

A SURVEY OF ACTIVE AND INACTIVE  
CRISIS CENTRE VOLUNTEERS

by

MYRNA ELLEN DRIOL  
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Department of Counseling Psychology

The University of British Columbia  
2075 Wesbrook Place  
Vancouver, Canada  
V6T 1W5

Septamber, 1978

## ABSTRACT

The purpose of the study was to explore the experience of crisis centre volunteers. The research sample consisted of 134 active and 105 inactive volunteers from five crisis centres in the Lower Mainland.

To solicit descriptive and non-descriptive data, an instrument was constructed and pilot tested. The questionnaire contained 49 attitude items which were collected from the literature and interviews with crisis centre staff and volunteers. They were grouped into six subscales suggested by a modified latent partition analysis. These subscales were A: Doing Shifts, B: The Community, C: Personal Change, D: General Impression, F: Other Volunteers. The subscales were found to be internally consistent (Hoyt, 1941). Volunteers responded to a five-point Likert Scale for each item.

The research questions were: are there differences among five crisis centres, and are there differences between active and inactive volunteers, on each of the six subscales? The volunteers' self-perceived success in dealing with specific problems presented by callers was also examined.

Descriptive data from the sample were analyzed using simple frequency counts on variables from each of the five crisis centres. Data from the attitude scales were analyzed to further examine internal consistency of the attitude questionnaire. Finally a 5 x 2 (centre by level of activity) multivariate analysis of variance (MANOVA) using Wilks' likelihood ratio criterion was used to analyze the attitude subscales and Sheffé's multiple comparison procedure was applied where appropriate.

Results of the statistical testing indicated differences, significant at .05 level between Crisis Centres #1 and #5 and between #4 and #5 on Subscale E: Staff. Significant differences were also found between Crisis Centres #2 and #5 on Subscale F: Other Volunteers. Active volunteers responded more positively than inactive volunteers at .05 level of significance on all subscales except E: Staff.

Results indicated fairly narrow ranges in demographic variables however, tests of significance were not undertaken.

The significant differences noted in the attitude subscales may be the result of differences in staff-volunteer contact with each other. In those centres where there was more opportunity for staff to relate to volunteers, the volunteers responded more positively to staff-related items. The crisis centre whose volunteers responded more positively to items pertaining to volunteers, has within its structure more opportunity for contact with other volunteers in the diversified activities in which all volunteers and staff participate. This factor together with the comparative isolation of this centre may account for the significantly more positive responses on this subscale.

The attitude of volunteers appeared to be very positive toward their experience. They reported positive changes in self-perception and perception of others as a result of their crisis centre experience. It would appear that more focus on the experience of volunteers at crisis centres would be profitable.

Several suggests for further research were discussed, particularly related to "burnout" and motives for becoming inactive.

## TABLE OF CONTENTS

Chapter		page
I	<u>Introduction</u> .....	1
	Rationale for study.....	7
	Definition of terms.....	11
	Delimitations of the study.....	12
	Justification of the study.....	13
II	Related Literature.....	14
	Motivation.....	14
	Becoming Active.....	14
	Becoming Inactive.....	16
	Selection.....	20
	Training.....	21
	Evaluation of the volunteer experience.....	22
	Description of volunteers.....	25
	Effects of the volunteer experience.....	26
	Conclusion of literature review.....	29
III	<u>Methodology</u> .....	30
	Rationale for use of structured questionnaire.....	30
	Development of questionnaire.....	32
	Validity procedures.....	35
	Part one.....	36
	Part two.....	37
	Phase two-pilot project.....	39
	Description of questionnaire.....	44
	Primary study.....	46
	Statistical analysis.....	47
	Item analysis.....	48
	Demographic analysis.....	49
	Multivariate analysis.....	49
IV	<u>Results</u> .....	50
	Response experience.....	50
	Demographic results.....	51
	Gender.....	55
	Age.....	55
	Marital status.....	55
	Number of children.....	55
	Level of education.....	56
	Non-demographic descriptive data.....	57
	Levels of activity.....	57
	Previous training and experience.....	57
	Other volunteer work.....	58
	Motives for volunteering.....	60
	Volunteer comments about the crisis centre.....	61

# TABLE OF CONTENTS

	Summary of descriptive data.....	61
	Results of statistical analysis of attitude section of questionnaire.....	62
	Differences among centres on each of six subscales and between levels of activity.....	63
	Results of examination of attitude toward caller problems.....	63
V	<u>Discussion, Future Research, Summary and Conclusions</u> .....	67
	Discussion of demographic variables.....	67
	Motivation.....	69
	Differences among centres on each of six subscales and between levels of activity.....	70
	Attitude toward caller problems.....	75
	Recommendations for further research.....	76
	Instrument development.....	76
	Further analysis of data from present study.....	76
	Further directions for research.....	77
	Summary and conclusions.....	77
	Bibliography.....	79
	Appendix A Instructions for sorting of cards.....	84
	Appendix B Scale descriptions.....	86
	Appendix C Questionnaire.....	90
	Appendix D Covering letter.....	101
	Appendix E Reminder postcard.....	103

## LIST OF TABLES

Table		Page
1	Agreement of judges re category of items.....	37
2	Agreement of judges re category of items.....	38
3	Pilot project reponse.....	40
4	Demographic results: pilot study.....	41
5	Item analysis: direction of item-subscale correlation	42
6	Means, standard deviations, reliability estimates: attitude subscales-pilot project.....	43
7	Means, standard deviations, reliability estimates: attitude subscales.....	48
8	Response to questionnaire mailing by crisis centre.	51
9	Demographic data.....	53-54
10	Level of activity.....	57
11	Experience and training prior to volunteering.....	58
12	Volunteers doing other volunteer work.....	58
13	Multivariate analysis of variance.....	64
14	Subscale means and standard deviations: centres....	65
15	Subscale means and standard deviations: level of activity.....	65
16	Responses to caller problems.....	66

## LIST OF FIGURES

	page
Figure 1	Age Distributions by Crisis Centre.....52
Figure 2	Motives (Primary and Secondary) for Volunteering by Crisis Centre.....59



LIST OF CHARTS

	page
Chart I Comparison of Crisis Centres.....	8

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## CHAPTER I

## INTRODUCTION

Suicide or crisis telephone emergency services have been operative throughout Canada and the United States for the past 20 years or more (Lester & Brockhopp, 1973; McGee, 1974). At this time there are more than 80 such centres in Canada with more being established each year in small towns as well as large metropolitan centres (Powicke, Mair & Kremer, 1976).

There is a quality of continuing change or evolution which characterizes many aspects of these telephone counseling services. The initial purpose was to provide emergency service for suicidal individuals. The scope of the service broadened to include all kinds of crises such as a new baby, a death in the family, and a change in jobs. Special populations came into focus such as the elderly, teenagers, homosexuals and addicts. The use of the crisis centre by these special populations has varied with changes in our society. For example, there was initially a special teen line to deal with the many calls from people who were experiencing developmental difficulties such as peer relations, drug use and sexual information. Presently there is a "parental stress line" reflecting the current interest in the family and related problems such as family violence. "Crisis Centre" and "Suicide Prevention Centre" are now being used synonymously. McGee observed

It is now impossible to distinguish, either conceptually or functionally between suicide prevention centers, services or programs and crisis intervention centers, services or programs (McGee, 1974, p.x).

The main goal of the service is saving lives. Other goals are to help people in times of crisis and to suggest referrals to other agencies who can provide help, thus reducing the individual's helplessness in future crises (Delworth, Rudow & Taub, 1972). Persons from every level of the socio-economic ladder experience emergencies of all kinds. Faberow in his forward to McGee's book does not limit the definition of a crisis. He says

it is self-defined; it occurs when a person feels himself to be in a crisis...this person (in crisis) must have someone to turn to; for the most important element in relieving crisis is not that information is available but rather that there is some kind of immediate response at all (Faberow, 1974, p.vii).

In the overall delivery of mental health services, crisis centres represent important developments. The services, theoretically, are available to large numbers of individuals in the community on a twenty-four hour basis rather than being limited to appointments made with professionals during business hours. Also, the client need not leave his or her home to receive these services. In order to provide the extensive services described, a large number of personnel are required. The actual counseling, which was done initially by professionals, is now done mainly by lay or volunteer staff while the paid professional staff are utilized for administration, recruitment, resources and training.

Apart from telephone counseling, volunteers have been used in many mental health programs in the community. These include working with psychiatric patients - both inpatients and outpatients -, juvenile delinquents, children and adolescents.

In spite of the fact that Max Weber proposed a sociological study of voluntary organizations as long ago as 1910 (Hughes, 1972) only recently have researchers begun to evaluate the non-professional. The results of several programs have been published indicating success and effectiveness on the part of the volunteers and those with whom they worked (Carkhuff, 1968; Gruver, 1971; Holzberg, Gerwitz & Ebner, 1964; Kantor, 1962; Knapp & Holzberg, 1964; Levine, 1966). The systematic investigation of the therapeutic effectiveness of the volunteer in these programs has examined the lay counselor's ability to communicate warmth, empathy, regard, respect and genuineness. It has been found that lay counselor trainees

function at levels essentially as high or higher (never lower) and engage clients in counseling process movement at levels as high or higher than professional trainees (Carkhuff, 1968, p.88).

There is a comparatively small amount of published research available concerning telephone crisis counselors in the community. College students predominate as subjects (Gruver, 1971) in the studies available concerning the use of volunteers in a variety of mental health settings such as mental hospitals or psychological clinics. Until their study Knickerbocker & McGee noted that

no assessment has yet been made of the lay and professional trainees in crisis and suicide prevention centers (Knickerbocker & McGee, 1974, p.301).

They demonstrated with "objective data" for the first time the clinical skills of the lay volunteer on the telephone and concluded that nonprofessional volunteers offered significantly higher levels of warmth, empathy and total conditions than professionals over the phone.

The present study addressed itself primarily to an examination of the experience of being a crisis centre volunteer. Lester asked in concern for the adequacy of the counselor's performance

Do telephone counseling services have any effect on the mental health of the community, or for that matter, of their patients? (Lester, 1971, p.285).

The question that concerns this study is "Do telephone counseling services have any effect on the general well-being of the volunteers who serve in this capacity?" What is the effect of being a telephone crisis counselor on the person who is providing this service? As crisis centres proliferate and more members of the community become involved as volunteers, what is the effect of the experience on them in their lives? Does it make them more involved, better members of the community than they were before their volunteer experience? Do they feel more or less competent as human beings? Does the experience help them to relate more effectively to people?

In addition to the examination of the volunteer experience, it was thought that possible reasons for discontinuing the activity of volunteering might begin to emerge from the study. It is common knowledge that most of the presently active volunteers in the area studied will be replaced by new volunteers within two years. With few exceptions, volunteers pass through the crisis centre with the usual duration of involvement of six to eight weeks in spite of requests for commitment of at least one year. Brockhopp wrote

On the average, volunteers work on the telephone at the centre about six months before leaving the volunteer

staff or moving on to other types of work at the center. After one year less than 20% of those in a given training group are still working as telephone counselors at the center (Brockhopp, 1974, p. 272).

The loss of volunteers means a constant recruitment and training program to maintain the service on a 24 hour basis. This means a great expenditure of time and money on the part of the paid staff and suggests a possible reason for the comparatively high attrition rate of paid staff.

In addition to the questions raised about the personal effects of the volunteer experience, the study investigated the following questions: What are some of the more typical reasons a volunteer decides to stop doing shifts on the phones? Is there any relationship between the volunteer's perception of himself or herself and a decision to stop being a volunteer? What are the more satisfying aspects of being a volunteer? Do volunteers do volunteer work elsewhere after leaving the crisis centre?

Herzberg and Mausner (1959) stated that the parts of a work experience that lead to ongoing commitment and satisfying experience do so because they satisfy the individual's need for self-actualization. The present study wished to investigate if perhaps one of the reasons that people volunteer is that the experience contributes to the satisfaction of the need for self-actualization.

The concept of self-actualization as a person's ultimate goal has been focal in many personality theories including those of men such as Maslow, Adler, Jung, Sullivan and Rogers. For these theorists, people have within their nature tendencies toward growth, excellence and altruism. People who are attempting to

become more self-actualized are characterized by Maslow as being relatively more mature and more full human. Maslow has suggested elsewhere in his work that self-actualizing people are devoted to some call, vocation, task or beloved work outside themselves.

Does volunteering at the crisis centre help to meet this need? Does the volunteer strive for self-actualization which is accomplished by expressing altruism through volunteering? There is a difference between a need and a motivation in Maslow's terms. Motives are much more specific. In the context of this study, a motive was altruism and the need was self-actualization. A volunteer could have given as the reason for volunteering "I wish to help others". That person was expressing a need to be self-actualized.

In the experience of volunteering, one would anticipate having social and esteem needs met: to love and be loved, to belong and to evaluate oneself positively. By getting feedback, respect and assurance from staff and other volunteers, one experiences oneself as a worthwhile person.

Maslow also affirms the need to know and understand. An average person does not have a passive attitude toward the world. People want to know causes. This is a need that is promised fulfillment in the crisis centre. As Burton stated

On the real level it gives the psychotherapist an "inside seat" at the widest panoply of human proclivity and behavior which is actually astonishing in its nature ....had we not been psychotherapists very few of these social arenas would have been available for us (Burton, 1975, p.118).

Though Burton is describing his experience as a psychotherapist



his words may be equally applicable to the experience of a crisis centre volunteer.

Di Caprio (1974) suggests that the key to successful living is to recognize one's most personal higher needs and to take steps to satisfy them even if only in a small way at first. Perhaps volunteering is such a step.

#### RATIONALE FOR THE STUDY...

The purpose of the study was to examine the volunteer experience using data from five crisis centres in the Lower Mainland. Differences among crisis centres exist in terms of their size, location, training, staff availability for feedback and resource and communication among volunteers (Chart I). These differences suggest that the experience of a volunteer in one crisis centre would perhaps be different from the experience that the volunteer would have in a different crisis centre.

Data was gathered from a population composed of active and inactive volunteers. A questionnaire was constructed with items relating to the experience of volunteering in terms of various subscales which described the volunteer experience. The study was intended to answer the following questions:

1. Will there be significant differences between active and inactive volunteers at specific crisis centres on the group of items related to doing shifts?
2. Will there be significant differences between active and inactive volunteers at specific crisis centres on the group of items related to the community?
3. Will there be significant differences between active

CHART I

## Comparison of Crisis Centres

	Centre #1	Centre #2	Centre #3	Centre #4	Centre #5
Location	industrial city warehouse, industrial area	urban small town, agricultural	suburban adjacent suburb of large metropolitan city	suburban, rural small city	industrial, port city large metropolitan city
Building	renovated warehouse, sharing with multi-service agency	renovated service station	family dwelling	office building	renovated small apartment building
Population	150,000	31,000	90,000	250,000	1.5 million
Number of Staff	2 full-time	2 full-time	3 full-time 4-9 part-time	5 full-time	4 full-time
Number of Active Volunteers	55 38	45 30	50 50	60 30	90 100
Source of Funding	provincial government under a society	self-sustaining	provincial government	provincial government	United Way, Federal provincial, municipal government.
Founded	1972	1972	1973	1970	1969

CHART 1-4 (con't)

Comparison of Crisis Centres

	Centre #1	Centre #2	Centre #3	Centre #4	Centre #5
Training -by whom	staff & experienced volunteers	staff & experienced volunteers	staff	staff and experienced volunteers	staff resource volunteer training committee
-length	6 weeks, twice per week, 2 hrs per session	3 weeks, twice per week, 2½-3 hours per session	5, 3-hour sessions	6, 2-3 hour sessions and observations	1 all-day session + 6-8 3-hour sessions
-no. per year	2-3	4	as required	10	6-10
Inservice	monthly volunteer meeting with resource people	1½ month intervals	part of volunteer meetings	present concern, trying a-v resources	volunteer workshop annually, publicity circulated about relevant community events
Volunteer Committment	1 year 16 hours/week	none 4 hours/week at their convenience	6 months 4 hours/week	6 months 3 hours/week	1 year 4 hours/week

# CHART I - (con't)

## Comparison of Crisis Centres

	Centre #1	Centre #2	Centre #3	Centre #4	Centre #5
Volunteer Contact	-monthly volunteer meeting -socials for special events -baseball & volleyball team	-socials for special events -newsletter -baseball occasionally	-rarely informal social events -monthly volunteer meetings with attendance of 20+	-some socializing not formally organized. -volunteer meetings monthly, except for summer.	-newsletter -socials -feedback book -regular meetings.
Flying Squad	yes	yes	yes	yes	yes
Drop-in Counseling	yes	yes	yes	yes	no

Information in this chart from National Directory of Crisis Intervention Centres, 1976 and interviews with staff of crisis centres.

and inactive volunteers at specific crisis centres on the group of items relating to personal change?

4. Will there be significant differences between active and inactive volunteers at specific crisis centres on the group of items related to general impression?

5. Will there be significant differences between active and inactive volunteers at specific crisis centres on the group of items relating to staff?

6. Will there be significant differences between active and inactive volunteers at specific crisis centres on the group of items relating to other volunteers?

#### DEFINITION OF TERMS

1. Volunteer: The dictionary consensus of volunteer is a person who willingly offers himself or herself for service without pay. In addition, for the purposes of this study, a volunteer is a person who has been recruited to serve as a telephone counselor in a crisis centre. This person has been interviewed, selected and trained for this purpose and has worked at a crisis centre for at least two months.

2. Active Volunteer: A volunteer who does a minimum of two hours service per week on the average.

3. Inactive Volunteer: A volunteer who designates himself or herself temporarily or permanently inactive, that is, with no present commitment to doing shifts at a crisis centre.

4. Volunteer Commitment: The general attitude of the volunteer as expressed by appearing regularly and punctually for shifts to which they have committed themselves.

5. Shift: A specified number of hours during which a volunteer answers the phone at a crisis centre. A volunteer usually does one shift per week.

#### DELIMITATION OF THE STUDY

This descriptive study was "action research" and as such was not generalizable beyond the population being examined. This population consisted of all volunteers presently active and all volunteers who had become inactive from five crisis centres within the past two years. These people lived in the geographical area designated the Lower Mainland of British Columbia. This area included Vancouver and surrounding areas as far north as North Vancouver, south as White Rock, and east as Maple Ridge.

One delimitation of the study was the inability to contact some of the inactive volunteers who had left the area and provided no forwarding address.

#### JUSTIFICATION OF THE STUDY

Evaluation of crisis centres has barely begun. Leaster observed we are still preoccupied with finding ways of documenting the ways in which they (crisis centres) affect the community, if any (Lester, 1973, p.275).

Though Lester focussed on the importance of evaluating the service from the perspective of the consumer, Hinkle (1974) pointed out that evaluation should also involve the impact of program activities on the individuals rendering the service. Hinkle suggested that questionnaires which have rating scales and open-ended questions for suggested changes or modification in the program be given to agency people at regular intervals. The results of such procedures,

if they have been implemented, have not been published to date.

It is suspected that the most prevalent reasons for becoming inactive as a volunteer in a Lower Mainland crisis centre are moving and/or changing one's status from student to employed. Since no records have been kept which determine reasons for becoming inactive, it would be most useful to determine whether these are the most common reasons. This information perhaps would help to determine priorities in accepting applications from new volunteers.

## CHAPTER II

## RELATED LITERATURE

The purpose of this chapter is to present a brief overview of the research related to the experience of the crisis centre volunteer. A discussion of the volunteer in terms of motivation, selection, description, training and evaluation will be included. A review of the literature which discusses effects of the experience of volunteers working in other mental health settings is also relevant and will conclude this chapter.

## MOTIVATION

The present study is concerned with motivation as it relates to becoming a volunteer, to the volunteer's perception of the experience of volunteering and to the decision to become inactive.

Becoming Active

Several studies have suggested that some individuals are inappropriately motivated to volunteer. Resnik (1968) hypothesized that mental health workers perhaps are drawn to community volunteer programs in an effort to consciously or unconsciously find solutions to personal problems. His study of crisis centre volunteers which collected data based on psychiatric interviews and testing, determined that 68% (n=22) of volunteers were neurotic or psychotic. Resnik noted that the disturbed individuals tended to have a lower level of commitment and to become inactive sooner than those volunteers with more emotional stability. Tucker and Cantor (1975) and Weis and Seiden (1974) also suggested that volunteers become involved to meet their own needs, some acceptable and some questionable.



These studies compared the volunteer in the crisis centre with suicide attempters. They concluded that while there may be similarities in needs such as affiliation, emotional support and nurturance, the volunteers deal with their needs in a more adaptive, less pathological way. Weis and Seiden suggested that similarities are a strength in that the counselors may provide an effective role model and may be more successful in empathizing with suicide attempters than non-volunteers.

Riessman (1965) wrote a related article about the "helper therapy principle" (p. 27) in which he raised the issue of changing the focus from the individual receiving the help to the "individual who needs the help less" Riessman does not condemn this motive but cautions the projection of the helper's problems on the helpee and suggests that appropriate supervision might help overcome the negative aspects of the situation.

When their findings supported the conclusion of Knapp and Holzberg (1964), that volunteers "probably do not differ clinically from nonvolunteers" (p.278), Sakowitz & Hirschman (1975) suggested that volunteers may be motivated by professional aspirations thus making the acquisition of helping skills attractive. They went on to suggest that perhaps political inclinations could be realized by being involved with an organization identified with the drug or counter-culture movements. Killeen and Schmitz seemed to agree with Sakowitz and Hirschman when they stated

the two most obvious reasons that young people volunteer their time to work for the Switchboard are their stated purpose of helping others over the phone and the social aspect of involvement in a hip, hang-loose activity. (Killeen & Schmitz, 1973, p.251).

A British study of volunteers chaired by Aves (1969) reported that most volunteers felt that "voluntary work would meet some need... of which they were conscious in their lives"(p.51). This study concluded that the fact a volunteer has needs met does not detract from the service he or she provides.

Volunteers appear to be motivated by the hope of making a significant contribution by feeling helpful, being useful and both giving and receiving. They hope that some form of self-development will occur through the experience such as the learning of new skills, being exposed to intellectual stimulation and the fulfillment of paternal, maternal or philanthropic needs (Carter,1975; Good,1976; Heilig, Farberow, Litman & Schneidman, 1968; Reinherz, 1967).

#### Becoming Inactive

Killeen and Schmitz (1975) suggested that the hotline is "alternative" to the existing mental health delivery system (p.250). They suggested the "vast personnel turnover" in the organization indicates considerable disillusionment among many of the volunteers. They hypothesized that this is caused by "loss of intimacy" and a "loss of innovation and hipness." Centres are fraught with problems involving shift scheduling and internal politics. Killeen and Schmitz proposed that volunteers "burn out" because of feelings of aloneness and powerlessness. "They have contributed mightily to the organization but the organization has given them little in return" (p.251).

The phenomenon of "burn-out" is being researched by Maslach (1976). Though her subjects have been professionals (social workers and psychiatrists, largely) there is a similarity in that the

focus of their activity is on involvement with troubled human beings. Burn-out, Maslach says,

plays a major role in poor delivery of health and welfare services to people in need of them...(and it also)...is a key factor in low worker morale, absenteeism and high job turnover (Maslach, 1976, p.16).

Maslach defines burn-out as the inability of the worker to cope with "continual emotional stress." The symptoms of this are a loss of concern and emotional feeling for the persons being helped and a coming to treat them in "detached or even dehumanized ways" (p.16). Crisis centre staffs and volunteers do refer to "burn-out" colloquially, (as in Killeen and Schmitz (1975), p.251) but whether this is the same psychological experience as researched by Maslach has yet to be investigated. Some apparent similarities exist. For example, labeling callers by their problems is a way of reducing the volunteer's emotional involvement and making the caller seem "less human, more like an object or a number"(Maslach, 1976, p.16).

There are a number of program factors which may influence a volunteer's motivation to become inactive. Vitsotsky (1967) cautioned that unless volunteers were properly trained, they would become depressed. If they expected success instead of being motivated by the desire to serve, then they "can expect only hopelessness"(p.9). Vitsotsky advocated the institution of "strong feedback mechanisms so that being able to give candid reactions, volunteers and perhaps staff, have the chance to grow" (p.9). Gelineau emphasized the importance of staff support and feedback when he said that

For all volunteers, there is an initial period of anxiety which requires professional support to overcome. There is

then a period of enthusiasm and exuberance while early progress can be seen. Later, when the severity of chronic psychosis is fully realized, the volunteer goes through a period of frustration and disappointment (Gelineau, 1967, p.41).

The crisis centre situation is somewhat different in that the volunteer does not experience a growing relationship with a client. This means that there is less opportunity for progress to be observed. In advocating colleague and team support in the crisis centre, Hoff (1973) wrote that the emotional energy required by a therapist in working with a client with high suicide potential can be "both time-consuming and exhausting." She suggested that this is even more so

for the volunteer telephone counselor, who is frequently less trained and experienced and also works in physical isolation during the most critical hours of the night. After a call from a self-destructive person the counselor can be left with feelings of isolation, confusion, failure, insecurity, resentment, guilt or he may experience a sense of satisfaction in responding effectively to persons in critical need... (however)...the counselor begins to experience a sense of futility of effort as the client continues to call the telephone service with little or no change in the social and interpersonal field....This is particularly true if the telephone service focuses on emergency and crisis intervention and there is no built-in provision for or expectation of continuity of treatment by telephone. (Hoff, 1973, p.141).

The most relevant study dealing with volunteer commitment appears to be one dealing with volunteer participation as a function of personal and situational variables (Turner, 1972). The study was structured on Lewin's field theory which states that all behavior is a function of interaction between a person and the environment. This means that the volunteer's participatory behavior is based on interaction between personal components (attitudes, motivation, life experience) and program components of the crisis centre experience. Turner found that subjects who received positive

feedback on personal characteristics were involved as volunteers for a longer period than those who received neutral or no feedback. Because the study was done prior to the completion of volunteer training, it is not known what the influence of feedback would be on the effectiveness of volunteers while taking calls. The part of Turner's study about duration of volunteer commitment indicated that the number of calls per week accounted for the largest proportion of participation variance. The fact that only one-half of the former volunteers returned for a second quarter of participation suggested that other factors may have influenced the duration of participation of college students volunteering for the crisis line.

Because Turner's study is about the volunteer experience and specific factors influencing it, his study is very relevant to the present study. Unfortunately, Turner's research was limited to using college students as subjects and was therefore limited by college semesters and a specific population. The factors effecting length of volunteer commitment are an important concern in this study and of the personnel of the crisis centres participating in it.

Heilig, Farberow, Litman and Shneidman (1968) suggested that it is demoralizing for the volunteer to go to the mental health centre and have little to do. They proposed that role conflict may grow as the volunteer becomes more competent. This role conflict, professional versus nonprofessional, may result in the volunteer becoming inactive in order to pursue professional training.

With the exception of the Turner (1972) study, there has been little research on reasons volunteers become inactive. Most of the

material reviewed was not based on experimental design but rather limited its focus to speculations about possible causes. Training, staff support and feedback as well as the degree to which the volunteers experience their role as necessary and important appear to be factors affecting the volunteer experience.

#### SELECTION

Volunteers are selected by application and interviewed by staff and/or other volunteers. Mirhadi (1975) noted that the selection of volunteers, their training and assessment of training are continuing problems in that "few crisis centres have more than one of six applicants as 'successful volunteers'" (p.2). What do those who select look for in addition to "patience, calmness and facility with the language" (Mirhadi, 1975, p.1)? Heilig et al. selected individuals who demonstrated

maturity, responsibility, motivation, sensitivity, willingness to accept training and supervision and the ability to get along well in a group.... (They did not select volunteers who)...appeared to be looking for a way to gratify their own needs and to push their own individual conceptions of human problems and their solutions...often such persons were emotionally disturbed themselves, rigid, inflexible and tenuously organized. It was felt that such persons would not serve the agency, they would use it (Heilig et al., 1968, p.289).

The use of personality tests may be helpful in providing information about persons with less than healthful emotional and social functioning and such tests are used by some centres. As Delworth (1972) observes "no personality traits per se as measured by these devices have been found to be generally more indicative of 'helpers' vs. 'non-helpers'" (p.20). This finding was verified by Mirhadi (1975) in his search for a good measure of empathic ability to be used to select good volunteers for crisis centres.

The process that appears to be used is an interview and a combination of self-selection and a weeding-out process that takes place during the training of the volunteer. The literature seems to indicate a lack of standard procedures in selecting volunteers.

#### TRAINING

The training received by volunteers is an important part of their experience. Berman noted that the

requirement for immense numbers of paraprofessionals has resulted in the professional community, much like the client in crisis...falling back on old, well-tried, but presently inapplicable modes of coping and adaptation (Berman, 1973, p.95).

Most training programs appear to be developed by the individual crisis centres. Local crisis centres have developed their own programs. These training programs appear to have a number of similarities. They train the volunteer in basic listening skills with emphasis on achieving empathy. In addition, the volunteer receives information about the structure and functioning of the crisis centre, and community resources. Volunteers may also be informed about specific topics such as crisis theory, suicide, drug use, alcoholism and so on. Some training programs are completely didactic, others combine experiential role-playing and didactic components. Many centres publish a training manual which includes policies, procedures and resources. Doyle, Foreman and Wales (1977) noted that "few descriptive articles on the training of crisis interventionists have been published (e.g. Delworth, 1973; Rioch et al, 1963; Mills, Note 1), and evaluative research on training and supervision has not as yet been reported" (p.72).

An important aspect of training is the opportunity for staff and

volunteers to continue the selection process. Many volunteers do not complete the training program. Research about drop-out rate was not available but personal experience would estimate that 25% is not unrealistic.

Beers and Foreman (1976) compared intervention patterns in crisis interviews with volunteers trained in two different models for counseling; brief focal therapy and the Rusk model. Four therapist interventions which included information gathering, consensual formulation, problem solving and explicit empathy were examined. Significant differences were found only in the explicit empathy interventions in the Rusk model. The authors admitted the small number of subjects (n=10) made generalization questionable. As in most evaluation studies, the focus was on the benefit derived by the client rather than the experience of the volunteer, although Beers and Foreman indicated that there were advantages for the counselor in being "model-trained" (p.91). These included providing the counselors with a "cognitive map of process goals as they proceed through the interview" (p.91).

The one study which focussed on volunteer experience related to training is that by Doyle et al published in 1977. They found that "most learning by non-professionals occurs during on-going supervision" (p.72). They suggest that the "practice of relying on pretraining may promote harmful outcomes for volunteers and may account for common problems of high staff attrition" (p.72).

#### EVALUATION OF VOLUNTEER PERFORMANCE

For some time, the research focus in the field of telephone crisis counseling has been empathy, that is, the ability to truly



understand another person beyond the level of their words. Truax and Carkhuff (1967) suggested that if counselor trainees were selected and/or trained to demonstrate "accurate empathy" they would be less likely to feel frustrated and the client would have a better chance of improving.

McGee and Knickerbocker (1974) demonstrated "with objective data for the first time in the literature...the clinical skills of the lay volunteer on the telephone" (p.307). Using rating methods developed by Truax (1967) and Lister (1970), the clinical skills assessed were empathy, warmth and genuineness.

The results of the study by McGee and Knickerbocker indicated that between the two groups, one composed of professional trainees and professionals, the other of lay volunteers, the volunteers tended to be as high or higher on all the scales using either rating method. The authors do indicate a methodological problem in the relative lack of subjects available for the professional group which created problems in matching the two groups for levels of experience on the telephone (McGee & Knickerbocker, 1974, p.306).

In a study undertaken by Carothers and Inslee (1-74) which measured levels of empathic understanding by volunteers chosen from four American cities, the average level achieved was 1.95 on the Carkhuff scale. The average level achieved by volunteers on the same scale in the study by McGee and Knickerbocker was 2.61. The variation may be the result of rater variables and the fact that the higher levels were achieved on audio tapes rather than written excerpts. These levels are described as "nearly as good as the best that can be obtained by a person within the framework of interpersonal interactions generally available to him (Carothers

& Inslee, 1974, p.274).

Accurate empathy as a construct has been the subject of recent research concern. Libow and Doty (1976) cite a number of studies that indicate discrepancies in the correlation of rater and client ratings of counselor empathy. The main focus of the Libow and Doty study, however, was to ascertain whether clients found empathy or advice-giving more helpful. Results indicate consistent preference for the active advice-giving style. It is difficult to explain these results without knowing what is implied by

offering advice and suggesting alternative solutions in what might seem to an experienced counselor a rather cavalier fashion (Libow & Doty, 1976, p.533).

The results do suggest implications for changing training focus for volunteers since callers may be seeking more directive advice-oriented help than volunteers are now being trained to provide.

What are other skills or qualities that contribute to functioning as a successful counselor? The Fowler Technical Effectiveness Scale (1974) focuses on the ability and skill to develop a relationship with callers, assess the situation and formulate a plan of action. Though results indicate that the scale has good inter-rater reliability, and the potential to measure base level performance of counselors and their subsequent improvement or lack of it, further studies using the scale have not been published to date. A possible factor preventing such research is continued reluctance on the part of crisis centres to tape conversations from callers in order to maintain confidentiality and anonymity. Such tapes would be necessary in order to rate the counselor.

Research to date seems to indicate that empathy is one of several factors in successful telephone counseling and that volunteers are capable of achieving levels required to be helpful. Other techniques may include problem-solving and more directive approaches.

#### DESCRIPTION OF VOLUNTEERS

A number of studies have been carried out which involve attempts to describe volunteers by means of psychiatric interviews and testing and measurement procedures. Results indicate that a typical volunteer for service to mental patients is "slightly more religiously oriented...morally concerned, compassionate and introverted than were the controls"(Gruver, 1971, p.116). Volunteers in general are less authoritarian and have a greater need for approval (Rosenthal & Rosnow, 1969). Smart (1972) in comparing college telephone service volunteers from two universities with teacher education candidates, noted that all phone volunteers appeared to be more "flexible and adaptable in their thinking and social behavior and less rigid and deferential to authority and tradition than controls"(Smart, 1972, p.11). Smart suggests that these mental health volunteers perhaps would have a tendency to behave with "less maturity, integrity and rectitude" (p.12) than their fellow students, the potential teachers. The stereotypical member of the counter culture would tend to be described in a similar fashion.

Resnik (1968) in a study which is quoted frequently to indicate that there is empirical evidence that suggests that volunteers may be individuals with less than healthy motives, reported a high

percentage of neurotic and psychotic lay persons volunteering.

This study, however, was based on a sample of 22 volunteers.

Resnik's study contrasts with one done by Weis and Seiden

who found that volunteers in a suicide prevention centre were

individuals who were relatively content with themselves and their

life situation. They conclude that

volunteers are relatively well-adjusted and outgoing people who possess psychological wholeness and strength that enables them to stand firm for others to lean upon in times of reduced strength (Weis & Seiden, 1974, p.130).

Volunteers in a college counseling centre were found to possess

"adaptive coping techniques" in meeting their own needs. One such

technique is , if volunteers perceive they need help, they are

likely to ask for it (Tucker & Cantor, 1975, p.428). Volunteers

appear to have a long generalized life pattern that shows recog-

nition of needs and an ability to satisfy them (p.429). Tucker

and Cantor found too that volunteers seemed to come from more stable

family situations than did the control subjects. This factor may be

one contributing to greater emotional stability.

It would appear from these studies that volunteers are

fairly well adjusted, mature individuals who are able to meet not

only their own needs, but who are able to help others cope as well.

#### EFFECTS OF THE VOLUNTEER EXPERIENCE

Because there is little data available on crisis centre

volunteer experience and because a fairly strong case can be made

for similarities in the experience of volunteers working in other

mental health settings, a brief overview of effects of the volunteer

experience in other settings is presented.

In their evaluation of a youth volunteer program in a psychiatric hospital, Glasmann and Turner (1972) indicated that volunteers showed that they had developed a tolerance for and an acceptance of the mentally ill, and that they had become sympathetic toward them.

Holzberg, Gewirtz and Ebner (1964) found in their study of changes in college students as a function of companionship with patients that students came to have a

more realistic understanding of mental illness, more positive attitudes toward the mentally ill, greater self-acceptance, and relaxation of prohibitive aspects of morality regarding sexual and aggressive behavior (Holzberg, Gewirtz & Ebner, 1964, p.302).

Gruver (1971) published an overview of the research results involving college students as therapeutic agents. He reported that volunteers

showed a dramatic increase of interest in the behavior of children and in working with troubled people. They reported that improvement occurred in the way they interacted with friends (Gruver, 1971, p.119).

Gruver concluded that "such work appears to have a positive developmental influence upon their own personalities" (p.112), (referring to college students) though he does indicate that most previous studies are "plagued with inadequacies in design which are characteristic of psychological studies in general and of clinical studies in particular (p.123)." Examples of such inadequacies include using no controls, no pre-testing or post-testing and lack of the use of objective measures.

In contrast to the positive changes recorded by previously-mentioned researchers, Chinsky and Rappaport (1970) found no changes in self-concept but "significantly more favorable attitudes

toward 'mental patients' and less favorable attitudes toward the 'mental hospital' (p.392) in their study of mental patients and college students.

Scheibe (1965) and, Umbarger, Dalsimer, Morrison and Breggin (1962) found volunteer subjects increased in self-confidence, self-understanding and that their identity formation was enhanced by working in a mental health institution. Umbarger et al report

as a result of "companion programs" all claimed that they had gained insight into their own personalities and problems through their relationships with patients and their own groups (Umbarger, et al, 1962, p.54).

They found that subjects exhibited significant gains in achievement, dominance, self-confidence and nurturance.

Heilig, Farberow, Litman and Shneidman (1968) in a study of a non-college population of volunteers in a mental health centre found no change in attitudes in their post-testing of volunteers as measured by MMPI. But in self-reports and supervision perceptions volunteers appeared to be more open with less need to appear good in the presentation of self. The following changes were also reported

- increased sensitivity and understanding regarding the problems of others
- more tolerance and development of empathy toward behavior and feelings of others
- changes in values about what is good and right
- coming to terms with death and living
- a growth in learning about self
- a feeling of being a better mother and friend with some strength in values, thinking and aspirations
- more self-confidence in dealing with people
- a reaffirmation of identity based upon acceptance of self and aspirations as well as a rise in confidence in dealing with and meeting other people (Heilig et al, 1968, p.292).

It appears that the experience of volunteering does have a positive effect on the mental health workers in programs similar to those offered in crisis centres. However, it is also important to note that these mental health volunteers have an opportunity for personal contact with their "clients" that is not available to crisis centre volunteers. Crisis centre volunteers, for the most part, have only telephone contact. This restriction creates a unique experience. The fact that it is unique emphasizes the need for research such as the present study.

#### CONCLUSION OF THE LITERATURE REVIEW

Crisis centres have received comparatively little attention from researchers. This may be the result of a number of factors. Crisis centres are a comparatively new phenomenon, dating from 1964 (McGee, 1974). Also, the volunteers who served in the earlier days did not see record-keeping as one of their priorities. There is a lack of systematic records and extreme confidentiality and exclusiveness about those that do exist. In short, there is a reluctance to release them for research purposes. Perhaps inherent in the self-image of an alternative to the existing mental health delivery system suggested by Killeen and Schmitz (1975) is a discouragement of formal research methods, favoring instead reports, stories and the like.

Some of the articles cited in the present review have been impressionistic and subjective rather than scientific for the reasons given. These articles indicate areas where future research is important. For example, selection of volunteers and reasons for becoming inactive are two such areas. The articles reviewed,

while not directly focussed on the volunteer experience per se have provided valuable information about the crisis centre volunteer in terms of description, motivation, selection, training and evaluation as well as the effects of the experience of the volunteer in mental health settings.



## CHAPTER III

## METHODOLOGY

The purpose of the study was to gether specific information in as consistent and complete a manner as possible about the effect that crisis centre volunteering has had on crisis centre volunteers in the Lower Mainland. The study was self-report research using a survey technique. A structured questionnaire was developed to collect the data which focussed on attitude and demographic information.

The rationale for and the development of the instrument used in the study is described in the present chapter together with the pilot study conducted to determine the validity and reliability of the instrument. The results of the analyses of the pilot study are presented with this description. The population, design, sampling, data collection and scoring procedures for the full study are next described. Finally, the statistical analyses for the full study are presented.

## RATIONALE FOR USE OF STRUCTURED QUESTIONNAIRE

Because there were potentially large numbers of people able to contribute information about the experience of being a crisis centre volunteer, personal interviews and open-ended questions were impractical. Such methods could result in problems in standardizing and classifying a large number of responses.

Walsh (1967) concluded in a study of the validity of self-reports that there were no differences among scores for the questionnaire method, the interview method or the personal data

blank. No one method elicited more accurate self-reporting than another. Oppenheim (1966) summed the advantages and disadvantages of using questionnaires. He concluded that closed questions were easier and quicker to answer, required no writing and quantification was straightforward. He observed that this often meant that more questions could be asked within a given length of time and that more could be accomplished with a given sum of money. However, Oppenheim noted that there may have been a "loss of spontaneity and expressiveness" (p.43). He went on to point out that it would never be possible to know what the respondents said or thought of their own accord and perhaps bias had been introduced by 'forcing' them to choose between given alternatives that might not have occurred to them. Finally, and this is particularly relevant to the present study, Oppenheim suggested

There may also be some loss of rapport, if respondents become irritated because they feel that the choice of answers fails to do justice to their own ideas (Oppenheim, 1966, p.43).

Cognizant of these factors, it was decided to collect data by using a structured questionnaire, but providing an opportunity for open-ended comments.

#### DEVELOPMENT OF QUESTIONNAIRE

Items for the questionnaire were developed by interviewing a number of crisis centre staff and volunteers and by consulting the literature.

Informal discussion with three crisis centre staff and three active and two inactive volunteers from one crisis centre in the Lower Mainland resulted in a pool of items about various aspects of the crisis centre experience. Next, the purpose of the project was

described to the staff of the five centres included in this study. The staff were asked to evaluate the item pool and to suggest relevant items that had been omitted. The last two crisis centre staffs visited agreed that there did not appear to be significant omissions. Staff at all five centres agreed to participate in the study affirming the potential usefulness of the results.

The literature was also a source of items. For example, there is a general impression created that the challenge of coping with the greater breadth of types of people and problems which the experience of volunteering provides causes an overall growth in one's ability to cope with life. As Hinkle observes

Experience suggests that when individuals are trained to deal with crises, they become more effective in other aspects of their lives, not only on the basis of the knowledge but in terms of the kinds of experience they have in helping other human beings (Hinkle, 1974, p.86).

This suggested an item pertaining to the volunteers' perception of their ability to cope with their lives more effectively as a result of their crisis centre experience.

Carter quotes several responses in a survey of volunteers in Canada such as

The volunteer can obtain a strong sense of satisfaction from helping others, especially in direct service where he may receive immediate feedback and see definite progress as a result of his efforts (Carter, 1975, p.85).

This suggested items such as "volunteering at the crisis centre is a good way to experience something beyond myself" and "I felt I got better at helping others as I did more shifts."

Motivation may be an important factor in an individual's decision to become a volunteer and may be related, perhaps, to a decision to become inactive. If a motive is based on a need and the need is not met, an individual may seek other ways of meeting the need. The literature suggests that altruism, learning and social needs are important motives for many volunteers. (Carter, 1975). Items such as "Volunteering at the crisis centre is a good way to work toward a better society" could be related to altruistic motives. Social needs are suggested by items such as "The contact with other volunteers was generally positive" and "I found new friends among the volunteers." Learning is implied by items such as "I have felt more confident about dealing with callers who are expressing strong feelings than I did at first" and "Volunteering is a good way to learn about other people and their lives." These five items explore attitudes related to humanitarian, educational and social incentives.

Based on the literature about volunteer commitment (Turner, 1972) items relating to feedback and working conditions seemed appropriate. Rating items such as "Record keeping and other paper work involved in doing shifts is a nuisance" and "The phone room has been a comfortable place in which to work" should elicit a response describing attitude toward working conditions. Rating "The staff did not provide feedback on my work" and "I found staff to be critical about my work" should describe attitude toward feedback.

The purpose of the items in this survey was to measure the attitude of volunteers toward their experience in the crisis

Attitudes have cognitive and emotional components as well as an action tendency component (Oppenheim, 1966). Items were formulated which reflected all three components. This survey attempted to measure a volunteer's attitude in terms of a straight line so the individual could be described as having a positive to negative attitude in terms of a numerical score.

It was decided to use a Likert scale because as Oppenheim explained, Likert's primary concern was with making sure that all items measured the same thing. Subjects were instructed to place themselves on an attitude continuum for each statement ranging from "strongly agree" to "strongly disagree." These are interpreted in terms of five positions with simple weights of 5,4,3,2,1, for the purpose of scoring "...after more complex scoring methods were shown to possess no advantage" (Oppenheim, 1966, p.133). The items in the present instrument were designated "5" for the most positive response to the experience of volunteering and "1" for the most negative. Equal numbers of positively and negatively worded items were included to prevent a positive or negative "set." Polarities were adjusted in the analysis.

Because of the greater range of answers permitted to respondents, "the reliability of Likert scales tends to be good," and Oppenheim (1966) states that a "reliability coefficient of .85 is often achieved." (p.140). In order to determine internal consistency and validity of the instrument, a two-part pilot study was carried out.

#### Validity Procedures

Establishment of content validity of the attitude section of the questionnaire took place in two phases. The first was an

item-sorting process by a panel of experts. This procedure was a modified latent partition analysis (Wiley, 1967). The analysis took place in two parts. For each of the two parts, a description of judges, the procedure used, and the results will be presented. The second phase was a distribution of the questionnaire to 40 subjects. Results from the questionnaire were analyzed in terms of the subscales as defined by the first phase.

### Part One

The item pool appeared to have several natural groupings or categories such as working conditions, self-actualization, skills in human relations and general attitude toward the experience. The categories were initially arbitrarily designated as follows: crisis centre staff, crisis centre facility, community, other volunteers, callers, self as volunteer, self in general and "ambiguous."

The judges selected as experts in crisis centre matters were three women and two men from one crisis centre in the Lower Mainland. All had several years experience in the crisis centre. Three were full-time staff and one was part-time staff in the crisis centre. One judge was a member of the crisis centre board of directors. Four judges had received education at a post-graduate level. One was attending university.

Part One was administered informally as follows. Numbered items were produced on cards and randomly shuffled. Categories were written on cards of a different color from item cards. Verbal instructions were given to the judges to familiarize themselves with categories and items by looking them over briefly. Judges were then asked to sort the items into the categories on the basis of their

first impression. The sorting process was administered by the author independently at various times and places over a period of two or three days at the convenience of the judges.

The agreement among the categorized items by the judges is summarized in Table 1.

Table 1

Agreement of Judges re Category of Items

Items (n=46)	Judges (n=5)
6	5
12	4
13	3
15	2
Total	46

The data show that all of the judges agreed on the same category for six items, four agreed on categories for 12 items and so on. There appeared to be much ambiguity and little agreement about the relationship of items to categories at this point.

## Part Two

It was decided to do a second card-sorting procedure having improved the wording of the items and clarified the definition of the categories

Eight judges were selected to participate in this part of the study. None had participated in the first part. All were residents in the Lower Mainland. Four different crisis centres were represented in this card-sorting process. Five judges were from one crisis centre and one from each of the other three centres, one being a crisis centre in Victoria, B.C. Three people were full-time staff and all had done many phone shifts as staff or

volunteers. All had attained university level education.

Over a period of approximately one week, judges were asked independently to sort the items. Written instructions were presented. (See Appendix A). The scales were named and described specifically in brief paragraphs. (See Appendix B).

The results of this card sort indicated considerably more consistency than Part One.

Table 2

Agreement of Judges re Category of Items

Items (n=48)	Judges (n=8)
14	8
11	7
8	6
6	5
9	4 or fewer
Total	<u>48</u>

There was agreement among six of the eight judges about 33 of 48 items (69%). However, there were several items which remained ambiguous. Alternative methods of dealing with these items included rewording them, deleting them or simply leaving them as they were, subject to further investigation in the second phase of the pilot study. All items in original or improved form were kept. At this point the item pool consisted of subscales as follows:

Scale A	Doing Shifts	10 items
Scale B	The Community	3 items
Scale C	Personal Change	12 items
Scale D	General Impression	9 items
Scale E	The Staff	10 items
Scale F	Other Volunteers	<u>4 items</u>
Total		48 items

It was decided to increase the items in Scale F by constructing them as necessary and validating them in the pilot project. Scale B was



not strong conceptually but it was thought that information from these items would prove interesting and it was decided to leave it as it was. This was the response form used in the pilot project.

PHASE TWO-PILOT PROJECT.

The population for the pilot project consisted of all of the volunteers presently active as well as those who had become inactive within the two years immediately prior to selection of the sample. All of these volunteers were from one crisis centre in the Lower Mainland. The inactive and active volunteers were separated and twenty were selected at random from each.

To increase the response rate, the following steps were taken:

- a. A stamped, self-addressed envelope was included with the questionnaire.
- b. Multi-colored, low-denomination stamps were used on the enclosed and outside envelopes. Warwick and Lininger (1975) suggested that this method increased rate of response.
- c. All addresses were handwritten. It was hoped to increase the impression that a personal appeal was being made.
- d. A date for suggested return of the questionnaire was included (Warwick & Lininger, 1975).
- e. White paper was chosen for the questionnaire on the basis of practicality (Oppenheim, 1966; Warwick & Lininger, 1975).
- f. No names were requested thereby preserving anonymity and confidentiality.
- g. The project was sponsored by an organization with which the volunteers were assumed to have been familiar. To assure this

the purpose of the organization was explained. In a covering letter from the Joint Committee of Crisis Services (J.C.C.S.), the purpose of the project was explained, anonymity of response assured and the importance of each individual's participation was emphasized. Letterhead from the J.C.C.S. was used and the covering letter was signed "The Research Committee." (See Appendix D).

h. Reminder postcards were sent to all respondents requesting that they complete and mail the questionnaire. These postcards were sent at the first time the daily response rate declined. (See Appendix E).

i. Questionnaires were returned to the crisis centre at which the volunteers were presently or had been active. (The same address was used in the final study as had been used in the pilot study).

A table which summarizes the response for the pilot project follows.

Table 3

Pilot Project Response

Questionnaires	Number
Total Mailed	40
Returned: Moved	6
Completed and Received	22
Analyzed	20*

\*Two questionnaires were returned after data had been analyzed.

These figures reflect a response rate of 65% by volunteers who received the questionnaire. This is the same response rate achieved in the final study.

A summary of the demographic characteristics of the pilot sample is provided in Table 4.

Table 4  
Demographic Results: Pilot Study

Category	Number
Women	11
Men	9
Age 26-35	12
Single	10
Some University	11
Employed	15
Active Volunteers	12
Inactive Volunteers	8

The responses to the attitude items were item analyzed to examine the extent of internal consistency within the six subscales as suggested by the item-sorting procedure. The computer program used was the Laboratory of Education Research Test Analysis Package (LERTAP). At the item level the proportion of respondents for each option is computed. The mean, standard deviation and correlation between scale and the total test score are also computed. Finally a measure of internal consistency is computed for each scale using Hoyt's Analysis of Variance procedure.

Results of Analysis: The results are presented first at the item level of the six subscales. This is followed by a summary of the total test results.

A summary of results of item/subscale correlations is presented in Table 5.

Table 5

## Item Analysis: Direction of Item-Subscale Correlation

Subscale	Positive	Negative
A. Doing Shifts	8	2
B. The Community	2	1
C. Personal Change	9	2
D. General Impression	6	2
E. The Staff	9	1
F. Other Volunteers	7	0

Inspection of the item/subscale correlations revealed that there were one or two items in each scale which indicated a lack of consistency in the way volunteers responded to those items compared to the way in which they responded to other items. This could be caused by a number of factors including wording, content, number of respondents, unknown bias within the sample, total number of items within the subscales as well as intrusive inconsistency within the conceptual material. In constructing an instrument, these items would, under other circumstances be disregarded. In the present study, it was decided that the items in question were too pertinent to the study as a whole, potentially providing valuable information to drop them.

Table 6

## Means, Standard Deviations, Reliability Estimates

## Attitude Subscales

Subscales	No. of Items	Mean	Standard Deviation	Hoyt Estimate of Reliability
A Doing Shifts	10	34.30	5.83	.33
B The Community	3	11.55	2.76	.33
D Personal Change	12	46.40	5.95	.52
D General Impression	8	33.90	3.73	.27
E The Staff	10	29.85	7.56	.57
F Other Volunteers	7	22.10	5.98	.69
Total Test	50	178.10	17.96	.70

Table 6 contains a summary of means, standard deviations and reliability estimates of the attitude subscales. In interpreting the reliability coefficient, it is important to consider several factors including the purpose of the test, representative size and test length. This questionnaire represents initial steps toward constructing an instrument to examine the experience of being a crisis centre volunteer. As such it requires considerably more testing, revision and a greater number of subjects to develop and establish high levels of reliability and validity.

It was decided to proceed with the study on the basis of the results of the pilot project and to continue the development of the instrument by further testing for reliability and validity.

## DESCRIPTION OF THE FINAL QUESTIONNAIRE

The questionnaire was composed of four sections (See Appendix c):

Section A: This section contained preliminary instructions and requested demographic data such as gender, age, marital status, children as dependents, level of education, occupation and working. This information was for use in description of the sample and in the analysis of the data.

Section B: This section consisted of items about the experience of being a crisis centre volunteer in terms of personal and program variables. The final number of items per scale in the questionnaire used in the primary study were as follows:

Scale A	Doing Shifts	10 items
Scale B	The Community	2 items
Scale C	Personal Change	13 items
Scale D	General Impression	7 items
Scale E	The Staff	10 items
Scale F	Other Volunteers	<u>7 items</u>
Total		49 items

Initially the poles of the scale were designated "positive" and "negative" since it was felt these terms were specific yet general enough to allow projection in terms of personal understanding of each respondent. There was also a "not applicable" category on the pilot project form of the questionnaire.

The "positive-negative" terminology was found to be ambiguous by respondents in the pilot questionnaire. Consequently the instrument used in the final study was modified so that volunteers were asked to rate the experience in terms of the extent to which they agreed or disagreed using a five-point scale:

- 5 = agree strongly
- 4 = agree moderately
- 3 = neither agree nor disagree
- 2 = disagree moderately
- 1 = disagree strongly

An example of an item as it appears in the questionnaire is

18. I find I am better able to cope with     5   4   3   2   1  
       crises in my own life as a result of  
       being a crisis centre volunteer

A respondent would be asked to rate the experience by indicating their attitude on the scale.

Scale C: This section initially dealt with types of problems cited by callers. Volunteers were asked to rank those about which they felt most positive and negative. The final instrument divided this section into two parts. The first asked volunteers to rate how they felt about the types of callers and the second part asked the volunteer to rate how effective they felt they were in dealing with a caller who had presented a specific problem.

Section D: This section of the questionnaire requested information about motives for volunteering and for becoming inactive. Both parts included space for noting options not listed. Volunteers were asked for the date they received training, the date they became inactive and whether they were involved in any other volunteer work. On the final instrument, volunteers were asked about previous training or experience before becoming a volunteer. The volunteers were asked to rate themselves about their level of commitment as reflected by the average number of shifts they did each month.

The questionnaire used in the pilot study was printed on two sides .

## PRIMARY STUDY

This part of the methodology will describe the population studied, procedure for collecting data, statistical analysis and a rationale for that analysis.

The population consisted of volunteers in the Lower Mainland as defined by volunteer rosters of active and inactive phone volunteers from five crisis centres. A complete description of the five participating centres was presented in Chapter I. Volunteers who had participated in the pilot project were not included in the primary study. A volunteer was defined as an individual who had been trained and who had worked at a crisis centre for at least two months doing not less than eight hours of volunteer work per month. A temporarily or permanently inactive volunteer was defined as a member of that category by self-definition. The anonymity of the questionnaire made it impossible to determine this status any other way. It is conceivable that staff and a volunteer could disagree on that volunteer's status. Volunteers could define themselves as active and not have done a shift within six weeks. In one crisis centre at least, this would automatically define them as inactive.

Using the same procedure described in the pilot project for the distribution of the questionnaire, it was mailed to all volunteers presently active in the five crisis centres. It was sent to all volunteers who had become inactive within the two years immediately prior to the mailing as well.

An inconspicuous coding technique was used to differentiate responses from each crisis centre. This consisted of changing the requested date for return of the questionnaire for each of the five crisis centres.



## STATISTICAL ANALYSIS

The statistical analyses took place in three parts. The first was an item analysis, the second part dealt with demographic data and the third part was an analysis of the differences among crisis centres and levels of activity.

When the return of the questionnaires appeared to be complete, the demographic information on them was coded and key punched with one hundred percent verification. For the B and C Section of the questionnaire, missing data were changed to "3" for the purposes of analysis. It was assumed that an item received no response because the respondent felt it was "not applicable"; and therefore, the item could be considered "neither agree nor disagree." Other reasons a volunteer might omit an item were "violation of privacy" and "it never happened to me."

For the purposes of analysis, the temporary and permanently inactive volunteers were considered a single group. Crisis-centre staff explained that temporarily inactive volunteers rarely became active for longer than a month or so if they ever did return. There were, of course, exceptions to this generalization. Individuals who declared themselves temporarily inactive may have done so because they found it difficult to separate from the community at the crisis centre. These volunteers may have become temporarily inactive for reasons such as burn-out rather than the stated motives to the staff. Such a rationalization as the following may have been offered: "I've changed jobs and I want to get settled in, I'll return in six weeks." This volunteer may have felt that a short period away from the crisis lines would permit them to reconstitute their

emotional energy only to find that they had not done so when they returned to the active list. It was therefore decided to include data from the temporarily inactive with the permanently inactive volunteers in this study.

### Item Analysis

The description of the experience of volunteering was elicited in terms of a five-point Likert Scale. There were approximately equal numbers of positive and negative items. An item was negative if agreeing with it was considered to reflect an unfavorable attitude. Weightings in negative items were reversed for the purposes of scoring. The same alternatives for response were used in all items.

As in the pilot study, an item analysis was performed for each subscale. Subscale membership was defined by the modified latent partition analysis reported earlier. The Hoyt Estimate of Reliability increased for all six subscales and the Standard Error of Measurement decreased. See Table 7.

Table 7  
Means, Standard Deviations and Reliability Estimates  
Attitude Subscales

Subscale	No. of Items	Mean	Standard Deviation	Hoyt Estimate of Reliability
A. Doing Shifts	10	35.03	4.73	.48
B. The Community	2	8.08	1.45	.39
C. Personal Change	13	52.70	6.90	.79
D. General Impression	7	29.13	3.50	.59
E. The Staff	10	37.59	5.24	.65
F. Other Volunteers	7	25.69	3.92	.59
Total Test	49	188.22	18.25	.86

### Demographic Analysis

To gain a description of the demographic characteristics, simple frequency counts were made and percentages were computed. These data were analyzed by centre. No tests of significance (chi squares) were performed since many of the cells were empty. The intent was to provide nothing more than a description of the sample.

### Multivariate Analysis

A 5 x 2 (centre by level of activity) multivariate analysis of variance (MANOVA) employing Wilks' likelihood ratio criterion was used to analyze the attitudinal subscales. If, as a result of the multivariate global test, the null hypothesis of no differences among groups was rejected, the univariate F-statistics corresponding to each attitude subscale were tested individually and Scheffe's multiple comparison procedure applied where appropriate (Finn, 1974; Hummel & Sligo, 1971).

The data used in the analysis were the results of the LERTAP analysis for subscales A-F.

Since the cell sizes were not equal, both the multivariate and univariate tests of significance were subject to the ordering of the independent variables. An experimental design approach (Woodward & Overall, 1975) was adopted in which centre entered first followed by level of activity and their interaction. Thus the effects attributable to different centres and level of activity were adjusted for the presence of each other while the interaction effect was adjusted for both main effects.

## CHAPTER IV

## RESULTS

The first purpose of the study was to describe volunteers at crisis centres in the Lower Mainland in terms of demographic characteristics, previous training and experience in helping and motives for volunteering and for becoming inactive. This chapter will present data obtained from a questionnaire about these aspects of the volunteer experience.

The second purpose was to examine differences in the way volunteers from the various crisis centres responded to statements describing their experience as volunteers. These statements were grouped into subscales concerned with the various aspects of the experience. These included A. Doing Shifts, B. The Community, C. Personal Change, D. General Impression, E. The Staff and F. Other Volunteers. The attitude of the volunteer toward handling various problems presented by the callers was also examined. To test hypotheses of differences among volunteers from five crisis centres in the Lower Mainland, a 5 x 2 multivariate analysis was performed on all the above subscales of the questionnaire.

The results of this analyses employed for the above purposes are presented in this chapter.

## RESPONSE EXPERIENCE

The final percentage of questionnaires returned was well in excess of the minimum 50% suggested by Longworth (1953, p.310). The range of the five participating crisis centres was 49% - 75% with a  $\bar{X}$  = 65%. Roeher (1963) suggested that respondents' interest in the subject correlates positively with degree of response as

does a rural residence background and increased education. Table 8 confirms the rural residence correlation in that Centre #2 with the highest response rate is the most rural of the centres participating in the study.

Table 8

## Response to Questionnaire Mailing by Crisis Centre

Crisis Centre	Number Mailed	Incorrect Address	Incomplete Questionnaire	Analyzed
1	70	3	4	44
2	52	1	5	32
3	82	12	1	37
4	41	4	12	20
5	178	12	2	106
Total	423	32	17	239

Questionnaires were omitted from data analysis if they were incomplete in the following respects: no demographic data, respondent not aware that questionnaires were printed on both sides of the page, information necessary to the analysis such as level of activity was omitted. There were 17 such questionnaires.

## DEMOGRAPHIC RESULTS

The demographic results include information about the proportional relationship among crisis centres of men and women, ages, marital status, children, education and occupation. Results are presented in Table 9 and Figure I.

Figure 1

Percentages of Ages of Volunteers  
by Crisis Centre

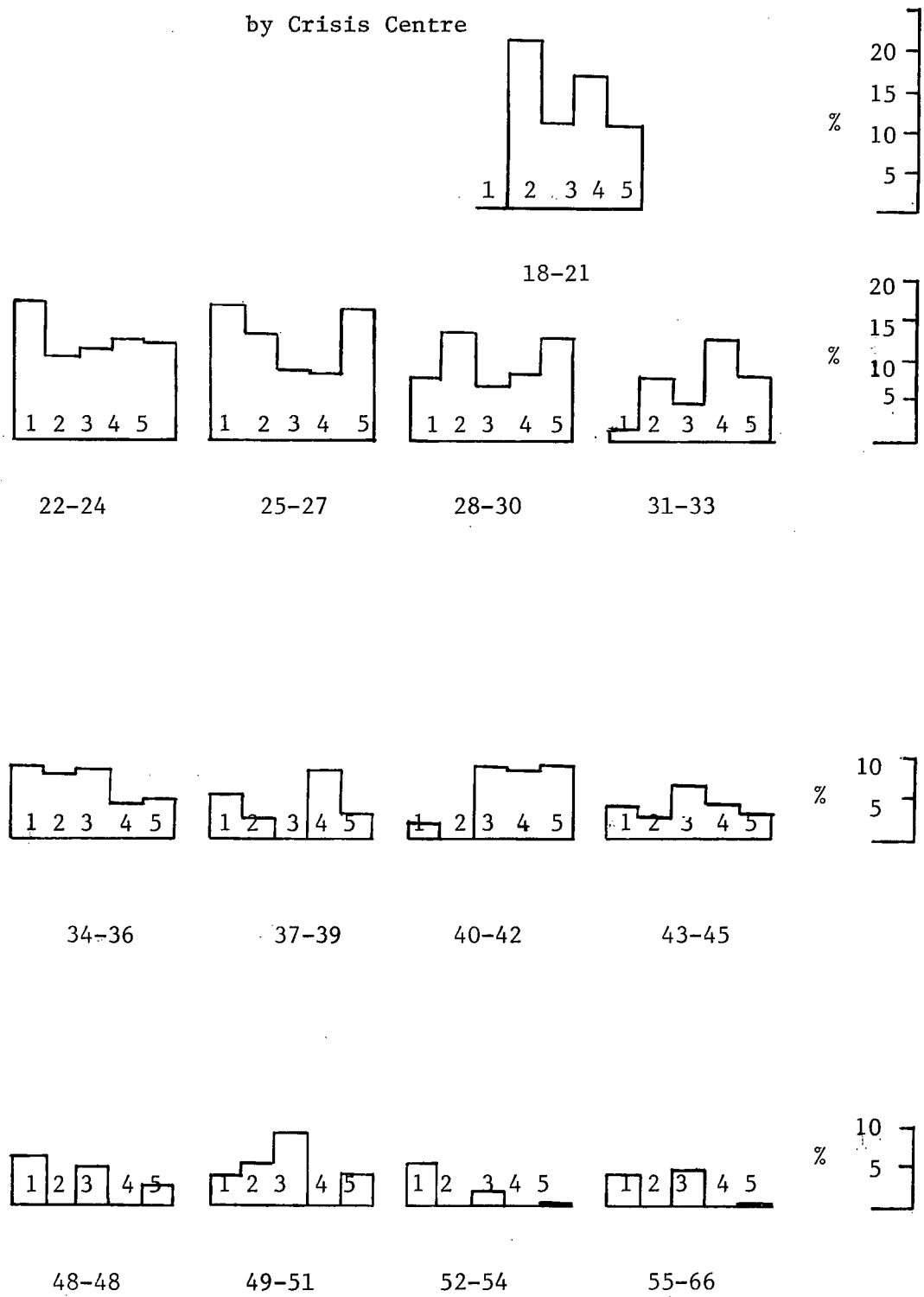


Table 9

Demographic Data				
Gender		Marital Status		
Centre	% Female	% Male	% Alone or Independently	% Married "Other"
1	77.3	22.7	52.3	47.7
2	68.8	31.3	40.6	62.5
3	73.0	27.0	35.1	64.4
4	70.0	30.0	40.0	60.0
5	61.3	38.7	34.0	66.0

Having no Children		Unsalariied
Centre	%	%
1	54.5	34.1
2	50.0	50.0
3	64.9	35.1
4	45.0	35.0
5	73.6	23.3

## Education Major

Centre	% Social Sciences	% Arts
1	36.4	6.8
2	15.6	12.5
3	27.0	10.8
4	30.0	----
5	31.1	15.1

n=239

Table 9 - con't

## Demographic Data:

## Level of Education

Centre	Some High School	High School Graduate	Technical School	Community College	Some University	First Degree	Advanced Degree	Other Degree
1	4.5%	22.5%	4.5%	13.6%	20.5%	22.7%	9.1%	4.5%
2	15.6	37.5	12.5	6.3	25.0	3.1	----	----
3	5.4	13.5	8.1	13.5	37.8	18.9	2.7	----
4	5.0	25.0	10.0	30.0	20.0	10.0	----	----
5	2.8	12.3	3.8	12.3	27.4	25.5	10.4	3.8

## Occupation

Centre	Helping	House wife	Students	Medical	Business Sales	Office	Teaching	Technical	Laborer
1	20.5%	15.9%	6.8%	13.6%	9.1%	13.6%	9.1%	2.3%	4.5%
2	9.4	21.9	3.1	9.4	15.1	6.3	3.1	12.5	9.4
3	5.4	8.1	24.3	5.4	13.5	18.9	2.7	5.4	8.1
4	15.0	5.0	15.0	5.0	10.0	25.0	----	10.0	5.0
5	17.0	3.8	19.8	6.6	10.4	16.0	6.6	9.4	1.9



### Gender

All centres have predominantly women volunteers. Among the five centres, the range was 61.3%-77.3%, the average being 70% women. Among the respondents, Centre #1 had the greatest number of women compared to men (77.3%), a fact that did not go unnoticed by one of their volunteers who noted in the questionnaire, "we need more men!"

### Age

The range of age among volunteers was 18-66 years. The mean age of all volunteers in the Lower Mainland was 31.78 years. The proportion of volunteers between 20-35 years was 63%. In comparing centres it will be noted that Centre #2 had more younger volunteers. Ninety percent of them were less than 35 years. Centre #3 had more older volunteers, 37.9% are older than 37 years compared to 19.9% of the volunteers in Centre #5 and 10% in Centre #4.

### Marital Status

Centres ranged from 47.7% to 66% of their volunteers stating they are single, widowed, separated or divorced. Most of these categories imply that volunteers may be living alone or perhaps with dependents. One crisis centre, #1, had respondents report a majority of married or "other arrangements."

### Number of Children

"No Children" was reported by 63.2% of the volunteers responding. For those with children, the number of children ranged from one to six with 34 volunteers from all centres reporting one child and 32 reporting two. There was little difference among crisis centres.

### Level of Education and Education Major

Nine categories were available to volunteers ranging from "no formal education" to "advanced and other degree." No one recorded "no formal education" and one person recorded "elementary school only." Of the volunteers reporting, 75.4% continued education beyond high school graduation. In one centre, #5, 39.7% of the volunteers responding reported at least one university degree completed. Centre #2 respondents reported 53.1% of their volunteers had received education to the level of high school graduation or less. Slightly fewer than one-third of the volunteers from four centres recorded social sciences as their education major. Of the sample, 37.7% did not record a major subject area.

### Occupation

Approximately two-thirds of the volunteers in the Lower Mainland are working at full or part-time jobs. Volunteers who listed themselves as housewives or mothers indicated they were unemployed. All centres show a similar profile. The "helping" category includes all those who have designated themselves counselors, financial aid workers, child care workers, social workers, home-makers, and mental health workers.

Centres differ in which occupation is listed by most respondents as follows: Centre #1: helping; Centre #2: mothers or housewives; Centre #3 and Centre #5: students; Centre #4: office workers.

Centres differed in which occupation is listed by most respondents as follows: Centre #1: Helping; Centre #2: mothers or housewives; Centre #3 and Centre #5: students; Centre #4: office workers. Students and office workers each made up 15.5% of the overall results. These categories were followed by "helping" which was chosen by 14.6%.

## NON-DEMOGRAPHIC DESCRIPTIVE DATA

This section portrays results of the questionnaire concerning level of activity, previous training, experience and motives for becoming a volunteer.

Table 10

## Level of Activity

Centre	Active	Temporarily Inactive	Permanently Inactive
1	25%	27%	14%
2	63	3	28
3	54	27	19
4	55	15	30
5	55	20	25

Levels of Activity

Table 10 indicates that more active than inactive volunteers responded to the questionnaire. These levels of activity have been explained in Chapter III. For the purposes of analysis, temporarily and permanently inactive volunteers have been considered one group.

Previous Training and Experience

See Table 11 for a summary of this data. More volunteers reported having had previous experience than had previous training. In responding to a query regarding experience, many volunteers recorded "Just through personal experience with family and friends." This was not coded as experience in the data. Examples of comments which were included as experience include psychiatric nursing, crisis counseling in a similar set-up in (another country), "belonged to alcoholics anonymous and also church work", "working with two doctors, one a neurologist and the other a psychiatrist," "counsel-

ing experience in university and job-wise," "worked for Children's Aid."

Volunteers who cited psychology courses or occupational training, if it was relevant (e.g. psychiatric nursing) were included as having previous training.

Table 11

Experience and Training Prior to Volunteering

Centre	Previous Experience	Previous Training
1	61.4%	38.6%
2	46.9	28.1
3	64.9	35.1
4	30.0	20.0
5	50.0	32.1

Other Volunteer Work

Table 12 contains a summary of data about volunteers doing other volunteer work.

Table 12

Volunteers Doing Other Volunteer Work

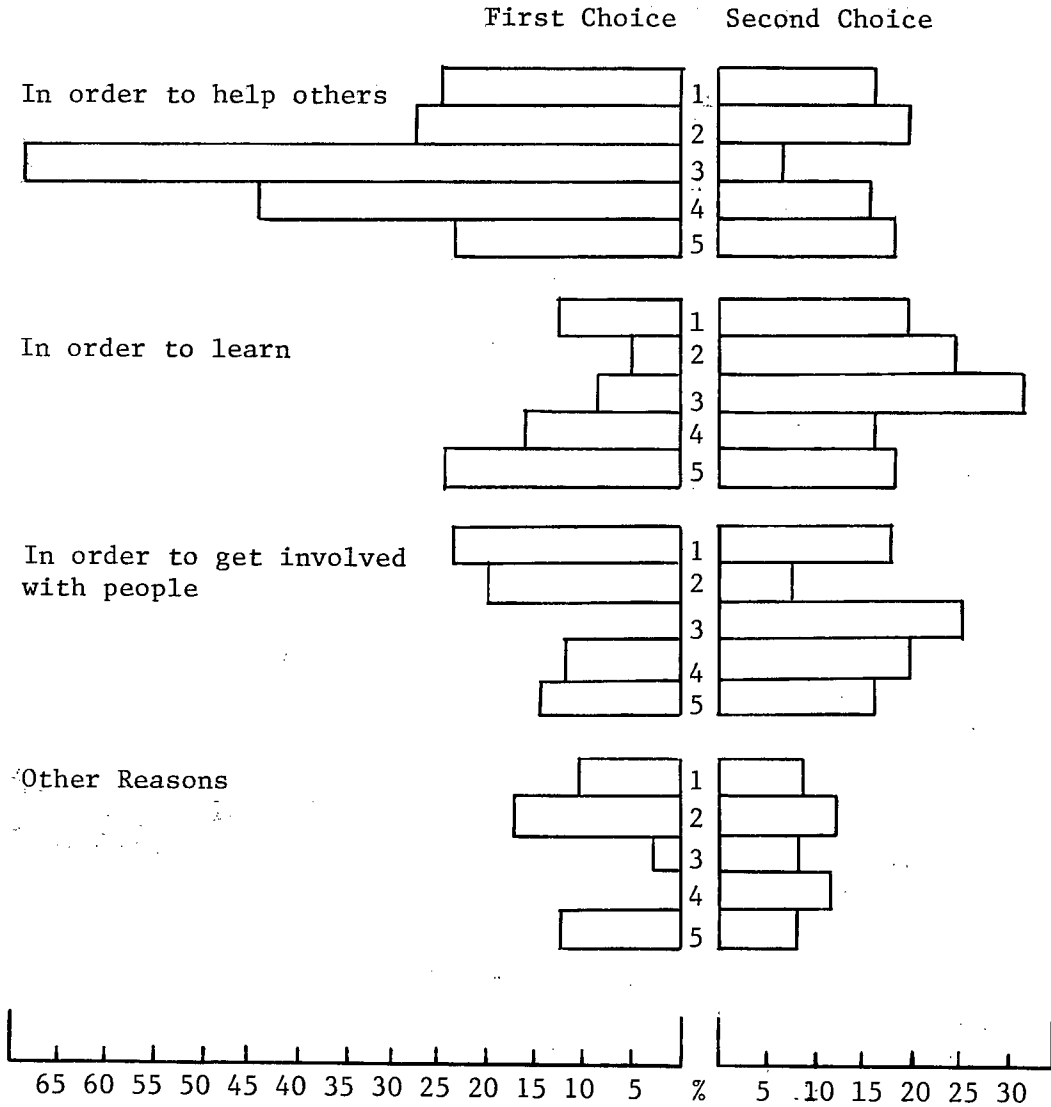
Centre	%
1	31.8
2	18.8
3	29.7
4	30.0
5	24.5

With the exception of Centre #2, 25-30% of volunteers in the sample reported they had other volunteer commitments.

Motives for Volunteering

See Figure II for a summary of motives for volunteering.

Figure II  
Motives for Volunteering  
by Crisis Centre



The motive for volunteering reported most frequently in the present survey was "in order to help others," that is, altruism. Self interest as expressed by choosing "in order to learn" occurred next most frequently. Other reasons for volunteering included "future references," "to bring a caller to a more clear understanding of him/herself," "in order to love others," "in order to break down to unlearn my narrow views," "to help me decide whether I would be suitable for a community service career."

There appeared to be some differences among centres in the primary motive for volunteering recorded though statistical analysis to determine whether differences were in fact significant were not undertaken.

#### Motives for Becoming Inactive

The information about motives for becoming inactive was extremely difficult to code since many volunteers chose to write out other reasons rather than selecting one of the five reasons contained in the questionnaire which were thought to be most common. The rationale for the reasons suggested was based on literature and discussion with staff. It seems fairly clear that the majority of reasons recorded for becoming temporarily or permanently inactive are personal rather than program oriented. Motives such as the following were recorded:

- Time to do something else
- Too much school load
- My fiance forbade it
- I am active in another volunteer organization
- Personal crisis
- I got sick and attending college and working
- Needed at home
- I object to have to find a replacement for my shift it
- I cannot make it because of an emergency situation....

### Volunteer Comments About the Crisis Centre

When given the opportunity to do so, 61.7% of respondents added comments about changes they felt would improve the experience of crisis centres for volunteers and/or callers. Examples of suggestions from the questionnaire include the following:

More inservice workshops and seminars should be provided in order to constantly upgrade the services offered by the centre.

I have found in the past a general lack of cooperation with other flying squads. While a flying squad makes the final decision on a call out more consideration should be given to phone volunteers from other centres.

More open communication between staff and volunteers.... longer and tougher training programs.

Concerning the survey, 51.3% added comments such as the following:

An excellent survey. Hopefully this will help all crisis centres work as a team rather than independently. We are all in the business of helping.

I feel this survey is very necessary. Thank you for asking my opinions and feelings.

Too long. Very general.

### SUMMARY OF DESCRIPTIVE DATA

Crisis centres were generally similar in demographic characteristics. An examination of the differences to compare and contrast them indicated the following:

Centre #1 reported the greatest proportion of married and "other" women (separated, divorced, widowed, other). It also contained the largest proportion of "helping" professionals and technical persons. Its volunteers recorded the highest number of persons with social sciences as major topic area.

Centre #2 contained the most housewives/mothers. It also had the youngest volunteers. Centre #2 had the greatest number of volunteers designating themselves unemployed and possessing education at the level of high school graduate or less.

Centre #3 was generally in the middle of most demographic ranges with the following exceptions: it recorded the largest number of students, the largest number of volunteers with "some university" and more older volunteers than other centres.

Centre #4 listed the fewest number of volunteers with children, the highest number of office employees and the most volunteers with community college level of education.

Centre #5 recorded the highest proportion of men among respondents, the most single (living alone) volunteers, the greatest number of employed people and the most volunteers with education at university level or beyond.

It is important to note that this information does not indicate for the most part, extreme differences. An examination of figures and tables will show fairly narrow ranges in most variables. Crisis centres appear to have similar profiles with the minor differences noted.

#### RESULTS OF STATISTICAL ANALYSIS OF ATTITUDE SECTION OF QUESTIONNAIRE

The results of the statistical analysis indicating differences among crisis centres and between levels of activity as well as the results of the examination of attitude toward caller problems follows.



Differences Among Centres on Each of Six Subscales and  
Between Levels of Activity

The results of the multivariate analysis are summarized in Table 13. The multivariate  $F$  ratios for levels of activity (4.95) and centres (2.80) were both significant at the .05 level. There was no significant interaction between centre and level of activity.

The means and standard deviations of six subscales are presented in Table 14. In each subscale, a higher mean indicates a more positive attitude. The results of the Sheffé test of significance for centres revealed that in attitude toward staff, volunteers at Centre #4 and #1 were significantly more positive in their responses than were volunteers from Centre #5. The Sheffé test also revealed that volunteers from Centre #2 were more positive in their attitude toward other volunteers than were volunteers from Centre #5.

Comparison of means and standard deviations (see Table 15) revealed that active volunteers were significantly more positive in their responses to statements concerning doing shifts (A), personal change (C), general impression (D) and attitude toward other volunteers (F). There was, however, no significant difference between active and inactive volunteers on those subscales dealing with community (B) or staff (E).

Attitude Toward Caller Problems (See Table 16).

Volunteers were asked to rate how effective they felt they were in dealing with the problems presented by callers. For example, 207 volunteers rated themselves as feeling very or somewhat positive (4 or 5) about dealing with callers who stated they were lonely. Volunteers felt most ineffective in dealing with

Table 13  
Multivariate Analysis of Variance

Source	Multivariate Test F (df)	Univariate df	Univariate F Statistics					
			A	B	C	D	E	F
Centres (C)	2.80 (24,783)*	4	.75	.18	2.46	2.04	6.46*	3.90*
Activity (A)	4.95 ( 6,224)*	4	9.52*	---	10.00*	5.13*	1.17	13.65*
CXA	1.19 (24,783)	4	1.19	1.09	1.71	.84	2.21	3.01
Residual								

\*p .05

Table 14

Subscale Means and Standard Deviations  
Centres

Centre		A	B	C	D	E	F
1	$\bar{X}$	35.2	8.1	52.24	29.4	39.82*	26.38
	S	4.06	1.43	6.37	2.64	5.22	3.54
2	$\bar{X}$	33.39	7.84	49.05	27.86	38.56	26.66@
	S	5.4	1.81	8.28	3.98	5.13	2.73
3	$\bar{X}$	35.39	7.96	53.88	29.7	36.63	26.12
	S	4.92	1.47	6.43	3.59	5.63	4.21
4	$\bar{X}$	35.24	8.03	54.88	29.67	40.07+	26.04
	S	4.67	1.53	6.28	2.99	3.94	3.66
5	$\bar{X}$	35.02	8.15	52.63	28.79	36.09*+	24.61@
	S	4.49	1.38	6.5	3.6	4.77	3.75

Using Sheffé Tests of Significance:

\* Volunteers from Centre #1 were more positive in their responses than Volunteers from Centre #5 on Subscale E (Staff)

+ Volunteers from Centre #4 were more positive in their responses than Volunteers from Centre #5 on Subscale E (Staff)

@ Volunteers from Centre #2 were more positive in their responses than Volunteers from Centre #5 on Subscale F (Volunteers)

Table 15

Subscale Means and Standard Deviations  
Level of Activity

Level		A	B	C	D	E	F
Active	$\bar{X}$	35.82*	80.74	53.84*	29.56*	37.96	26.50*
	S	4.51	1.38	5.89	2.83	4.89	3.82
Inactive	$\bar{X}$	34.0	8.07	51.22	28.58	37.12	24.64
	S	4.75	1.56	7.46	3.77	4.93	3.91

Using Sheffé Tests of Significance

\*Active Volunteers were significantly more positive in their responses in Subscales A,C,D, and F than were Inactive Volunteers.

drunk, abusive, masturbating or chronic callers.

Table 16  
Responses to Caller Problems

Presented Problem	Positive	Negative
Lonely	207	16
Marital	196	6
Family	184	6
Suicidal	176	14
Sexual	155	20
Bereaved	151	11
Drunk	30	139
Abusive	42	122
Masturbating	35	105
Chronic or Repeat	65	98

#### SUMMARY

This completes the presentation of the results of the survey of volunteers, both demographically and non-demographically. Results of data analysis concerning volunteer attitude as reflected in six subscales were also presented. Finally, results of data analysis concerning attitude toward personal effectiveness in dealing with callers' problems were delineated.

## CHAPTER V

## DISCUSSION, FUTURE RESEARCH, SUMMARY AND CONCLUSIONS

A discussion of the results of the analysis summarized in the previous chapter, together with suggested explanations and implications are presented in this chapter. Several aspects of the experience of crisis centre volunteers have been examined. These included demographic and non-demographic descriptive variables, and feelings and impressions volunteers had about their crisis centre experience.

## DISCUSSION OF DEMOGRAPHIC VARIABLES

Demographically, one is struck by similarities among the crisis centres. All variables have fairly narrow ranges and this suggests a basic similarity among crisis centres.

In the past, the stereotypical volunteer has been described as a "bored, middle-aged housewife" (Carter, 1975, p.19). Carter refutes this label in her survey of Canadian volunteers as have the results of the present study. Though it is true that women predominate, almost one-third of the volunteers on the Lower Mainland are men. In addition, 87% of crisis centre volunteers are younger than 45 years of age. Finally, a majority of volunteers appear to live alone. Over 60% reported that they were single, separated, divorced or widowed.

Age may be an important factor in volunteer turnover. The majority of volunteers appear to be between 18-33 years. This is a time in a person's life when one is most likely to attend school, begin careers and families - it is a time of decisions and changes. Perhaps short-term commitment is a product of these

factors rather than program variables. Winch (1977) indicated that there appeared to be a big difference in the length of service of active volunteers over 30 and between 21-30. He indicated that older volunteers seem to have a longer stay. Winch also stated that other colleagues have found having students for volunteers and using the centre for field education does not encourage long volunteer terms. In a paper describing the Samaritan Befriending Program of England, Good (1977) indicated length of volunteer service of one to six years. The study involved women (n=90) which ranged from 19-75 years and had an "upward skew and a majority between 45-65" (p.1). They were by occupation, "mostly housewives, although double categorization was frequency as housewife-clerical."

Younger volunteers are perhaps more effective in meeting the needs of Lower Mainland callers or age may have no effect on the experience of the caller. This is clearly a question which requires further study because it has definite implications in the selection of volunteers. The logical recruitment focus would appear to be that segment of the population who have more settled life styles if age is not an important factor for the caller.

On the other hand, if volunteers are personally benefiting from their experience in that they are meeting needs to grow and change and become more responsible participating citizens in our community, perhaps this should be a stated purpose of the crisis centre and steps taken with awareness to accomplish this goal. If this were the case, the vast turnover of volunteer staff could be accepted as a neutral rather than a negative situation. In such acceptance, there would be no need to justify the continuing

training and recruitment because the community as a whole would be benefiting from the growth achieved by volunteers as a result of their experience.

The similarity of crisis centres raises questions about the structure of crisis services in the Lower Mainland. Why have five crisis centres with five boards, staffs, etc.? Could there not be a more efficient, perhaps more satisfying operation by using a central office with branches such as is used by the Samaritan Society in England? Such a structure would eliminate duplication of advertising and training. It would probably make little difference to the callers who use the service. An examination of call sheets and chronic caller records would probably reveal that the origin of the call is not necessarily based on the proximity of the crisis centre but rather which telephone line is available. The same is true of crisis centre volunteers though to a lesser extent. It was observed that volunteers do not always serve at the centre closest to them. The present study did not investigate the motives for selecting a crisis centre.

#### MOTIVATION

Another concern of the study was motivation for volunteering and the effect that motivation would have on the volunteer's perception of the experience. Resnik (1968) suggested that volunteers may be motivated by desire to find solutions to personal problems. Only 1.3% of crisis centre volunteers selected this as their primary reason for volunteering and 5.9% selected this as a secondary motive. A number of volunteers recorded "personal problems" as a reason for becoming temporarily or permanently inactive. As a group, volunteers appear to be people that troubled

individuals seek out. Many volunteers noted that before they volunteered, people always seemed to be telling them their problems. Perhaps some volunteers are motivated by a need to be needed. In the present study as well as the Carter (1975) survey, the motives for occurred most frequently in combination were "in order to help others" and "in order to learn." Carter observes

The possible speculations on why this should be so are endless. The combination of altruism and self interest may be taken as an indication of the healthy psychological state of those who volunteer (Carter, 1975, p.27).

#### DIFFERENCES AMONG CENTRES AND BETWEEN LEVELS OF ACTIVITY ON EACH OF SIX SUBSCALES

Before examining the differences, it seems appropriate to make a general statement about the overall results of the attitude scale. Volunteers responded very positively. They appear to be saying yes, this is a good experience, it improves my self-concept, my communication skills, my tolerance of other people. It is broadening- a unique opportunity - it means a lot! All the subscale means were within 12-15 points of the maximum possible 35-50 points. The scale concerned with personal change was most positive.

In the subscale concerned with doing shifts, almost half (48.9%) of the volunteers who responded stated that they found not having follow up on callers frustrating. Having people in the phone room was found to be distracting by 58.1% of the volunteers. The phone room, however, was found to be a comfortable environment



by 78.3% of those who responded. Well over half of the respondents found there were enough calls although 27% felt that there was not enough to do on a shift. A majority (67.8%) of volunteers did not object to being alone on a shift, but almost one-third stated they did not like it. Volunteers at a rate of 27.2% object to being asked to do extra shifts.

In the subscale concerned with personal change, approximately 25% stated that taking calls is less interesting than it was at the beginning of the experience, that they are less confident about taking calls as they do more shifts. Although no comparisons have been made with the length of time a volunteer has been active and responses to items such as the last three, such an investigation would be useful. These attitudes are similar to symptoms of burn-out described by Maslach (1977).

In the subscale concerned with general impression, 32.7% of volunteers indicated that they experience of volunteering was not what they'd anticipated. However, 72.4% felt volunteering was a good way to work toward a better society and 49.8% agreed that it was a way of repaying help received by them or someone else.

In the subscale concerned with staff, 82% of volunteers were positive in their feelings about the training program. However, 28.5% felt inservice training was not sufficient and 31.4% of them did not feel they received adequate feedback. This lack of feedback may be responsible for 68.2% denying that evaluation left them feeling badly. A large majority of volunteers feel that they have good relations with staff (94.2%) and 44.4% socialize with staff outside the crisis centre. However, 20.9% of volunteers

felt that staff relations with staff created problems in the crisis centre.

In the subscale concerned with other volunteers, a large majority of volunteers (87.5%) reported generally positive contact with other volunteers, however 25% indicated that cliques and personal conflict caused problems at crisis centres. Twenty-five percent indicated that they did shifts regularly with a few specific volunteers.

There were no significant differences among crisis centres on four of the six subscales. On two of the four, there was relatively low reliability and this may account for no differences. On the other hand, perhaps there are in fact no differences among crisis centres in all four subscales.

On Subscale E, Staff, where significant differences were noted between Centre #1 and Centre #5, as well as between Centres #4 and #5, there are perhaps structural circumstances which might account for these differences. For example, this may be due in part to the ratio of staff per volunteer with a lower ratio providing more contact with staff, thereby providing more opportunity for relationship enhancement. At the time of the survey, Centre #5 had four full-time staff. Two of these staff were involved with administration to a large extent. One of these is the director who would necessarily be responsible for community relationships, contact with the board, funding and so on. This centre reported 90-100 active volunteers. In this crisis centre (#5) volunteers fill an extremely high percentage of the shifts, if not all of them. When volunteers are not available, staff are expected to fill the

shifts. In the smaller centres with fewer volunteers, staff do fill more shifts. One result of this is more contact with volunteers. The result of smaller numbers and staff being at the crisis centre more frequently is more contact and perhaps more opportunity for socializing and getting to know volunteers.

The significant differences noted in Subscale F, Other Volunteers, between Centres #2 and #5 may be the result of a number of factors. An examination of the demographic variables indicated that Centres #2 and #5 are the most strongly contrasted. Centre #2 is relatively isolated from the other crisis centres in the study and is most distant from them. It is not a member of the JCCS. Centre #2 has always had its volunteers participate more broadly in all centre activities. This centre does all its own fund-raising. Volunteers participate in this and in other aspects of programming such as face-to-face counseling, visitation of people with special needs such as senior citizens and special public relations projects. Volunteers in this centre would seem to be somewhat more dependent on one another for social contacts than would be true perhaps of a centre such as #5 which is located in a large metropolitan city. Demographically, Centre #2 listed the most housewives/mothers. These people would have less opportunity to have their social needs met elsewhere and would therefore be more dependent on opportunities presented by their crisis centre activities.

Until recently, phone volunteers at Centre #5 were limited in opportunities to participate in aspects of the crisis centre life other than the crisis lines. Phone volunteers did their shift and left until their next shift. It was not uncommon for a

volunteer to spend a four-hour shift alone until the next volunteer arrived. Recently, efforts have been made to encourage volunteers to do shifts with other volunteers and to participate in other activities in the centre. Groups are being formed to help volunteers deal more effectively with specific groups of callers (e.g. chronic callers).

Volunteers who are still active responded significantly more positively than did inactive volunteers on four of the subscales. It is difficult to offer conclusive explanations for this difference. The motives for becoming active and inactive may be related. Results of this survey indicate that at a conscious level and/or at a level at which the volunteer is willing to self-disclose, motives for becoming inactive are more personal than program-oriented. While volunteers are having their needs met, whether they are altruistic, social or learning, they remain active. When those needs are no longer being met, volunteers become inactive. It is possible that this behavior is related to more positive responses on the part of active volunteers. If so, it would seem that if crisis centres wish to have volunteers remain active longer, they need to become more aware of the needs of their volunteers and take more specific steps to meet those needs.

The literature indicated that feedback, training program and supervision are important factors in the volunteer experience (Visotsky, 1967). The findings of the present survey do not indicate that they affect the level of the activity. There were no significant differences on the subscale E, Staff which contained items relating to these aspects of the experience. The inclination

of volunteers to drop by the crisis centre, to maintain contact with it and their reluctance to declare themselves permanently inactive may be related to the lack of significant differences on this subscale. This inclination, however, could be another aspect of the same behavior rather than an explanation for it. Because crisis centres are reluctant to see volunteers terminate and wish them to continue as long as possible; separation appears to be sometimes accompanied by guilt and other negative feelings. If separation were acknowledged as a natural, acceptable part of the experience and volunteers were helped through it, crisis centres would benefit themselves and the volunteers. Staff would find out more about separation, burnout and termination and all would learn. As it exists at present, there is a denial of separation on the parts of both.

The other subscale, B: The Community, on which no significant differences were found, had few items and low reliability.

#### ATTITUDE TOWARD CALLER PROBLEMS

The volunteers were asked to rate how successfully they had handled a specific problem. Most volunteers felt positively about talking to a person who was expressing loneliness. It is possible that feeling lonely is not so difficult to handle as one of the other problems which conceivably are based on unexpressed or inappropriately expressed anger. These include threatening suicide or being abusive. This finding might indicate a need to train volunteers to deal more effectively specifically with anger. Chronic callers are a concern at all crisis centres. One centre has formed a special group to discuss this concern with the goal of helping these callers. A volunteer seems to experience personal

frustration and helplessness as a result of the lack of progress exhibited by the same callers with the same problems.

#### RECOMMENDATIONS FOR FURTHER RESEARCH

The results of this study indicate several directions for further research. These include instrument development, further analysis of data collected and finally, general suggestions.

##### Instrument Development

The instrument used in the present study needs to have a clearer conceptualization of the subscales and more items developed particularly for those subscales with a small number of items and/or low consistency. Wording in several items, or simply the way in which they were reproduced on the questionnaire caused confusion for some volunteers. This needs to be remedied. The questionnaire should be printed on one side of the page only or instructions indicating that responses are requested on both sides of a page included. It would have been helpful to have enquired about motivation for choosing a specific crisis centre in which to volunteer since geographical proximity does not appear to be the reason in many cases.

It is necessary to know more precisely when a volunteer becomes temporarily inactive, therefore this information should have been requested

##### Further Analysis of Data from the Present Study

Further analysis at the item level in comparing active and inactive volunteers would yield potentially useful information about differences among crisis centres in these six subscales.

Another analysis which might be useful would be a comparison

of permanently and temporarily inactive volunteers.

#### Further Directions for Research

From the discussion of the demographic data, it would appear that more formal research is necessary to determine whether a relationship does exist between demographic characteristics and length of volunteer service or level of commitment.

The phenomenon of burnout among crisis centre volunteers should be studied in order to determine whether it is related to becoming inactive. It may be that burnout is a progressive process which can be influenced by controllable factors.

#### SUMMARY AND CONCLUSIONS

Crisis centres would benefit perhaps from a re-examination of their goals and objectives. This might result in an acknowledgment of the benefit of the services they provide to the community from a two-fold perspective: to the caller and to the volunteer. If the positive changes reported by the volunteers in this survey were planned consciously, they would no doubt be accomplished with greater efficiency and those areas needing improvement would be isolated and examined. These are possibly related to feedback and ongoing training. If the volunteers were more consciously aware of the benefits received, perhaps there would be a longer commitment.

The criteria for selection of volunteers needs to be re-examined. If long-term commitment is important, perhaps volunteers with more stable life-styles should be selected. If the crisis centre is to be used as an experiential component for colleges and universities, perhaps some relationship with these institutions could be established whereby the goals and expectations of both

clarified and met.

The structure of crisis services in the Lower Mainland could be examined with a view to improving it. The same services are being offered by five separate organizations with possible duplication of money and energy.

The extremely complex issue of motivation and its relationship to active and inactive volunteers needs further research.

The findings of this study suggest that there are differences between active and inactive volunteers, but the nature of those differences or possible reasons for them are also topics for future research.

It appears that ongoing feedback and opportunities for personal growth and development would be beneficial to volunteers in improving their perceptions of themselves and the way they handle calls. Of particular importance might be help in coping with anger, both from the point of view of the caller and from the volunteer.

Finally, the results of the study indicate that volunteers are extremely positive, for the most part, about the personal changes, growth, relationship enhancement and the opportunity for life experience not available to them other than at the crisis centre.



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APPENDIX A  
INSTRUCTIONS FOR SORTING OF CARDS

INSTRUCTIONS

Please:

1. Read "scale description cards" (blue).
2. Look through the item cards (white) to get a general idea of their content.
3. Sort items into the six scales on the basis of content.  
(Do not respond to items from your own experience).
4. Any items which do not fit into the six scales should be put aside. When the initial sort is complete, please attempt to sort these items into the six scales. If they remain ambiguous; leave them in that category.
5. Put the items you have sorted into each scale behind the appropriate blue card and place all cards together with elastic band.

Thank you.

APPENDIX B  
SCALE DESCRIPTIONS



### SCALES

#### SCALE A: DOING SHIFTS

This scale contains items which related to the moment-to-moment experience of doing a shift. They include references to different aspects such as call sheets, the physical environment of the crisis centre (persons and objects in it, the atmosphere) i.e. the process of agreeing to do it and doing the shift.

- 3. Not having followup on callers is a very frustrating part of doing shifts.
- 4. On the whole I felt depressed after a shift.
- 11. I found having people in the phone room distracting.
- 13. Record keeping and other paper work involved in doing shifts is also a nuisance.
- 16. There have usually been enough calls during the shift.
- 17. Doing shifts required too much time.
- 27. I frequently had too little to do while doing shifts.
- 37. The phone room has been a comfortable place in which to work.
- 40. Being alone on a shift has been a bad experience.
- 49. Being asked to do shifts over and above my commitment is alright with me.

#### SCALE B: THE COMMUNITY

This scale contains items which relate to the volunteer's perception of the community and the relationship of the crisis centre to it (and thus his own involvement in the community by way of the crisis centre).

- 20. While doing shifts I did not find other community agencies very helpful.
- 22. The crisis centre has a positive effect on the community

#### SCALE C: PERSONAL CHANGE

This scale contains items which related to self-perceived change in the volunteer as a result of the crisis centre experience in terms of gaining knowledge, intellectually, and emotionally and being able to use that knowledge in interpersonal relationships both in and out of the crisis centre.

- 6. Volunteering has been a good way to develop my potential.
- 7. I am a better listener as a result of my volunteer experience.
- 8. I felt I got better at helping others as I did more shifts.
- 9. I changed in that I found it more difficult to get in touch with what the caller was feeling as I did more shifts.
- 18. I find I am better able to cope with crises in my own life as a result of being a crisis centre volunteer.
- 21. After being there for several months, my overall feeling has been that I am less sure my efforts have been useful.

- 23. I noticed a negative change in my feelings about taking calls as I did more shifts.
- 34. At this time I feel more able to help others than I did before becoming a volunteer.
- 35. I can express myself better as a result of my volunteer experience.
- 38. I have felt more confident about dealing with callers who are expressing strong feelings than I did at first.
- 42. My tolerance of other people in general is less as a result of my experience.
- 46. I learned about sources of help in the city through being a volunteer.

#### SCALE D: GENERAL IMPRESSION

This scale contains items which relate to the volunteer's general impression of the crisis centre experience - expectations, anticipations, disappointments, etc.

- 1. Volunteering at the crisis centre is a good way to experience something beyond myself.
- 12. My general feeling about the experience of volunteering is negative.
- 19. The experience of being a volunteer is what I expected it to be.
- 25. I think volunteering is a good way to learn about other people and their lives.
- 28. Volunteering at the crisis centre is a good way to work toward a better society.
- 29. I think being a crisis centre volunteer is a good way to repay help given to me or someone else.
- 44. My overall experience of the crisis centre was positive.

#### SCALE E: THE STAFF

This

This scale contains items which relate to the volunteer's relationship with staff in various roles: trainers, givers of feedback, evaluation, support and friendship.

- 5. I noticed a positive change in my relationship with staff.
- 15. I felt staff relations with staff created problems in the crisis centre.
- 24. I found evaluation on my work by the staff left me feeling badly.
- 26. I did not find the inservice training offered to be sufficient.
- 31. I felt my ideas and suggestions concerning the crisis centre were not considered by the staff.
- 33. The staff did not provide adequate feedback on my work.
- 36. The training program prepared me for taking calls.
- 41. My relations with staff were generally good.
- 47. I socialized with staff outside the crisis centre.
- 48. I found staff to be critical about my work.

## SCALE:F: OTHER VOLUNTEERS

This scale contains items which relate to the volunteer's relationship with other volunteers as co-workers and friends.

- 10. The contact with other volunteers was generally positive.
- 14. Cliques involving volunteers and others at the crisis centre caused problems.
- 30. I experienced a lack of feeling understood and supported by other volunteers.
- 32. I found new friends among the volunteers.
- 39. My relationship with other volunteers improved during my volunteer experience.
- 43. I was aware of a lot of personal conflicts among volunteers.
- 45. I did shifts regularly with a few specific volunteers.

APPENDIX C  
QUESTIONNAIRE

If you can, please return this questionnaire before: \_\_\_\_\_  
 If this is not possible, please return it as soon as you can.

### THE EXPERIENCE OF BEING A CRISIS CENTRE TELEPHONE VOLUNTEER

The crisis centre volunteer has received very little attention in terms of what the experience is like for him or her. As a present or former volunteer, you are in a good position to give us this information. We need it to begin to improve the quality of our service for volunteers, callers, and the community generally.

The validity of the information you give us will depend on how carefully you consider and answer each item.

#### Part A

1. Sex: Male\_\_\_\_ Female\_\_\_\_
2. Age:\_\_\_\_\_
3. What is your marital status: Single\_\_\_\_  
 Married\_\_\_\_  
 Separated\_\_\_\_  
 Divorced\_\_\_\_  
 Widowed\_\_\_\_  
 Other\_\_\_\_\_
4. Do you have any children living with you?: Yes\_\_\_\_ No\_\_\_\_  
 (If yes, how many?:\_\_\_\_\_)
5. What level of education did you complete:  
 No formal education\_\_\_\_  
 Elementary school\_\_\_\_  
 Some high school\_\_\_\_  
 High school grad\_\_\_\_  
 Technical school\_\_\_\_ (Major topic area:\_\_\_\_)  
 Community college\_\_\_\_  
 Some university\_\_\_\_ (Major topic area:\_\_\_\_)  
 First university degree\_\_\_\_ (Major topic area:\_\_\_\_)  
 Advanced degree\_\_\_\_ (Major topic area:\_\_\_\_)  
 Other degree (Please specify)\_\_\_\_\_
6. What is your occupation?\_\_\_\_\_
7. Are you presently employed? Yes\_\_\_\_ No\_\_\_\_

Please go on to part B

## Part B

Please rate the volunteer experience in terms of the extent that you agree or disagree with the statements according to the following scale:

- 5 Agree strongly
- 4 Agree moderately
- 3 Neither agree nor disagree
- 2 Disagree moderately
- 1 Disagree strongly

- |                                                                                                                       |           |
|-----------------------------------------------------------------------------------------------------------------------|-----------|
| 1. Volunteering at the crisis centre is a good way to experience something beyond myself.                             | 5 4 3 2 1 |
| 2. Taking calls is not as interesting as it was when I first started volunteering.                                    | 5 4 3 2 1 |
| 3. Not having followup on callers is a very frustrating part of doing shifts.                                         | 5 4 3 2 1 |
| 4. On the whole I felt depressed after a shift.                                                                       | 5 4 3 2 1 |
| 5. I noticed a positive change in my relationship with staff.                                                         | 5 4 3 2 1 |
| 6. Volunteering has been a good way to develop my potential.                                                          | 5 4 3 2 1 |
| 7. I am a better listener as a result of my volunteer experience.                                                     | 5 4 3 2 1 |
| 8. I felt I got better at helping others as I did more shifts.                                                        | 5 4 3 2 1 |
| 9. I changed in that I found it more difficult to get in touch with what the caller was feeling as I did more shifts. | 5 4 3 2 1 |
| 10. The contact with other volunteers was generally positive.                                                         | 5 4 3 2 1 |
| 11. I found having people in the phone room distracting.                                                              | 5 4 3 2 1 |
| 12. My general feeling about the experience of volunteering is negative.                                              | 5 4 3 2 1 |

- 5 Agree strongly
- 4 Agree moderately
- 3 Neither agree nor disagree
- 2 Disagree moderately
- 1 Disagree strongly

- |                                                                                                                        |           |
|------------------------------------------------------------------------------------------------------------------------|-----------|
| 13. Record keeping and other paper work involved in doing shifts is a nuisance.                                        | 5 4 3 2 1 |
| 14. Cliques involving volunteers and others at the crisis centre caused problems.                                      | 5 4 3 2 1 |
| 15. I felt staff relations with staff created problems in the crisis centre.                                           | 5 4 3 2 1 |
| 16. There have usually been enough calls during the shift.                                                             | 5 4 3 2 1 |
| 17. Doing shifts required too much time.                                                                               | 5 4 3 2 1 |
| 18. I find I am better able to cope with crises in my own life as a result of being a crisis centre volunteer.         | 5 4 3 2 1 |
| 19. The experience of being a volunteer is what I expected it to be.                                                   | 5 4 3 2 1 |
| 20. While doing shifts I did not find other community agencies very helpful.                                           | 5 4 3 2 1 |
| 21. After being there for several months, my overall feeling has been that I am less sure my efforts have been useful. | 5 4 3 2 1 |

- 5 Agree strongly
- 4 Agree moderately
- 3 Neither agree nor disagree
- 2 Disagree moderately
- 1 Disagree strongly

- |                                                                                                      |           |
|------------------------------------------------------------------------------------------------------|-----------|
| 22. The crisis centre has a positive effect on the community.                                        | 5 4 3 2 1 |
| 23. I noticed a negative change in my feelings about taking calls as I did more shifts.              | 5 4 3 2 1 |
| 24. I found evaluation on my work by the staff left me feeling badly.                                | 5 4 3 2 1 |
| 25. I think volunteering is a good way to learn about other people and their lives.                  | 5 4 3 2 1 |
| 26. I did not find the inservice training offered to be sufficient.                                  | 5 4 3 2 1 |
| 27. I frequently have had too little to do while doing shifts.                                       | 5 4 3 2 1 |
| 28. Volunteering at the crisis centre is a good way to work toward a better society.                 | 5 4 3 2 1 |
| 29. I think being a crisis centre volunteer is a good way to repay help given to me or someone else. | 5 4 3 2 1 |
| 30. I experienced a lack of feeling understood and supported by other volunteers.                    | 5 4 3 2 1 |
| 31. I felt my ideas and suggestions concerning the crisis centre were not considered by the staff.   | 5 4 3 2 1 |
| 32. I found new friends among the volunteers.                                                        | 5 4 3 2 1 |



- 5 Agree strongly
- 4 Agree moderately
- 3 Neither agree nor disagree
- 2 Disagree moderately
- 1 Disagree strongly

- |                                                                                                                   |           |
|-------------------------------------------------------------------------------------------------------------------|-----------|
| 33. The staff did not provide adequate feedback on my work.                                                       | 5 4 3 2 1 |
| 34. At this time I feel more able to help others than I did before becoming a volunteer.                          | 5 4 3 2 1 |
| 35. I can express myself better as a result of my volunteer experience.                                           | 5 4 3 2 1 |
| 36. The training program prepared me for taking calls.                                                            | 5 4 3 2 1 |
| 37. The phone room has been a comfortable place in which to work.                                                 | 5 4 3 2 1 |
| 38. I have felt more confident about dealing with callers who are expressing strong feelings than I did at first. | 5 4 3 2 1 |
| 39. My relationship with other volunteers improved during my volunteer experience.                                | 5 4 3 2 1 |
| 40. Being alone on a shift has been a bad experience.                                                             | 5 4 3 2 1 |
| 41. My realtions with staff were generally good.                                                                  | 5 4 3 2 1 |
| 42. My tolerance of other people in general, is less as a result of my experience.                                | 5 4 3 2 1 |
| 43. I was aware of a lot of personal conflicts among volunteers.                                                  | 5 4 3 2 1 |

- 5 Agree strongly
- 4 Agree moderately
- 3 Neither agree nor disagree
- 2 Disagree moderately
- 1 Disagree strongly

- |                                                                                |           |
|--------------------------------------------------------------------------------|-----------|
| 44. My overall experience of the crisis centre was positive.                   | 5 4 3 2 1 |
| 45. I did shifts regularly with a few specific volunteers                      | 5 4 3 2 1 |
| 46. I learned about sources of help in the city through being a volunteer.     | 5 4 3 2 1 |
| 47. I socialized with staff outside the crisis centre.                         | 5 4 3 2 1 |
| 48. I found staff to be critical about my work.                                | 5 4 3 2 1 |
| 49. Being asked to do shifts over and above my committment is alright with me. | 5 4 3 2 1 |

## Part C

This part of the questionnaire deals with the types of callers you had as a volunteer. Please circle the number that expresses best how you felt in dealing with them.

- 5 Very positive
- 4 Somewhat positive
- 3 Neither negative nor positive
- 2 Somewhat negative
- 1 Very negative

- |                                                                              |           |
|------------------------------------------------------------------------------|-----------|
| 1. Callers who didn't know what their problem was.                           | 5 4 3 2 1 |
| 2. Callers who appeared to make some progress in dealing with their problem. | 5 4 3 2 1 |
| 3. Callers who treated me as a real person.                                  | 5 4 3 2 1 |
| 4. Callers who seemed to appreciate me.                                      | 5 4 3 2 1 |
| 5. Callers who were honest with me.                                          | 5 4 3 2 1 |
| 6. Callers who acknowledged their own feelings.                              | 5 4 3 2 1 |

Please indicate your feelings about how effective you were in dealing with the following types of callers:

	5	Very positive	
	4	Somewhat positive	
	3	Neither negative nor positive	
	2	Somewhat negative	
	1	Very negative	
1. Marital problems	5	4	3 2 1
2. Children/parent problems	5	4	3 2 1
3. Alcoholic or addiction problems	5	4	3 2 1
4. Drunk callers	5	4	3 2 1
5. Abusive callers	5	4	3 2 1
6. Chronic or repeat callers	5	4	3 2 1
7. Suicidal callers	5	4	3 2 1
8. Bereaved callers (someone died)	5	4	3 2 1
9. Terminally ill callers	5	4	3 2 1
10. Sexual problems (Impotence, frigidity, I can't find a partner)	5	4	3 2 1
11. Masturating callers	5	4	3 2 1
12. Depressed callers	5	4	3 2 1
13. Unemployed callers (I can't find a job)	5	4	3 2 1
14. "I have not money" callers	5	4	3 2 1
15. Lonely callers	5	4	3 2 1

## Part D

1. Put a "1" in front of the best reason and a "2" in front of the next best reason:

I volunteered...

- \_\_\_\_\_ In order to help others
- \_\_\_\_\_ In order to learn
- \_\_\_\_\_ In order to get involved with people
- \_\_\_\_\_ To possibly further my career interest
- \_\_\_\_\_ To learn to cope with personal crises more effectively
- \_\_\_\_\_ Other: \_\_\_\_\_

2. I completed my training: Month \_\_\_\_\_ Year \_\_\_\_\_
3. What previous experience in helping did you have before coming to the crisis centre?

4. Did you have any training relevant to working at the crisis centre prior to becoming involved?

\_\_\_\_ Yes (Please describe what kind and when: \_\_\_\_\_)

\_\_\_\_\_

## 5. Please check where appropriate:

- \_\_\_\_\_ I am presently active  
 (On the average, how many hours of shift time do you do in a month? \_\_\_\_\_)
- \_\_\_\_\_ I am temporarily inactive  
 (Please indicate why: \_\_\_\_\_)
- \_\_\_\_\_ I am permanently inactive, because:

\_\_\_\_\_ I moved  
 \_\_\_\_\_ I changed jobs  
 \_\_\_\_\_ I got sick  
 \_\_\_\_\_ I lost interest  
 \_\_\_\_\_ I had a personal crisis  
 \_\_\_\_\_ Other: \_\_\_\_\_

(When did you become permanently inactive?  
 Month \_\_\_\_\_ Year \_\_\_\_\_)

## 6. I am presently involved in other volunteer work:

\_\_\_\_\_ Yes (What kind? \_\_\_\_\_)  
 \_\_\_\_\_ No

## 7. Can you suggest any changes that you feel would improve the experience of the crisis centre for volunteers and/or callers?

## 8. Comments you may have on this survey:

## 9. Date questionnaire completed: \_\_\_\_\_

Thank you for investing your time and effort into completing this questionnaire.

APPENDIX D  
COVERING LETTER

JOINT COMMITTEE OF CRISIS SERVICES  
"Serving the G.V.R.D."

Dear Volunteer:

The Joint Committee of Crisis Services is an association of all of the crisis centres and suicide follow-up services in the Lower Mainland. Its purpose is to allow an exchange of information between the centres in an effort to improve the quality of crisis response services throughout the community.

Volunteers are the backbone of the crisis centre service in the Lower Mainland. It is therefore important to get the viewpoint of volunteers who are, or have been, involved with our local crisis centers so that we can do everything possible to make the experience of being a telephone volunteer a rewarding one. This is to the benefit of all involved, especially those who depend on the service in time of need.

No large scale inquiry has been made to try to find out how volunteers view their experience working in crisis centres. Your response to the enclosed questionnaire will make a significant contribution to continuing and improving the crisis services in our community.

Your response to the questionnaire is entirely confidential and anonymous. There is no identification of participating individuals. If you are interested in the final generalized results of the survey, they will be made available to the various centers after the study is completed. If you wish to make comments about the questionnaire, please feel free to use the back of the last page.

If possible, we would appreciate receiving the completed questionnaire within ten days. If this is not possible for you, please return it when you can. Upon completion place the questionnaire in the stamped, pre-addressed envelope and drop it in the mail.

Thanking you in advance for your help.

Yours truly,

Research and Evaluation Committee  
Joint Committee of Crisis Services



APPENDIX E  
REMINDER POSTCARD

February, 1978

Dear Volunteer:

If you have completed and returned the questionnaire sent to you by the Joint Committee of Crisis Services, we are most appreciative. If you have lost it or "put it off", we would like to encourage you to "Do It Now!" Every individual's response is important in such a survey. We cannot have an accurate understanding of what the volunteer experience is without a high number of responses.

If you have already done so, please disregard this postcard. If you haven't, please complete and mail the questionnaire as requested.

Sincerely,

The JCCS