a Report

- For phone volunteers:
  - Complete as much of the Abuse Report Form on iCarol as possible.
  - let your shift manager know that you've submitted information about suspected abuse.
- For advocates:
  - collaborate with the SANE to complete the Report of Abuse form



- A Crisis Center staff person will call DHR to make the report.

Department of Human Resources at 324-2135 Child Abuse Hotline or Adult Abuse Hotline 1-800-458-7214. You will need to provide the zip code of the victim so that the appropriate caseworker will be assigned.

## General Notes on Reporting Laws

There are three cases when law mandates you to break client confidentiality. Those times are:

1. Reports of child abuse or adult abuse- this report goes to DHR.
2. Threats to harm self- this information will go to someone in a position to provide care for the person at imminent risk: emergency services, police, someone in the client's support system.
3. Threats to harm others- this information will go to the police.

We understand our callers' concern for confidentiality but must also do what is necessary to ensure safety.

In mandatory reporting, there are some additional things to keep in mind.

- If in doubt, it is always appropriate to consult with a Crisis Center Staff member.
- Privileged relationships are not grounds for excluding evidence except lawyer-client. [Ala.Code 1975 § 26-14-10]
- Persons making a good faith report of known or suspected abuse, neglect, or exploitation are immune from civil and criminal liability. This immunity exists with respect to the reporting, the investigation, and any judicial proceedings resulting from the report [Ala.Code 1975 § 26-14-9]

All volunteers must complete the Alabama DHR Child and Adult Mandated Reporter Training, which you can access by clicking the link scanning the QR Code.



<https://aldhr.remote-learner.net/course/index.php?categoryid=1>



STATE OF ALABAMA DEPARTMENT OF HUMAN RESOURCES  
**WRITTEN REPORT OF SUSPECTED CHILD ABUSE/NEGLECT**

Please print or type all known information. The Child Abuse/Neglect Reporting Law and instructions are explained on the back of this form.

**SECTION I – CHILDREN ALLEGEDLY ABUSED OR NEGLECTED**

	NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH/AGE
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		
3.		<input type="checkbox"/> M <input type="checkbox"/> F		
4.		<input type="checkbox"/> M <input type="checkbox"/> F		
5.		<input type="checkbox"/> M <input type="checkbox"/> F		
6.		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS \_\_\_\_\_  
Street Address City State Zip Telephone Number

**SECTION II – OTHER PERSONS LIVING WITH THE CHILDREN (Include parents/custodians and other children in the home)**

	NAME (First, Middle Initial, Last)	DATE OF BIRTH / AGE	ETHNICITY	RELATIONSHIP TO THE CHILDREN
1.				
2.				
3.				
4.				
5.				
6.				

**SECTION III – PERSON(S) ALLEGEDLY RESPONSIBLE FOR THE ABUSE OR NEGLECT**

	NAME (First, Middle Initial, Last)	SEX	ETHNICITY	DATE OF BIRTH / AGE
1.		<input type="checkbox"/> M <input type="checkbox"/> F		
	<small>Street Address City State Zip Telephone Number</small>	<small>Relationship To Children Allegedly Abused/Neglected</small>		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		
	<small>Street Address City State Zip Telephone Number</small>	<small>Relationship To Children Allegedly Abused/Neglected</small>		

**SECTION IV – ABUSE OR NEGLECT ALLEGATIONS (Describe what happened, how it affected the children, and the date(s) occurred, if known.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did you see the abuse or neglect when it occurred?  Yes  No If no, how did you find out about it? \_\_\_\_\_

Please identify other people who witnessed the abuse/neglect or who may have information about the child's or family's situation.

	Name	Address	Telephone #	Relationship to Children
1.				
2.				

**SECTION V - OTHER PERTINENT INFORMATION**

\_\_\_\_\_

**SECTION VI - REPORTER**

Name	Address	Telephone Number	Title/Agency/Relationship To Children
Did you verbally report the allegations to the Department of Human Resources or law enforcement? <input type="checkbox"/> Yes (specify to whom in section below) <input type="checkbox"/> No			
<small>Name</small>	<small>Name of County DHR, Police Department, or Sheriff's Department</small>	<small>Date Reported</small>	
<small>Signature</small>		<small>Date</small>	

**For DHR Use Only** County \_\_\_\_\_ Case # \_\_\_\_\_ Date Report Received \_\_\_\_\_

# Attributes of Responsible Volunteers

## Dependability

Punctuality and reliability are necessary for the overall program to function effectively. It is vital that all volunteers be responsible for their scheduled time on duty.

## Attitude

It is essential to treat all callers, clients, and consumers with unconditional positive regard.

## Confidentiality

Remember that all records are maintained with the greatest confidentiality. Be aware that we are non-judgmental in our dealings and comments. Our role is to be of direct service to our clients and not to comment on their values, actions, or lifestyle. Perform in an accurate and professional manner. Take care that this manual is always in a safe place.

You are not to discuss any client matters with anyone outside of this program. That includes family and friends.

Become familiar with the services offered by the program in order to comfortably and confidently convey information to clients or to the public at large.

## Commitment

It is crucial that volunteers attend scheduled in-services whenever possible, fill out required documents, and seek an active role in the functioning of the program.

In order to cover all of the volunteer shifts per month, we ask that all volunteers complete 2 shifts a month. If for some reason, a volunteer will be unable to work their shift, it is imperative that you communicate this with your Program Coordinator and/or Shift Manager as soon as possible. All holidays must be covered, and these are rotated.

# Volunteer Self-Awareness

Individuals choose to volunteer for many different reasons. Some have been previously victimized or experienced a crisis and have a unique perspective to share with consumers. Some may be considering going into a human service career. Some simply want to help others. Whatever your motivations, you may experience personal pain as a result of your interaction with our clients. We feel it is important for you to understand this and to deal with it in a healthy manner.

### YOU MAY FEEL:

- **Unskilled:** The only skill required is the ability to listen well and to provide opportunity for callers to speak freely.
- **Inexperienced:** It is not necessary for those in the helping role to have experienced all that their client has experienced. It is only necessary to accept the people for who they are, even though they might be different from yourself.
- **Frustrated:** As an objective bystander, you may see a clear set of solutions to problems being experienced by the caller. It is acceptable to point these out to the caller as part of information about alternatives, but it is best not to tell the caller what to do or what not to do. Giving the caller control of decision making is an important part of the process.
- **Helpless:** Those of us who choose to work with people in crisis are often touched by the pain that they are experiencing. We wish this never happened to them, but we can't take their pain away. What we can do is let them know they are not alone, and help them manage and understand their pain.

# Volunteer Procedures

## Scheduling

Phone Room volunteers are asked to work a shift on the phones every other week. You will work with your Program Coordinator to establish this schedule based on your preferences as well as program needs.

Rape Response advocates are asked to work two twelve-hour shifts per month. You may schedule your on-call day during the preceding month or several months at a time. Scheduling is typically done via an internet sign up sheet.

## During Your Shift

Phone Room Volunteers:

- Log onto Ring Central on time.
- Check in with the other volunteers via the chat function.
- Log calls in iCarol.
- Do not give callers information about other volunteers, staff, or yourself: Do not give last names, shift schedules, phone numbers, etc.

Rape Response Advocates:

- Your shift will be from 5 a.m. to 5p.m. or 5 p.m. to 5 a.m.
- Staff answering the RR hotline will call the number you provide when a client is expected.
- Please provide staff with an accurate phone number to contact you when it is your shift.
- Ensure that your cell phone is on your person and fully charged when you take call.
- Be aware of areas that may lack cell phone coverage while you are on call.

## Changing a Scheduled Shift

Problems may arise which prevent your being able to work your scheduled shift. If the change is within 72

hours of your shift, notify the Shift Manager or Program Coordinator by email or phone. It is important that you speak to a staff member so that a possible replacement can be sought. If you foresee a change needed for a future date, please tell your Program Coordinator as soon as possible so that the schedule may be corrected.

## Documentation

- Documentation is crucial to the continuance of the program. Grant and funding sources require documentation of our work.
- Phone Room Volunteers: Log every call in iCarol. Please be sure to complete as much information as possible for each call.
- Rape Response Advocates: Fill out a Record of Service after every SANE case.

## Supervision

You are encouraged to process client contact with your program coordinator, shift manager, or any staff member. The Crisis Center has an Open Door policy, and someone will always be available to support you.

You are special and important to us. If at times this work creates a crisis for you or causes a resurgence of past grief, please allow yourself to receive the support that you are giving to others. Be sure to take the self-care suggestions in the manual to heart. If you need us, please call or ask for help and we will be there to support you, as you are there to support others.

## 10 Guidelines for Being a Good Volunteer



1 UNCONDITIONAL POSITIVE REGARD, GENUINENESS, AND EMPATHY are used to create a safe space for sharing and processing.

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2 ALL CLIENTS ARE EQUALLY IMPORTANT, no matter the severity of the problem. Every caller is equally as special as the last-- no more, no less. Even difficult calls have a special or wounded person at the end of the line.

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3 COUNSELING IS NOT ADVICE GIVING. Counseling is empathic, reflective listening in which the client is helped in developing their own solutions. Advice giving is better left to friends and family.

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4 COUNSELING IS DIFFERENT THAN CHIT-CHAT. It is not done in a “formula” or “cookbook” manner, although there are important guidelines for doing it well. A skilled counselor can make counseling seem as safe as chit-chat.

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5 BOUNDARIES ARE IMPORTANT, not just for the client, but also for the helper. Role- and function-clarification is very important. Counselors and advocates are facilitative listeners, not friends, lawyers, mind readers, ministers, advice-givers, or experts. Boundaries help clients and helpers identify what is ok and what is not ok.

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6 SELF-DISCLOSURE IS NOT COUNSELING. Counselors avoid sharing personal details with clients. Self-disclosure can take the focus away from the client, can minimize what the client is feeling, and sets a precedent with the client that personal information will be shared.

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7 COMMUNICATION IS WHAT THE RECIEVER RECIEVES. Is the client hearing you as you intended? Are you hearing them as they intended?

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8 PAIN IS PERSONALLY DEFINED. The idea that every person’s perspective is valid can be stated with the phrase “Same courtyard, different windows.” We all can all look at the same situation, but from slightly different viewpoints. Each perspective is very real and possibly very different. What is the perspective of your client?

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9 CARE FOR THE CAREGIVER IS IMPORTANT. Talking with your Shift Manager, a Program Coordinator or fellow volunteer is encouraged especially after challenging client interactions. Feedback, both to and from you, is very important to our success. Also, it is important to attend continuing education opportunities that the Crisis Center offers to stay up to date with information.

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10 DOCUMENTATION Each program documents contact with clients in different ways. Make sure that you are documenting your service appropriately and in a timely manner.

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