1977

Help Line of Coles County, Illinois: A Crisis Intervention Telephone Service

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Help Line of Coles County, Illinois:

A Crisis Intervention Telephone Service

(TITLE)

BY

REBECCA BLOCK

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Master of Arts in Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

1977
YEAR

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HELP LINE OF COLES COUNTY, ILLINOIS:
A CRISIS INTERVENTION TELEPHONE SERVICE

BY

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B.A., Brooklyn College, City University

of New York, 1968

ABSTRACT OF A THESIS

Submitted in partial fulfillment of the requirements of
for the degree of Master of Arts in Psychology at the Graduate School
of Eastern Illinois University

CHARLESTON, ILLINOIS
1977

"Help Line of Coles County, Illinois: a crisis intervention telephone service" begins with a review of literature regarding the growth and development of hotlines in the United States. Additionally, an in-depth study is offered of a specific hotline, the Help Line of Coles County, Illinois.

There is discussion of the procedures used for screening and training volunteers, as well as discussion of comparative statistics about calls received by other hotlines.

Five forms were devised for collecting data specifically relating to the Help Line: Feedback from Volunteers, Profile of Volunteers, Profile of Calls, Feedback from Agencies, and Community Canvassing. These were used to collect information such as sex,age, and education of volunteers, volunteer attitude, time of day and day of week calls were received, primary presenting problem of caller, referrals made, community response to service quality, and community awareness of service.

Subjects were: forty volunteers working with the Help Line between May and November, 1974, one staff person from thirty different Coles County social service agencies, Coles County residents placing the first five hundred calls logged by the Help Line, and one hundred residents of Coles County (randomly selected from the 1975 Charleston-Mattoon Telephone Directory).

The majority of volunteers reported that they

liked working on the Line, and felt that they were accomplishing something worthwhile. Most volunteers said that they felt good at the end of calls. The training received was seen as adequate by the volunteers. Also, they reported that the monthly inservice meetings were beneficial.

Twice as many volunteers were female than males. All of the volunteers had some college experience. Indeed, many of them were engaged in fulltime study while working on the Line. Most of those reporting stated that they had never sought professional help for their own problems.

Approximately half of the agencies contacted reported having received referrals from the Help Line. These referrals were seen as appropriate. Almost all of those contacted saw the Line as a necessary community service.

The typical call would have occurred between 5 PM and 9 PM on a Wednesday. It would have lasted fewer than five minutes and would have concerned legal, financial or employment information.

The number of female callers was almost double that of male callers. The most frequently occurring age group of callers was that of 19 through 21 years.

Although the Help Line of Coles County, Illinois, is operated on a comparatively small scale, and although

it has not been used extensively for crises, per se, there is evidence that it provides services in some important "grey" areas previously not attended to, in a manner which is low cost-low risk to clients.

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At a time in our society when anonymity is for many both a relief and a frustration, there has been a growth of "hot lines," telephone counseling and referral services. These hot lines answer the frustrations of anonymity while underscoring the benefits of guaranteed confidentiality through anonymity. Ironically, the telephone, an instrument so highly associated with invention and industry, in this instance points to a way in which technology has been applied to reverse the general effect and trend of depersonalization.

The Chinese denote "crisis" by the use of two characters: "danger" and "opportunity." Since the beginnings of telephone services in the 1950's, more and more have sought to find opportunity rather than danger in times of crisis by means of such services. A report in the Bulletin of Suicidology shows rapid growth of telephone services: three in 1958, nine in 1964, more than one hundred in 1969. Today, there are an estimated one thousand in operation.

Although the need for hot lines is undisputed, there are varying philosophies regarding their staffing, opera-

tion, function and effect. This paper will deal with some of the research on these issues. In addition, it will provide an in-depth descriptive study and analysis of a particular hot line: "Help Line" of Coles County, Illinois.

Pederson and Babigian (1972) suggest that telephone services can do more than crisis intervention. They suggest other uses,many of which would be preventative in nature. For example, the volunteer can give information to agencies (police, clergy, doctors, lawyers, etc.) about the availability of community mental health facilities. Also, the volunteer can help individuals with problems that friends or families are having by providing counseling or information about available resources. He can direct individuals who need help expediently to the most appropriate place, thereby increasing the chance for early treatment. Additionally, he may help coordinate the various mental health programs provided by different community agencies.

Insofar as relatedness between hot lines and existing mental health facilities is concerned, Frederick (1972) discusses the advantages of establishing crisis services

as autonomous units or as affiliates of an existing agency. He reports that the National Institute of Mental Health recommends that these units be located within the network of community mental health programs. The autonomous unit may provide a closer staff with more of a sense of solidarity, but may result in financial troubles and a lack of administrative protection. It may also find itself in competition with existing agencies for funds. Whereas, if the hot line were affiliated within an existing framework, it would benefit from already established community contacts and financial support.

On the other hand, it was found that the loss of isolation proved detrimental for some lines. The "Underground Switchboard" in Milwaukee (Killeen and Schmitz, 1973) increased their affiliation and became more respectable and acceptable and less "hip and hang-loose." The recruits became disillusioned, they experienced a loss of intimacy, a loss of a sense of innovation and "hipness." Garell (1969), reporting on a crisis service for young people, also points to the benefits of disassociation from existing services. He reports that the long waiting periods, association with "the establishment", unavailability of

service when needed, and/or "boxing" of their complaints, make adolescents hesitate before seeking services.

Whether as an independent service, or as one incorporated within a network, the telephone can be used in multi-faceted ways. Lester (1974) describes various uses of the telephone in helping people: suicide prevention centers, crisis services, teen hotlines, special services for the elderly, ex-psychiatric patient followup, drug hotlines, poison control, rumor control, dial-a-prayer. He cites the ways in which other therapists have reported using the telephone. Owens (1970, as in Lester, 1974), uses it in inducing hypnosis. Robertiello (1972, as in Lester, 1974) reports it of beneficial use in psychoanalysis with regard to transference. Beebe (1968, as in Lester, 1974) used it in re-integrating the schizophrenic into his family. Miller (1973, as in Lester, 1974), found that 97% of psychiatrists surveyed used the telephone for handling emergiencies. Further, he hypothesized that since telephone communication is limited to the verbal aspect, greater freedom for fantasy is allowed. Lester points to several contributions of telephone therapy: increased degree of client control, possibility of client anonymity, the possibility of "positive transference" onto an invisible counselor, increased accessibility of the

counselor, and more immediacy of counseling.

Another area of debate has been the use of paraprofessional volunteers rather than trained professionals to staff hot lines. Most lines are staffed almost exclusively by paraprofessionals, who are then trained by experienced "liners" or professionals. A major attraction is felt to be that volunteers are there at times when many other agencies are closed, there is less cost, if any, with paraprofessionals, and there is the chance for better use of professional skills. There is also greater potential for service delivery. Griglak (1969, in Tucker, Megenity and Vigil, 1970) emphasized the need for paraprofessionals, given the shortage of professional staff. Gruver (1971) points to this shortage of manpower and resources in the mental health fields. He found that non-professionals seem to have success in dealing with groups from whom professionals have met resistance (e.g., the poor, drug abusers, alcoholics, juvenile delinquents). He suggests that non-professionals may function as a "bridge" between professionals and their target populations, using interclass communication and mediation skills. Gruver also feels that non-professionals may bring fresh approaches and more flexibility to a problem. He points to some problems, however, in the utilization of non-pro-

fessionals, such as projection, "playing" at being therapist and digging for problem areas, and temporary participation with little sense of responsibility for the long-range welfare of the caller.

Since the use of paraprofessionals has indeed been widespread, much attention has been paid to the screening process. As will be seen later, these screening procedures varied from service to service. As a result of the processes, however, statistics have emerged concerning the personalities and characteristics of the phone volunteers. Tapp and Spanier (1973) focused on the personal characteristics of phone volunteers at the Suicide Prevention and Crisis Service of Erie County, Buffalo, New York. They found the volunteers to be normal (as judged by MMPI profiles), benevolent, non-authoritarian people whose ideals are aligned with those of modern mental health professionals (as measured by Cohen and Struening's 1962 "Opinions about Mental Health" scale). In this study, volunteers were compared with non-volunteer college students on three tests: Tennessee Self-Concept Scale (TSCS), Personal Orientation Inventory (POI), 60 Item Self-Disclosure Scale. Resulting data showed that the volunteers described themselves as more ethical on TSCS, higher on Self-Acceptance and Capacity for Intimacy (POI). In addition, they were generally seen

as more self-actualizing, more self-disclosing and more independent. Tapp and Spanier concluded that the mental health volunteer is an altruistic individual. Also, they reasoned that since all the above characteristics make a good therapist, vulunteers then serve as valuable role models for their clients.

Other researchers were also interested in the profile of one who volunteers to handle calls in telephone emergency services. McClure et al. (1973) designed such a study, utilizing two telephone services: Call for Help (a non-psychologically oriented crisis intervention service) and Youth Life Line (a teen hot line). With a total of 125 subjects, 74 were for the CFH and 51 for YLL. All persons were given a systematic interview and were found to differ only on reported history of psychiatric illness. The criteria used here were those of Feighner et al., as in McClure et al., 1973. They found that 22% of CFH volunteers were currently ill vs 4% of those in YLL. Reported lifetime incidence of emotional problems was 54% for CFH and 33% for YLL. Only two CFH volunteers could be considered psychotic. However, 35% of the CFH volunteers admitted suicidal thoughts vs. 12% for YLL. There was no significant difference in the number of attempts, though. They feel that the results support claims that volunteers report

a high incidence of emotional problems, as claimed by Resnick (1964, as in McGee et al., 1972), but they found less psychosis than Resnick and also fewer reported suicide attempts. They found the rate of normalcy to be in line with the 78% arrived at by Lester. They concluded that there is a need for screening for emotional problems as well as for appropriate motivation.

Resnick (1964, as in McGee et al., 1972) reports on 22 volunteers at FRIENDS of Dade County. They all underwent a battery of clinical tests, in addition to interviews. Seven were termed "normal", nine "neurotic", and six "psychotic." All the volunteers had a higher rate of suicide attempts than the population of callers. Concerning experience with suicide, in 1968 at the L.A. Suicide Prevention Center, researchers came up with three guidelines for screening volunteers. Hellig et al. (as in McGee et al., 1972) stated that first, volunteers who indicated specific interest in working in suicide prevention centers were generally poor choices. Second, volunteers should preferably not have had a close experience with suicide themselves. Last, they felt that experientially naive volunteers were also to be overlooked.

At another suicide prevention center, a more positively stated profile of the volunteer was drawn. McGee, Penninton and Hegert (1967, as in McGee et al., 1972) did a study

of 78 volunteers at the suicide prevention center in Orlando, Florida (WE CARE, Inc.). They concluded that the best volunteers could be described as those who are comfortable with themselves, love life and live it to the fullest, have a capacity for influential leadership, and actively experience a social existence.

As mentioned earlier, screening procedures varied widely as did training of volunteers. Indeed, in many cases, continuous screening occurred even during the training process. In 1970, a telephone service was started at George Washington University, called "Rapid Rescue" (Berman, Davis and Phillips, 1973). It was staffed entirely by volunteer students. They were screened by the authors in half-hour interviews to assess maturity, motivation and responsibility. They were each required to furnish two letters of recommendation. Further screening took place during an all-day training workshop, in which there were lectures given and situations in which role-playing was done. At American University, a campus-related, student-operated Multiple Emergency Service was started (McCarthy and Berman, 1971). Undergraduates with a major in psychology or related field staffed the line. They had a professional advisory board and professional backup. The authors did the screening and training. Students worked for course credit for Behavioral

Crisis Intervention. They underwent an interview, MMPI, and thirty hours of training. This included didactic instruction, tape review, role playing, and observation of trained liners.

Burns and Dixon (1974) did a survey regarding the types of training offered volunteers. Brockopp and Yasser (1970, as in Burns and Dixon, 1974) describe the Erie County Suicide Prevention Center. Their training takes one month and involves three hour sessions twice weekly, including role-playing, feedback, self-examination and inservice lectures. Reismann (1967, as in Burns and Dixon, 1974) delineates three areas for training: definition of role for each volunteer, extensive information, and unification of training. Hellig et al. (1968, as in Burns and Dixon, 1974) developed a plan for selecting non-professionals for work in a suicide prevention service. Their plan incorporates an interview, a written autobiography and an MMPI profile. They stress three primary areas of training: coverage of relevant theories, practice in handling calls, and examples of actual calls and case histories. Faberow (1969, as in Burns and Dixon, 1974), stresses the importance of eliminating from the volunteer's orientation the social stigma usually associated with mental health organizations and emotional problems. Fowler and McGee (1970, as in

Burns and Dixon, 1974) developed a scale, the Fowler Technical Effectiveness Scale, to assess the effectiveness of telephone volunteers as concerns their skills in communication, assessment of crisis, and planning. The results of the survey done by Burns and Dixon show that no systematic approach to selection is used by existing lines. They found a tendency toward general screening for pathology among the volunteers, with training serving as "natural selection." This result is in accord with the results of a survey done by McCord and Packwood (1973) in which 253 centers were surveyed. It was found that three-fourths of the centers used the training procedure itself as a screening device. Only 34 centers used testing: 50% MMPI, and 50% CPI.

McCord and Packwood report that, after the screening, listener training revolves around interpersonal skills, crisis intervention techniques, knowledge of drug terms, youth slang and culture, and knowledge of availability of other service agencies. They found in their survey that an average of 50 hours is devoted to training. Of the centers reporting, 86% use a formal in-service training procedure. A variety of types are used, including discussion, lecture, role-playing, supervised answering of calls, sensitivity training, films, etc.

In terms of adequate training, Charles Lamb (1969) wrote about some of the errors and fallacies of telephone therapy which he felt needed to be incorporated in a good training program. He is affiliated with the Suicide Prevention and Crisis Service of Erie County. It is staffed by professionals and graduate students at night and on weekends, and by trained non-professionals during the day. Lamb feels that there are six "fantasies" which the beginning liner must come to grips with. In the "Fantasy of Omnipotence," the volunteer is committing the "I have to do something" error. He may be plagued with thoughts of "But all I'm doing is listening", "If I talk about it, it may happen", or, "But the caller's manipulating me!" In the "Fantasy of the Good Mother," the all-loving error, the underlying thought is that "Callers are all lovable human beings." In the "Fantasy of Omniscience," the volunteer feels that "If I only knew about . . ., I could help." In the "Fantasy of Infallibility/Fallibility," the volunteer thinks "If I can't think of one, there must be no answer," and "If it's all I can think of, it must be The Answer!" Lamb also lists the "Fantasy of the Ultimate Answer" and the "Fantasy of the Benevolent Caretakers." He feels that as a result of discussions of the above "fantasies," the volunteer will

learn that he can listen, be himself, mobilize resources, learn his own limits, and provide feedback for the caller.

Once volunteers have been screened and trained, their performance needs to be monitored. McGee et al. (1972) did a summary and critique of an intervention program and its personnel. They found that criteria for performance of volunteers varies greatly. They contend that supervision and constructive feedback for volunteers is necessary and desirable. Indeed, the morale in the center may depend on it. Technical effectiveness may be seen in terms of Fowler's Technical Effectiveness Scale (1972, as in Burns and Dixon, 1974). They measured clinical effectiveness, checking tapes for empathic skills, warmth and sincerity.

Various surveys have been done regarding the statistics compiled for hot lines. These include data of varied dimensions. In the extensive survey by McCord and Packwood (1973), much information was gathered. For example, they found that there was a wide variety of service hours provided. Of the 253 centers polled, 27% were operative less than 12 hours each day; 65% were open 24 hours. The fewest calls were received between 3 AM and 9 AM. Most calls were recorded between 6 PM and midnight. The average number of calls per center per day was 113. Anywhere between one and twelve lines were available for incoming calls, with the average

being 2.6 lines. The number of listeners averaged between 1.6 and 3.4 on duty per shift. As far as staff are concerned, the number of full-time staff ranged from 2 to 200 per center, with the average of approximately 11. Part-time staff ranged from 2-150, with an average of 26.3. The average full-time listener worked 43.8 hours per week. The average part-time listener worked 6.7 hours per week.

The types of services were divided as follows: all counseling, all referrals, 50% walk-ins, 50% house calls, 45% practicum setting, 43% information, 31% "freak out" services. Obviously there is overlap, i.e., that some services identified themselves by several categories. The types of calls were classified with the following percentages of occurrence logged: drugs (from 2-80%, average 20%), 13% interpersonal relationships, 10% family problems, 10% resource needs, 9% sex and pregnancy, 8% dating and marriage, 8% feelings (general counseling), 6% suicide (contemplated, threatened or attempted), 6% crank calls, 5% school related, 4% legal and draft. In terms of financing such operations, McCord and Packwood found that the median operating budget was $10,000, with a range of from $200 to $100,000. They found that 50% of the service centers charge fees for some services, and 50% depend totally on agencies and institutions for support. Two-thirds of the services pay no rent. Full-

time staff were paid by 61%. Almost all part-time help was voluntary. Professionals serve as backup for 93% of the centers, most of whom are unpaid for these services. As concerns liability insurance, 84 of the 253 centers pay for coverage for both professional and non-professional staff.

By comparison, the telephone service described by Pederson and Babigian (1972) reported about 35 calls per day during the first twelve months of operation. The calls ranged as follows: 18% emotional difficulties, 14% suicide calls, 29% information, 32% continuing contacts, 20% prank calls or hang-ups. Indeed, they reported that many professionals used their service as a source of information. Their line operates 24 hours/day, seven days each week. It is staffed by trained volunteers, 30% of whom are students, most of whom (67%) are female. They each work five hour shifts once or twice weekly.

Further examination of specific hot lines proved interesting. In a study done by Tucker et al. (1970), the line in question operated between 7 PM and midnight while school was in session. Volunteers completed a work-sheet for each call received, including time, date, statement of problem, observations about level of crisis, referrals made, etc. Counselors and legal advisers served as back-up

resources. Once a month, in-services were held for discussion of problems and suggestions. In seven months of operation, 380 calls were received. This is also lower than the McCord and Packwood average. Of the calls received, 55% were from females, 45% from males, 37% were "hang-ups" and 14% were informational. The major problem areas outlined were dating (29%), family (19%), loneliness (12%), school (9%), and pregnancy (9%). One-third of calls received were referred to other sources. Of these, 24% were to counseling centers, 18% to student health services, 16% to college instructors, and 15% to ministers. They experienced that follow-ups on these referrals were difficult because of the anonymity of the caller.

For a view of a more active hot line, let us examine the data gathered on the Rapid Rescue telephone service (Berman et al., 1973). In twenty months, 7,966 calls were logged. Twenty-two problem areas were listed on log sheets, which combined to make four major areas: psychological, medical, information (legal, housing, vocational, etc.), and calls for specific volunteers. Calls from the psychological category accounted for more than half of the total calls received (4,043); the remainder were distributed as follows: specific volunteer calls (1,589), medical (1,178), and general information (1,156). They reported 2,000 more

female callers than males. Most calls (43%) were taken between 6 PM and 10 PM, 28% between 10 PM and 2 AM, 20% between 2 PM and 6 PM, and 9% between 10 AM and 2 PM. Saturday and Sunday were found to account for the least calls, amounting to only 18% of the total.

Contrary to what was the case at Rapid Rescue, Garell (1969) reported, in his study of a hotline for young people, that the busiest time was the weekends. During their first year of operation, 7,000 calls were received. On the weekends, 25 calls per day were received, as compared with 19 calls per day on weekdays. The line, funded by the California Department of Health and other foundation grants, operates from 6 PM to midnight during the week and until 2 AM on Friday and Saturday nights. Three staff are on duty at one time, with four lines operating. In addition, "patch-in" consultations are possible. Also, an answering service is used for other than regular hours of service. The staff, mostly graduate students in social work and psychology, are paid $15 for six hours of work. The calls they logged lasted from one minute to three and one-half hours, with the average being 20 minutes. Most callers were between 13 and 20 years old, with an average of 17. There were twice as many female callers as males, which appears consistent with reports cited earlier. In

terms of categories, 21% of the calls were boy-girl related, 19% parental conflict, 7% drugs, 5% school, 3% loneliness, and 3% shyness.

Since, as it was mentioned earlier, referrals are difficult to follow up, there remain few ways to test the effectiveness of crisis telephone intervention services. One study was done, however, to test the "efficiency" of the services. McGee, Richard and Bercun (1972) did a study of 19 different services in the southeastern United States. "Efficiency" was defined as how long it takes the caller to be connected with the crisis worker. The time interval recorded began with the ringing of the telephone and ended when the speaker identified himself as the worker on duty. Calls were handled in one of several ways: directly by the worker, by operator or receptionist, who then switches the call to the worker on duty, by a commercial answering service which connects with the worker at home, a recording with the worker's number given to the caller, etc. The results show that, in terms of time elapsed between call and connection, it is not considered efficacious to have calls handled through an agency other than the crisis agency. The best results were consistently obtained with lines in which the worker answered directly.

From the above review of the literature, it is apparent that the growth and development of telephone crisis intervention services is widespread. While services may differ as to screening or training methods employed, they all are aimed at filling existing gaps in community mental health services. In so doing, many collateral services to the community are often offered.

It is with these considerations in mind that the "Help Line," a telephone crisis service, was established in Coles County, Illinois, during the early months of 1974.

The first six months of operation of the Help Line (May - November, 1974) will be examined in terms of profiles of calls received, profiles of volunteers, community response and volunteer response. This study is, therefore, a reference for those who would begin a venture in telephone crisis intervention, as well as a description of the Coles County community efforts.

Help Line of Coles County

In early 1974, several graduate students, undergraduate students and faculty members met to explore the possibility that the population of Coles County, Illinois and the students of Eastern Illinois University might indeed benefit from the addition of another social service: a telephone crisis intervention service. It was felt that this approach to immediate, confidential, and free help during crisis was worth implementing. It was hoped that the proposed hot line might serve as the cement for the cracks in an already multi-faceted social service system.

Then began the efforts to concretize the idealized plan. Organizational meetings were held during which a Board of Directors was formed. It was comprised of eight members who were to meet monthly. The members were to make policy decisions, help with publicity, continuity of funding, and generally lend whatever special expertise they had to this infant service.

It was determined that the line would be staffed by trained volunteers with professional backup. The volunteers would be recruited both from the campus and from the community at large. These volunteers would be screened and trained by professionals who would donate their time. Co-coordinators were selected to organize, oversee and

generally maintain the service. This was to be done on a part-time basis and without monetary remuneration.

Publicity took many forms. Volunteers made posters and placed them in shops in the County. Radio and newspaper advertisement space was purchased. Additionally, "free" publicity was obtained through radio and newspaper interviews and items done in community interest. Informational pamphlets were devised and printed, as were business-sized cards. These were distributed at stores, left in doctor's waiting rooms, etc.

Some of the above obviously required payment. The Board of Directors helped with the search for funds. Funding initially came from student organizations, civic groups, and church donations. For the first six months, funds in the amount of approximately $800 were secured. This money was to cover phone installation (a large, one-time expense), monthly phone bills, utilities, advertising and office supplies. There was no need for monies for personnel services or rent. As with other "grass roots" projects, ingenuity and strength of purpose overrode misplaced pride. Office space was sought and secured, rent-free, in a building which houses another social service program. For the first year, the initial donations and subsequent ones, which resulted from speaking engagements at civic organizations, were sufficient to cover costs.

Subsequently, additional funds have been secured through the United Fund.

By early Spring, 1974, recruitment and training of volunteers were underway. Recruitment was done by ads in the local and campus newspapers, ads on the radio, and often, by word of mouth. Training for the groups of volunteers during the first year varied somewhat. The first group of volunteers took a brief personality inventory which isolated factors such as need to control and attitudes about mental illness. Subsequent groups, however, did not take this. It was deemed time-consuming and perhaps superfluous to the other screening tools. Basically, all groups underwent individual interviews and three two-hour training sessions prior to working on the line.

Interviews were conducted by the coordinators or by Board members with professional expertise. Personal background, attitutdes and motivation were explored. Interviewees were often asked to respond to situations which were likely to occur on the line. The volunteer's level of commitment was also examined as a prevention of high turnover.

The first training session for the volunteers was aimed at sharpening their listening skills, with emphasis on reflective, non-directive responses. Generally included were exercises which focused on non-visual cues, role-playing, and general interpersonal skills.

The next training session (sometimes done as two separate ones) focused on suicide and drug abuse. Volunteers were asked to explore their own attitudes about suicide, invited to explore other possibilities, given facts about suicide threats and attempts, and were given opportunity to role-play a simulated suicide call. In reference to drug abuse, they were given information about the drugs usually abused, their "street" names, the kinds of effects which might be manifested and perceptible on the phone, and, perhaps most importantly, volunteers were instructed on the limits to which they should go in drug counseling. For example, it was stressed that under no condition should they recommend a drug to countereffect the one taken by the caller.

Tha last training session focused on community resources. Often, representatives from community agencies were invited to address the group, in order to acquaint the volunteers with the thrust of each agency's services.

After the series of training sessions, each volunteer was then discussed by the trainers, and if accepted for service, was assigned a time to be on duty on the line. It was found, however, that the training process itself was a good "weeding out" device, since it demanded commitment by the volunteers. Also, most volunteers who felt they could not cope with the problems they were likely to face

working on the line excluded themselves.

With funding secured, policy formulated, forty-five volunteers trained, and phones installed, the Help Line of Coles County, Illinois, became operational in May of 1974.

The Help Line office is located in Charleston, Illinois, in a building which houses another service program, as previously mentioned. The exact location was to be kept secret so as to protect volunteers. Also, a firm "house" rule was that no vulunteer was to sally forth into the night to personally rescue a caller in distress. Contact was to be by phone only. Additionally, another "house" rule was in regard to the confidentiality of the calls. Volunteers were cautioned against chatting casually in public about the calls they received.

The office itself is "homey," if unpretentious in decor. A couch, a table, a desk, some chairs, a rug, and paint were donated, arranged, and glorified by the addition of live plants. The most crucial aspects of the office, however, are the directory of social agencies in the County (which is always within arm's reach during an emergency) and the huge bulletin board which hangs over the desk. On it are up-to-date bits of information about help available, emergency measures, new resources (abortion clinics, new doctors, community programs, etc.) and the like.

It was in the room described above that volunteers were to spend their time. Volunteers were assigned in pairs for two-hour shifts. Volunteers were responsible for notifying the coordinator if he or she was not able to be present for his shift. The line was then continuously staffed during its hours of operation: from 1 PM to 1 AM during the week, and until 3 AM on weekends. Each volunteer was responsible for handling calls which were received on either of the two installed phones. There were two lines for Charleston and one direct line for Mattoon, a city approximately ten miles away.

Each call received was logged as to time of day, information about the caller, primary presenting problem, volunteer responses to the call, etc. Some of the calls proved more difficult to handle than others. These were discussed at the monthly in-service training sessions, which volunteers were expected to attend. Also during these meetings, more community resources were explored (with guest speakers), and role-playing was done in order to give volunteers more practice and a chance to get instructive feedback.

This paper will concern itself with the outcome of all of the above-mentioned efforts. It will examine the first five hundred calls which were received during approximately the first six months of operation (May - November, 1974),

as well as the responses of the community and the workers themselves.

While other studies have been done regarding other telephone crisis services, it is worthwhile to add to the growing body of information available. It is also intended as specifically footnoting the efforts of local groups in the ever-increasing trend toward community-based mental health.

Method

Subjects

Four groups of subjects were used. These were: (a) forty volunteers who were working with the Help Line between May and November, 1974; (b) one person from each of thirty different agencies listed in the Social Services Directory of Coles County, 1974; (c) Coles County residents placing the first 500 calls logged by the Help Line volunteers; and, (d) one hundred residents of Coles County with listings in the 1975 Charleston-Mattoon Telephone Directory.

Materials used for collecting data

Five forms were used: Feedback from Volunteers (Appendix A); Profile of Volunteers (Appendix B); Feedback from Agencies (Appendix C); Profile of Calls (Appendix D); and, Community Canvassing (Appendix E).

The Feedback from Volunteers questionnaire (Appendix A) was designed to obtain subjective responses from the volunteers about their experiences with the Help Line. It was hoped that direction for further training and/or volunteer motivation would be obtained.

The Profile of Volunteers questionnaire (Appendix B) was designed to obtain specific personal history information

from the volunteers, such as age, sex, education, etc. Questions were used which tapped areas similar to those mentioned in the studies of existing lines.

The Feedback from Agencies questionnaire (Appendix C) was devised to obtain information about referrals received from the Help Line by service organizations in the County most likely to be involved in crisis situations.

The Profile of Calls form (Appendix D) was used to extract information recorded on log sheets by volunteers about each call, including time of day, primary problem, etc.

The Community Canvassing questionnaire (Appendix E) was devised to obtain responses from the community regarding their impressions of the quality of the service offered by the Help Line, in addition to the extent to which they were familiar with the actual service.

Procedure

The Feedback from Volunteer and Profile of Volunteer questionnaires were mimeographed and left in a prominent place in the Help Line office. A note about the project was attached. Two weeks later, when all volunteers were exposed to the forms, the questionnaires were collected.

The Profile of Calls form was devised to record log

sheet data. The first 500 log sheets were obtained from Help Line staff in early 1975. These comprised calls from May-November, 1974.

The Feedback from Agencies questionnaire was used to record the responses given to the writer in telephone conversations with staff from thirty agencies. These thirty agencies were selected from those most likely to be involved in referrals from the Help Line. The address of each agency is listed in the Social Services Directory of Coles County, Illinois (1974). Each agency was telephoned during listed office hours. The person listed as Director was asked for. The Director or an administrative assistant was informed of the project and asked the five questions in Appendix C. Anonymity was then assured.

The Community Canvassing questionnaire was performed with the use of the 1975 Charleston-Mattoon Telephone Directory. A table of random numbers was used to select the page, column and line of 100 telephone numbers. Half were drawn from the Charleston section; half from the Mattoon section. The resulting numbers were copied on slips of paper without the identifying names, placed in a box, and drawn. Calls were made on Saturday and Sunday afternoons. When a call was completed, the number was discarded. If there was no response, the number was replaced in the box, to be drawn again later.

Persons were informed that the information was being gathered for a graduate project. They were also informed of the manner in which the called numbers were selected and that they would remain anonymous to the caller.

When drawn numbers were not in service any longer, or for some reason were not completed, additional numbers were selected by the above-mentioned procedure.

After raw data was obtained, it was then compiled by hand. Tables were constructed to show the data in summary form. Since the present study was not designed to test hypotheses, no statistical analyses were performed.

Results

Feedback from Volunteers (Table I): N=34

The majority of volunteers reported that they liked working on the Line. They reported feeling comfortable handling the calls, and sensed that they handled them successfully (see Table I).

Most volunteers felt that they had received adequate training. Comments reflected that common sense and on-the-job experience were important aspects of training. However, more training was desired in the areas of suicide and drugs. The monthly inservice meetings were seen as beneficial.

As might be expected, all volunteers stated that they like the people who they have met through the Line. Most expressed feeling good at the end of calls. They all reported that the experience of working on the Line has helped them personally, and they feel they are accomplishing something worthwhile.

Profile of Volunteers (Table II): N=40

More than twice as many volunteers were female than male. Most of the volunteers who chose to disclose their ages were between 21 and 24 years old. (See Table II).

All had some college experience, with the majority

Table I

Feedback from Volunteers (N=34)

	positive	negative
likes working on Line	34	0
comfortable with calls	31	3
handles calls successfully	32	2
adequate training	20	14
familiarity with agencies	17	17
made referrals	25	9
done follow-up	5	29
inservice helpful	31	3
compulsory attendance	9	25
monthly inservice	23	11
likes liners	34	0
more training wanted re:		
suicide	22	
drugs	17	
abortion	6	
interpersonal relationships	4	
feelings at end of call:		
good	29	
frustration	7	
nervous	4	
sad	3	
anger	0	
nothing	0	

currently enrolled as fulltime students. Few reported having had any prior experience working on a line.

Most reported that they had never sought professional help for emotional problems. Current problems were described as mild by 29, moderate by six, and none reported severe problems.

The majority of workers were single and reported that they had friends who also worked on the Line. Of the seven workers who were married and had children, all children were of preschool age. Not quite half of the volunteers reported going to church regularly.

Feedback from Agencies (Table III): N=30

Slightly more than half of the agencies contacted reported having received referrals from the Help Line. Almost all of that group felt that the referrals made were appropriate. Once referrals were made, however, there appeared to be little follow-up done through the agency by the volunteer.

While most of the agency staff people contacted declined to respond, those who did reported that, in their opinions, the volunteers performed well. An overwhelming majority of those contacted expressed the opinion that the Line served a necessary function in the area.

Table II

Profile of Volunteers (N=40)

	positive	negative
male	12	
female	28	
age:		
over 35	3	
25-34	4	
21-24	12	
18-20	8	
education:		
college experience	40	
grad. school	4	
social services major	5	
full-time study	34	
part-time study	1	
employment:		
full-time job	5	
part-time job	8	
prior experience	4	36
hours worked on Line:		
over 6 hrs/wk	1	
4 hrs/wk	9	
2 hrs/wk	30	
sought help for themselves	6	34
suicide attempt	2	38
church-going	16	24
married	8	32
with children	7	
current problems	35	5
mild	29	
moderate	6	
severe	0	

Table III

Feedback from Agencies (N=30)

	positive	negative	not applicable
received referrals	16	14	
appropriate referrals	14	2	14
recontacted	4	12	14
necessary service	28	2	
volunteer quality	13		17

Profile of Calls (Tables IV through VIII) N=500

The primary problem presented by the caller was logged as one of eight possible types (see Table IV). This determination was made by the Hot Line volunteer. Additionally, the volunteer was able to log the call as belonging to the category of pranks, hang-ups and wrong numbers.

Most calls were logged as informational: legal, employment, financial, etc. The next most frequently logged type of call pertained to loneliness.

The greatest number of calls were received on Wednesdays (see Table V), while the fewest were logged on Sundays.

Most calls were received between 5 PM and 9 PM. (See Table VI). The volume decreased noticeably between midnight and 3 AM, at which time the volunteers went off duty.

The length of the calls varied from less than five minutes to more than one hour in duration. (See Table VII). Most calls lasted fewer than five minutes.

A total of 211 referrals to other agencies were made. Of those, most were made to Public Aid, legal and/or employment services. (See Table VIII). Many were also made to the local mental health center.

The typical call, then, would have occurred between 5 PM and 9 PM on a Wednesday, lasted fewer than five minutes, and would have regarded legal, financial or employment information, with a resulting referral to the appropriate agency.

Community Canvassing (Table IX): N=100

When contacted by telephone, most people surveyed had heard of the Help Line, although fewer knew of its function. Of those who had any impression of the quality of the service, the majority were favorably impressed.

Few of those called reported ever having used the service themselves, although the majority expressed a willingness to call the Line should they ever feel the need.

Many fewer than those who had heard of the Line were able to recall the telephone number(s) associated with the Line.

Profile of Caller (Table X): N=500

Of the 500 callers, 180 were male, 300 were female, while the remaining 20 called were logged as immediate hang-ups so that the gender of the caller remained undetermined. Female callers, therefore, outnumbered male callers by approximately 1.7 times.

Table IV

Profile of Call (N=500)

Type of Call	N
information	182
loneliness	75
sex, pregnancy	61
emotional problems	50
alcohol, drugs	40
pranks, wrong numbers	39
family problems	35
suicide	11
school	2

Table V

Profile of Call (N=500)

Day of Week	N
Sunday	60
Monday	78
Tuesday	70
Wednesday	93
Thursday	63
Friday	70
Saturday	66

Table VI

Profile of Call (N=500)

Time of Day	N
1-5 P.M.	140
5-9 P.M.	195
9 P.M.-Midnight	125
Midnight-3 A.M.	40

Table VII

Profile of Call (N=500)

Duration of Call	N
less than 5 minutes	212
5-10 minutes	144
11-20 minutes	67
21-30 minutes	23
31-45 minutes	22
46-60 minutes	11
more than 60 minutes	21

Table VIII

Profile of Calls (N=211)

Referrals made to agencies	N
Public Aid, Township,etc.	53
Mental Health Center	43
Ministers	31
Physicians,hospitals,etc.	20
Alcohol and Drug Center	19
College Counseling Service	11
Dept. Children and Family Services	10
Family Planning	10
Council on Aging,R.S.V.P., etc.	10
Fire Dept/Police	4

Table IX

Community Canvassing (N=100)

	positive	negative	no response
heard of Line	73	27	
knows function	50	50	
service quality	18	3	79
used service	7	93	
satisfied user	5	2	93
potential user	78	22	
knows numbers	13	87	

Only little more than 50% (265 callers) identified themselves by name.

Ages of the callers were recorded on the log sheet, when known. Almost one-fourth of the callers did not give their ages. The most frequent age group occurring, and the one which approximates the median, is that of the 19-21-year-olds.

Table X

Profile of Caller (N=380)

Age	N
over 65 yrs.	25
51-65	17
36-50	51
22-35	62
19-21	150
16-18	50
10-15	25

Discussion

The Help Line operated with results similar to those of the typical hotline described in the above-mentioned surveys. The Help Line served as a resource referral aid to community organizations and families of those in crisis. This purpose was suggested as relevant and important in community services by Pederson and Babigian (1972). However, within the communities served by the Help Line, no coordination of such referrals seems to have taken place effectively.

Remaining unaffiliated did not present any particular problems for the Help Line. Funding and administrative assistance were secured nonetheless. It appeared, indeed, that the sense of solidarity to which Frederick (1972) makes reference was evidenced among staff members. Also, it may be speculated that because the Help Line was not identified as a strictly "mental health" service, those callers whose calls were logged as primarily "loneliness" calls felt less emotional risk while reaching out for help.

Since almost half of the callers to the Help Line chose to remain anonymous, justification was found for Lester's contention (1974) regarding the importance of client control and anonymity. Also, Lester makes note of

the importance of the immediacy of counseling and the accessibility of the telephone counselor. The importance of this seems borne out by the fact that the majority of calls to the Line were logged between 5 PM and 9 PM, hours during which out-patient services are generally limited.

The almost exclusive use of paraprofessional volunteers is an important factor in affording the extensive hours of coverage. If personnel expenses were significantly increased, it is doubtful that the Line's budget would have stretched to accommodate them. This is certainly related to the difficulty which exists in obtaining funds. It appears, also, according to the Griglak (1969, as in Tucker, Megenity and Vigil, 1970) and Gruver (1971) studies, that the use of paraprofessionals is widespread, even for other than financial reasons. Given that the majority of calls were either informational or "loneliness" calls, with only about two per cent of the calls being suicide related, it seems that even with admittedly minimum training the volunteers were prepared to deal with the types of calls received. In most of the instances, the use of professionals would have been unnecessary.

Most volunteers reported feeling good about the way they handled their calls. While the majority of volunteers

reported experiencing some emotional problems currently (generally described as "mild"), only two of the forty canvassed reported having ever attempted suicide. This seems to lend support to the conclusions of McClure et al. (1973) and Resnick (1964, as in McGee et al., 1972) that volunteers report a high incidence of emotional problems. However, the reported rate of suicide attempts appears much lower than the rate described by Lester (1974) as being "normal."

The Help Line volunteers were given training which was comparable to that received by the volunteers at three-fourths of the centers wurveyed by McCord and Packwood (1973), where the training itself was a primary screening device. The emphasis of the training seemed uniformly to be on interpersonal skills, community agencies, drug education and suicide calls. The use of inservice training was in accord with 86% of the centers surveyed. Help Line volunteers received, however, less than the average of 50 hours of training. On the average, groups of Help Line volunteers received between nine and fifteen hours of training.

According to McCord and Packwood (1973), the majority of centers operated on a 24 hours per day basis. Help Line, then, is in the minority, offering less than 24 hours per day service. In Coles County, the greatest number

of calls were received between 5 PM and 9 PM, while the other lines surveyed in the McCord and Packwood study record much activity until midnight. It appears that this activity, however, decreased between the hours of 3 AM and 9 AM, hours during which the Help Line was not operational (so that no comparison is possible for that time period).

According to the above-mentioned survey, a hot line received an average of 113 calls per day. The Help Line, at least in its initial phase, was receiving far fewer than that. In fact, the Help Line received fewer than 100 calls per month. These calls were received on three telephone lines, which is comparable to the average of 2.6 lines per service reported by the survey.

The Help Line had more than the average of 26 part-time staff reported by McCord and Packwood (1973), but this is probably due to the fact that there were no full-time staff as a core. Also, the Help Line volunteers generally only worked two hours per week, while the average volunteer described in the study worked an average of 7.6 hours per week.

The types of calls received by the Help Line were compared to the average surveyed program in the McCord and Packwood study. Fewer calls dealing with alcohol and drugs were received by the Help Line (12% vs 20%), as well as fewer calls dealing with interpersonal relationships (10%

vs 13%). More calls were received by the Help Line than by those studied services in the areas of amily problems (13% vs 10%), informational calls (30% vs 14%), and in the areas of loneliness, or general feelings (15% vs 8%). Some of these differences, however, could be due to the judgment on the part of each volunteer as to how the call should be categorized. To this writer's knowledge, there have been no studies done on inter-rater reliability applied to this specific problem.

As discussed by Tucker, Mgeneity and Vigil (1970), it is difficult to follow up on referrals made. This is due to client anonymity. The Help Line, however, does pass the McGee, Richard and Bercun (1972) "test" of efficiency, since the call was answered directly by the worker on duty. It also appears from the responses of the community agencies canvassed in this study that indeed the Help Line service was felt to be a needed one.

Although the Help Line of Coles County, Illinois, is operated on a comparatively small scale, and although it has not been used extensively for crises, per se, there is evidence that it provides service in some important "grey areas" previously not attended to, especially in a manner which is low-cost, low-risk to clients.

Appendices

Appendix A

FEEDBACK FROM VOLUNTEERS

Feel free to add additional comments.

No names, please! This information is strictly confidential and only for statistical purposes.

1. Do you like working on the Line?
2. Do you feel comfortable handling calls?
3. Do you feel that you handle them successfully?
4. Do you feel adequately trained?
5. Have you made any referrals?
6. Do you feel familiar with community agencies?
7. Have you ever done follow-up on a client?
8. At the end of most calls, do you feel a) good b) frustrated c) angry d) nervous e) sad f) nothing ?
9. Do you want more training in handling calls on a) drugs b) suicide c) abortion d) other (specify) ?
10. Do you find the inservice meetings helpful?
11. Would you like them more often than once a month?
12. Should attendance at them be compulsory?
13. Do you like the people you've met through Help Line?
14. Has working on the Line helped you personally?
15. Do you think you are accomplishing something worthwhile?

Appendix B

PROFILE OF VOLUNTEER

No names,please! This information is strictly confidential and only for statistical purposes.

Age:

Sex: Male____ Female____

Education: High School ____ College ____ Grad. School ____

Employed presently?: Full-time ____ Part-time ____

Student?: Full-time ____ Part-time ____ Social Services major__

Previous experience on hotlines?: Yes ____ No____

Hours spent on Line per week: Two____ Four ____ Six___ More__

Have you received professional help for emotional problems? Yes_No_

Have you attempted suicide?: Yes ____ No____

Do you attend church regularly?: Yes___ No___

Do you have friends who work on the Line?: Yes____No____

Are you married?____ Single?____

Do you have children?: Yes ___ No___ How many?____

How do you rate your present emotional problems, if any?:

Mild____ Moderate ____ Severe ____

Appendix C

FEEDBACK FROM AGENCIES

1. Have any clients been referred to you by the Help Line?

2. Have the referrals been appropriate?

3. Have you been re-contacted about a client by a Help Line volunteer?

4. In your dealings with Help Line volunteers, have you found them:

   A. Adequately trained?

   B. Well meaning, but not well trained ?

   C. Lacking in good judgment and insight?

   D. Responsible and mature?

   E. Able to handle a crisis?

5. Is it your impression that the Help Line is a necessary service in this area?

Appendix D

PROFILE OF CALLS

1. Does caller identify himself?
2. Sex of caller
3. Age of caller
4. Day of the week
5. Time of day
6. Duration of call
7. Primary problem presented
8. To whom, if anyone, was caller referred?

Appendix E

COMMUNITY CANVASSING

1. Have you heard of the Help Line?
2. Do you know its function? (Please state.)
3. What have you heard, if anything, regarding the quality of the service?
4. Have you ever called the Line?
5. Were you pleased with the way your call was handled?
6. Would you call (again)?
7. Do you know the Help Line numbers? (Please state)

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