

THE FUTURE OF VOLUNTEERS IN CRISIS HOTLINE WORK

by

Mary E. Pratt

B.S. in Psychology, University of Pittsburgh, 2001

Submitted to the Graduate Faculty of
Graduate School of Public Health in partial fulfillment
of the requirements for the degree of
Master of Public Health

University of Pittsburgh

2012

UNIVERSITY OF PITTSBURGH

Graduate School of Public Health

This thesis was presented

by

Mary E. Pratt

It was defended on

November 29, 2012

and approved by

Thesis Advisor:

Martha Ann Terry, BA, MA, PhD
Assistant Professor, Director, Master of Public Health Program
Behavioral and Community Health Sciences
Graduate School of Public Health
University of Pittsburgh

Committee Members:

Beth A.D. Nolan, PhD
Assistant Professor
Behavioral and Community Health Sciences
Graduate School of Public Health
University of Pittsburgh

Sara Goodkind, MSW, PhD
Assistant Professor
School of Social Work
University of Pittsburgh

Copyright © by Mary E. Pratt

2012

THE FUTURE OF VOLUNTEERS IN CRISIS HOTLINE WORK

Mary E. Pratt, MPH

University of Pittsburgh, 2012

Background: Crisis hotlines play an important part in suicide prevention by providing a service through which individuals contemplating suicide can be immediately, and confidentially, connected with a caring person trained in crisis intervention. Historically, the caring people staffing crisis hotlines were community volunteers. The past decade has been characterized by the professionalization of crisis hotline work, which has led to the development of best practices and enabled hotlines to increase their effectiveness in serving their communities. At the same time, the number of crisis hotlines staffed by paid phone workers has increased while the number of volunteer-staffed crisis hotlines has declined. **Objective:** The goal of this study is to describe a sample of crisis hotlines that use volunteers, to assess the strengths and limitations of using volunteers in crisis hotline work, and to determine where these programs are most in need of support. **Methods:** Semi-structured interviews were conducted with hotline staff to explore the experience of staffing a hotline with volunteers. The interviews were recorded and transcribed. The transcript data were analyzed using a general inductive approach. **Results:** Eight people were interviewed, and six summary categories emerged from the interview data: Hotline Administration, Professionalization, Training, Supporting Volunteers, Maintaining a Volunteer Corps, and Volunteer Performance. **Conclusions:** In order to stay viable, crisis hotlines need to leverage their assets, including phone services and training programs, to generate funds and/or engage in strategic collaborations. Providing sufficient support for volunteers, including onsite

supervision, and promoting a culture of connectedness will enable hotlines to cultivate a robust volunteer corps. **Public Health Significance:** Suicide is a complex public health problem that accounts for more than 35,000 deaths in the United States annually and affects countless others who have lost a loved one to suicide or who have attempted suicide themselves. Community volunteers who serve on crisis hotlines play an important role in suicide prevention by conducting interventions on the hotline and also acting as “ambassadors for suicide prevention” out in the community when they are not working on the hotline.

TABLE OF CONTENTS

PREFACE.....	IX
1.0 INTRODUCTION.....	1
2.0 BACKGROUND	3
2.1 SUICIDE AS A PUBLIC HEALTH PROBLEM	3
2.2 THE ROLE OF CRISIS HOTLINES IN SUICIDE PREVENTION	6
2.3 STAFFING CRISIS HOTLINES WITH VOLUNTEERS	11
2.4 THE STORY OF CONTACT PITTSBURGH	13
2.5 CURRENT TRENDS FOR VOLUNTEER-STAFFED HOTLINES	15
3.0 METHODS	18
3.1 RECRUITMENT.....	18
3.2 DATA COLLECTION.....	19
3.3 DATA ANALYSIS.....	19
4.0 RESULTS	21
4.1 PARTICIPANTS	21
4.2 HOTLINE ADMINISTRATION	23
4.2.1 Funding.....	23
4.2.2 The Fiscal Decision to Use Volunteers	26
4.2.3 Changes to Staffing and Coverage	27

4.2.4	Increasing Capacity in the Future.....	30
4.3	PROFESSIONALIZATION.....	33
4.4	TRAINING.....	36
4.5	SUPPORTING VOLUNTEERS.....	38
4.6	MAINTAINING A VOLUNTEER CORPS.....	40
4.7	VOLUNTEER PERFORMANCE	44
5.0	DISCUSSION	47
5.1	COMPARING BLENDED AND VOLUNTEER HOTLINES.....	47
5.2	STAYING FINANCIALLY VIABLE.....	49
5.3	INVESTING RESOURCES WISELY	50
5.4	THE PROFESSIONALIZATION OF CRISIS LINE WORKERS.....	51
6.0	CONCLUSION.....	53
6.1	LIMITATIONS.....	54
6.2	FUTURE STUDIES.....	55
6.3	RECOMMENDATIONS	56
	APPENDIX: INTERVIEW GUIDE.....	58
	BIBLIOGRAPHY	60

LIST OF TABLES

Table 1: Data Analysis Process.....	20
Table 2: Participant Demographics and Hotline Staffing.....	22

PREFACE

Many people supported me through the thesis process and I would like to take this opportunity to thank them. I want to thank my thesis committee, a crew of wise women who were incredibly generous with their time and insightful feedback. I want to thank the participants of this study who gave their time and their voices to this work. I want to thank the many friends and family members who have offered encouragement and kept me going through the more harrowing portions of this process. Finally, I want to thank my husband, Jason, for his unconditional support and the sacrifices he made to give me the time and space to accomplish my goals, and my daughter, Cadence, for keeping me focused and inspired.

I worked at a local suicide and crisis hotline, CONTACT Pittsburgh, for eight years. I served for four years as a crisis line volunteer and then joined the staff in July 2006 as the Program Director for the hotline. In June 2010, I left the staff to prepare for the arrival of my daughter and rejoined the volunteer corps until CONTACT Pittsburgh closed its doors in September of that year. I was deeply committed to the mission of the organization, to provide immediate emotional support and crisis intervention to callers, and to the volunteers who staffed the hotline. When the decision to dissolve the organization was made, I felt disappointed and defeated. I felt responsible to the volunteers and I grieved the fact that they, and I, would no longer be able to serve our community through the hotline. Part of my impetus for doing this research was to gain perspective on the story of CONTACT Pittsburgh and to provide those insights to other volunteer-staffed hotlines that may be facing the same struggles. My hope is that

this work will provide guidance on changes that can be implemented so that volunteer-staffed hotlines remain viable.

This thesis is dedicated to the CONTACT Pittsburgh volunteers. They were an amazing group of individuals who saved lives and touched lives in ways that cannot be measured. I am eternally grateful that I had the good fortune to serve alongside them.

1.0 INTRODUCTION

Suicide is a complex public health problem that accounts for more than 35,000 deaths in the United States (U.S.) annually and affects countless others who have attempted suicide, or who have lost a loved one to suicide. Crisis hotlines play an important part in suicide prevention by providing a service where individuals contemplating suicide can immediately, and confidentially, be connected with a caring person trained in crisis intervention. Historically, the caring people staffing crisis hotlines were community volunteers. The past decade has been characterized by the professionalization of crisis hotline work, which has led to the development of best practices and enabled hotlines to increase their effectiveness in serving their communities. At the same time, the number of crisis hotlines staffed by paid phone workers has increased while the number of volunteer-staffed crisis hotlines has declined.

The goal of this study is to describe a sample of crisis hotlines that use volunteers, to assess the strengths and limitations of using volunteers in crisis hotline work, and to determine where these programs are most in need of support to remain viable. This paper first presents a history of crisis hotlines, current evidence for their effectiveness in suicide prevention, and the rationale for using volunteers in crisis hotline work. Next, the methods section presents the recruitment strategy, the interview process, and the analysis plan. The results section presents summaries of the participant data, as exemplified by quotes from the interviews. The themes that

emerged from the interviews were Hotline Administration, Professionalization, Training, Supporting Volunteers, Maintaining Volunteers, and Volunteer Performance. The discussion section presents the characteristics of volunteer-staffed hotlines, comparing blended and volunteer hotlines, and discusses ways that hotlines stay financially viable, ways that hotline staff can invest their time and energy wisely, and implications for the professionalization of hotline staff. Finally, the conclusion discusses the limitations of the study as well as suggestions for hotlines and recommendations for future research.

2.0 BACKGROUND

2.1 SUICIDE AS A PUBLIC HEALTH PROBLEM

Suicide, the taking of one's own life, has a significant impact on the lives of many Americans every year. Suicide was the 10th leading cause of death in the U.S. in 2009, accounting for 36,909 deaths, and it was the third leading cause of death for 15-24 year olds, following accidents and homicides (American Association of Suicidology [AAS], 2012b). It is estimated that six million Americans lost a loved one to suicide over the past 25 years. These survivors of suicide are intimately affected by an individual's death by suicide, and their experience of grief is often complicated by the shame, guilt, and stigma associated with suicide (AAS, 2012c). In addition to those who die by suicide and those who grieve them, a larger number of people, estimated to be 10 to 25 times greater than the number of deaths by suicide, attempt suicide. Suicide attempters are at an increased risk of dying by suicide in the future, and those who are hospitalized for suicide attempts typically experience severe losses, e.g. social support and employment, which impede their mental health recovery (Litts, 2008). In spite of increased suicide prevention efforts over the past decade, the rate of suicide overall, around 12 per 100,000, remains unchanged (Suicide Prevention Resource Center and SPAN USA, 2010).

Suicide is a tragic event which can be best understood as a complex disease, influenced by a number of social, behavioral, and psychiatric factors (Knox, Conwell, & Caine, 2004).

Suicide rates are highest among the elderly, Caucasians, and those who are divorced, separated, or widowed. Females are more likely to attempt suicide than males; however, males are more likely to die by suicide (AAS, 2012b). This difference may be partially explained by the lethality of methods used to complete suicide. Males are most likely to complete suicide using firearms while females are most likely to use poisoning. Overall, firearms are the most common method, used in 50.8% of completed suicides in 2009 (AAS, 2012b).

While there is no litmus test to determine who will die by suicide, there are lists of risk factors and warning signs that can be used to assess whether someone is at immediate increased risk of completing suicide. One of these assessments, in the form of a mnemonic phrase, was developed by the AAS: IS PATH WARM? (Juhnke, Granello, & Lebron-Striker, 2007). The mnemonic prompts counselors to ask about suicidal ideation, substance use, purposelessness, anger, feeling trapped, hopelessness, withdrawing from others, anxiety, recklessness, and mood changes. Those who demonstrate suicidal ideation and respond affirmatively to any of the other prompts may be at an increased risk of completing suicide.

Those with an increased risk of suicide are most likely to act on their thoughts of suicide following an event that acts as a trigger. A triggering event may be the death of another by suicide or it may be the experience or anticipation of something that results in feelings of shame, guilt, despair, humiliation, rejection, or loss (AAS, 2012a). Kay Redfield Jamison (1999) wrote that, "Death by one's own hand is far too much a final gathering of unknown motives, complex psychologies, and uncertain circumstances" (p. 26). The complexities and unknowns associated with suicide risk make it an especially difficult public health problem to solve.

The beginning of suicide prevention efforts in the U.S. can be traced back as far as 1906, when the National Save-A-Life League was formed in New York City to intervene in active

suicide cases (McGee, 1974). Early suicide prevention centers in the 1950s and 1960s were community-based initiatives, typically hotlines, created to serve local residents. The current suicide prevention movement, characterized by national collaboration, federal and state financial support, and an emphasis on research and best practices, began in 1999, when the Surgeon General published a Call to Action to Prevent Suicide (The Surgeon General's Call to Action to Prevent Suicide, 1999). The call to action was followed in 2001 by the creation of a National Strategy for Suicide Prevention (NSSP), which presented objectives for suicide awareness, intervention, and research in order to reduce the number of deaths by suicide (National Strategy for Suicide Prevention: Goals and Objectives for Action, 2001). A 2010 progress report for the NSSP noted that public awareness of suicide as a preventable public health problem increased, thanks in part to the publicity around increased suicide rates in the military. Additionally, state and federal legislation led to funding for suicide prevention, especially for youth and for military personnel. Financial support was also granted to the Suicide Prevention Resource Center for continued dissemination of best practices and to initiatives for better suicide surveillance of at-risk populations (Suicide Prevention Resource Center and SPAN USA, 2010).

Comprehensive suicide prevention involves reducing stigma, educating the public, reducing risk factors, improving health care for at-risk populations, and improving data collection and evaluation (Litts, 2008). One strategy for suicide prevention that was already prevalent in the U.S., crisis hotlines, was not included in the original NSSP due to a lack of evidence proving their effectiveness in reducing suicide. Nevertheless, federal funding was granted to support a national network of crisis hotlines in 2001. In 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) increased the scope of the network, establishing the National Suicide Prevention Lifeline (NSPL). In addition to connecting and

supporting a national network of crisis hotlines, the NSPL coordinated suicide prevention efforts with the Department of Veterans Affairs, supported research on the effectiveness of hotlines and hotline practices, and developed and implemented best practices within its network of over 150 crisis hotlines. As the role of crisis hotlines in suicide prevention has become clarified, recommendations point towards the importance of the public mental health system working with local crisis hotlines (Litts, 2008; Suicide Prevention Resource Center and SPAN USA, 2010).

2.2 THE ROLE OF CRISIS HOTLINES IN SUICIDE PREVENTION

The first U.S. crisis hotline was established at the Los Angeles Suicide Prevention Center (LASPC) in 1958. The hotline started several months after the center opened. The staff members working after hours were struck by how often the phone rang, and they determined there was a need to respond to calls 24 hours a day and seven days a week (McGee, 1974). The LASPC provided leadership, training, and resources for other community suicide prevention centers as their numbers grew in the 1960s (Rosenbaum & Calhoun, 1977). The major growth of suicide prevention centers and hotlines occurred after 1965 as awareness of suicide increased and the technology to reach those at risk of suicide became available. Hotlines typically began as initiatives through local mental health associations in partnership with concerned community members and mental health professionals. The goal of the crisis hotline was to intervene with suicidal individuals and to prevent individuals from becoming suicidal by supporting them at earlier stages of crisis (McGee, 1974). Crisis hotlines provided support when other mental health services were not available, avoiding the use of less appropriate emergency services, e.g.

emergency rooms or police, and they reduced or eliminated barriers to care (Rosenbaum & Calhoun, 1977). Individuals who were concerned with stigma or worried about care providers making decisions for them could feel safe with the anonymity and control associated with calling a hotline. Hotlines also solved the problem of geographic location or the individual's inability to travel to a physical location to receive treatment.

Crisis hotlines typically worked within a crisis-theory framework. A caller's crisis was viewed as an opportunity for growth, and the crisis worker supported the caller and facilitated problem-solving by helping the caller gain an accurate understanding of the situation, acknowledging and validating feelings to discharge tension, and connecting the caller to appropriate resources (Rapoport, 1965). While earlier studies reported that the majority of callers to crisis hotlines were young women (Miller, Coombs, Leeper, & Barton, 1984), later studies have found that fairly equal numbers of men and women utilize hotlines, although their reasons for calling may differ (Barber, Blackman, Talbot, & Saebel, 2004). Calls to hotlines encompass a large array of issues including relationship problems, loneliness, death and/or grief, abuse or violence, physical illness, substance use and addiction, financial difficulties, and mental health issues (Barber et al., 2004; Gould, Kalafat, Harrismunfakh, & Kleinman, 2007; Kalafat, Gould, Munfakh, & Kleinman, 2007). While a relatively small percentage of the calls to a crisis hotline are from someone currently experiencing a suicidal crisis, a study that investigated 1,085 suicidal callers found that 53.9% had a definite plan to complete suicide and that 8.1% had already taken some action on the suicide plan prior to calling the hotline (Gould et al., 2007).

One method for evaluating the effectiveness of crisis hotlines involves correlating the number or density (hotlines per capita) of hotlines in a defined area to the change in the suicide rate for the same area. Results from these kinds of studies have been mixed. Miller et al. (1984)

examined changes in suicide rates for U.S. counties during a period when many crisis hotlines were initiated. They compared counties where there was no change in the number of crisis hotlines, having either no crisis hotlines or the same number of existing hotlines, to counties where the number of crisis hotlines increased. The only significant findings were for young, white females. For this group, suicide rates decreased for counties where a crisis hotline became available, and suicide rates increased where there was no change. Lester (1997) reviewed 14 studies that used similar correlational methods to determine hotline effectiveness. Seven of the 14 studies (and three of the six U.S. studies) showed small protective effects for all of or a subgroup within the population. The other half showed no correlation between the advent of crisis hotlines and changes in suicide rate. Another correlational study (Leenaars & Lester, 2004) found a weak negative correlation, which did not reach statistical significance, between changes in suicide rates and changes in the number of crisis centers in Canadian provinces. The methods used for these evaluation studies are limited by the inability to control for other societal changes that influence suicide rates, e.g. increased awareness around suicide or changes in the availability of lethal means to complete suicide. Some researchers have also argued that crisis hotlines are concerned with helping those who call rather than reaching out to the entire population, so changes in suicide rates would be expected only for those who utilize the service (Lester, 1997; Miller et al., 1984).

Developments in telephone systems technology enabling researchers to listen in on real-time calls, a method called silent monitoring, have allowed for a different way to approach hotline evaluation by determining the effectiveness of crisis hotline workers during calls. One of these studies monitored 2,611 calls to 14 centers in the Hopeline network, the national network founded in 2001. After excluding calls that were too short to rate, referral calls, and other

irrelevant calls, 1,431 crisis calls were rated for helping behaviors of the crisis hotline worker and outcomes and observations related to the caller. The helping behaviors most strongly associated with positive outcomes included demonstrating empathy and respect, validating emotions, giving moral support, maintaining good contact, reframing, sharing one's own experience, and inviting the caller to call again (Mishara et al., 2007b). These behaviors align with a collaborative problem-solving approach to crisis intervention, using a mixed style of directive and non-directive techniques. Mishara et al. (2007a) found that suicide risk was assessed only about half of the time and, that of the 508 callers reporting suicidal ideation, only 54% of callers were asked appropriate follow-up questions regarding plans to complete suicide and available means. Nevertheless, the majority of all callers improved with regard to mood states during the course of the call and most calls had positive outcomes.

Another silent monitoring study of calls to eight crisis hotlines in the NSPL network took the evaluation a step further by asking for permission from adult non-suicidal (n=1,613) and suicidal (n=1,085) hotline callers to contact them for a follow-up assessment. Non-suicidal callers demonstrated a significant reduction in distress, hopelessness, and other negative mood states (e.g. confusion and depression) from the beginning to the end of the call. Follow-up assessments were completed with 49.5% of the non-suicidal callers, which revealed a continued significant reduction in distress, hopelessness, and other negative mood states. Of the 464 callers who had developed an action plan during the call, only 35 (8%) had not followed through on any part of the plan. Of the 392 callers who were given a new referral for mental health services, 33.2% followed through on the referral (Kalafat et al., 2007). Suicidal callers demonstrated a significant reduction in suicide risk (weakened intent to die, less hopelessness, and less psychological pain) during the call, and those who completed a follow-up assessment (n=380)

reported significantly less psychological pain and hopelessness compared to the end of the call. Of the 278 callers who developed action plans during the hotline call, only 26 (9%) had not completed any parts of the plan. At the time of follow-up, suicidal callers had not experienced a significant reduction in the intent to die as compared to the end of the call, and 2.9% had attempted suicide after the initial hotline call (Gould et al., 2007).

Evaluations of the effectiveness of crisis hotlines have had mixed results. Nevertheless, they demonstrate an overall positive effect of crisis hotlines, and the evolution of silent monitoring research has further demonstrated the effectiveness of crisis hotline workers during the course of a call. The research also reveals crisis hotline shortcomings and the need for greater quality control and standards related to suicide assessment (Mishara et al., 2007a). Accrediting organizations, such as AAS, and the NSPL now require their affiliated hotlines to assess suicidality for all callers, and more support and tools are being developed for ongoing monitoring and quality control. The study completed by Gould et al. (2007) highlighted the need for follow-up, especially with suicidal callers. The NSPL responded by convening a Follow-up Workgroup in 2008, which developed recommendations for follow-up protocols for crisis hotlines in the NSPL network. The current trajectory of crisis hotline work suggests that hotlines will continue to play a key role in suicide prevention and that their effectiveness will increase as innovative research informs the development of best practices.

2.3 STAFFING CRISIS HOTLINES WITH VOLUNTEERS

In 1972, a directory of crisis hotlines published by AAS reported that 87% of the 185 active programs used volunteers to staff the hotlines. An argument can be made that the effective use of nonprofessional volunteers was the most important factor in the proliferation of crisis hotlines in the U.S. (McGee, 1974). The development of community crisis centers followed a movement from the clinical treatment model to a public health model of mental health service delivery. The number of people needed to serve entire communities was greater than the availability of trained mental health workers, so several mental health delivery programs set a precedent for training volunteers to serve effectively in therapeutic roles (Siegel, 1973). The great majority of hotlines established in the 1960s used volunteers, typically housewives, to staff the hotlines. Although volunteers were first used as a solution to the problem of mental health worker shortages, they came to be valued as a primary resource in suicide prevention. Volunteers were able to deliver brief crisis intervention effectively and, to the extent that the volunteer corps was representative of the community, they served as community gatekeepers and liaisons to mental health service (McGee, 1974).

For crisis centers utilizing volunteers, a great deal of effort went into recruiting, training, and retaining them. Crisis hotline volunteers were recruited from the community using mass media strategies as well as tailored methods to reach specific populations, e.g. students. Standards set by accrediting agencies recommended that volunteers be screened for being empathetic, open to learning, and able to respond to feedback. Volunteers received a minimum of 32 to 40 hours of training before working independently, and current standards have recommended ongoing supervision and evaluation (AAS, 2011; CONTACT USA, 2012). The

time commitment and resources involved in recruiting and training volunteers make it necessary to minimize volunteer turnover. While natural attrition does occur, for example, due to moving away, volunteers are most likely to quit due to low morale or burnout. The largest contributors to low morale included relationship issues between volunteers and office staff, a lack of communication, especially for overnight and weekend workers who rarely see staff in person, and the tension that comes from different levels of commitment among volunteers (McGee, 1974). Volunteer burnout is caused by being overinvolved, overworked, or overexposed to human suffering. Crisis hotlines mitigate the effects of burnout by educating volunteers about burnout, providing debriefing, and creating a stable and supportive work environment to minimize volunteer turnover (Cyr & Dowrick, 1991; Kinzel & Nanson, 2000).

The value of crisis hotline volunteers lies in their ability to effectively deliver crisis services to a community at low cost (Rosenbaum & Calhoun, 1977). Trained volunteers have been shown to be as effective as professional staff and significantly better than an untrained control group with regard to effectiveness, concreteness, and use of community resources (O'Donnell & George, 1977). A government report on youth suicide prevention addressed the role of volunteers on crisis hotlines, concluding that lay volunteers trained for crisis intervention work should be considered paraprofessionals, equal to their professionally trained counterparts in ability and effectiveness (Wyatt, 1989).

2.4 THE STORY OF CONTACT PITTSBURGH

The local crisis and suicide hotline, CONTACT Pittsburgh (CP), took its first call on February 24, 1971, and answered its last call on September 22, 2010. CP offered immediate emotional support, crisis intervention, and suicide interventions services to Allegheny County and beyond through its 24-7, volunteer-staffed hotline. CP began as a community effort led by Fox Chapel Presbyterian Church, which housed the hotline and supplied the first training class of 100 volunteers. During its 39 years of operation, CP listened to hundreds of thousands of callers, struggled with funding, staffing, and morale, and remained committed to fulfilling its mission using a hotline staffed solely by volunteers (CONTACT Pittsburgh, 2010).

Providing coverage on the hotline 24 hours a day, seven days a week with volunteers was a challenge from the beginning. Three weeks before the launch of the hotline, staff worried that the schedule was only 85% full, and scheduling volunteers, especially during vacation times and for the overnight shifts, was noted as the greatest challenge in the first year. The refrain of “not enough volunteers, problems staffing the overnight shifts” continued throughout CP’s history. Even during the best periods, e.g. in 1983 when all shifts were covered and 50% of shifts had double coverage, volunteer turnover was a noted problem. Typically, 50% of a training class would resign after a year on the hotline (CONTACT Pittsburgh, 2010).

Many different strategies for recruitment and retention were implemented, with to little or no effect. In 1986, 14 shifts went uncovered. In 1989, 39 shifts went uncovered. At that time, volunteer schedulers were responsible for calling volunteers to fill empty shifts. The schedulers themselves would fill the shifts they could not get covered. Minutes from a 2002 meeting of the Board of Directors included the Executive Director’s assessment that there simply were not

enough volunteers at that time to cover all of the shifts, and that CP was relying on the same individuals to come to the rescue (CONTACT Pittsburgh, 2010). In 2007, when both the most committed volunteers and the staff members could no longer fill all of the empty shifts, CP began outsourcing uncovered shifts to another crisis hotline for a fee. In the final year of operation, 25-35% of shifts were regularly outsourced (personal experience).

CP began as a Christian ministry, certified by CONTACT Teleministry USA, and the majority of its funds and resources for the first 15 years of operation came from churches. The decision to move from a Christian ministry to an interfaith and then secular orientation sparked debate within the organization and led to the loss of a number of volunteers. However, the change opened doors to funding through foundations and public entities and to a larger, more diverse population of potential volunteers (CONTACT Pittsburgh, 2010).

After moving away from its church affiliations, CP was primarily funded by foundation grants, a means of income that could fluctuate greatly from year to year. Periods of solvency were interspersed with years of running a deficit and cutting back on staff and programming to remain viable. Many attempts were made to procure more reliable and stable sources of income, but the inability to provide a sufficient number of lines and coverage on the hotline was a barrier to arranging for more stable funding. For example, in 1983, CP was contracted to be the after-hours back-up for Allegheny County's Healthy Start program. This contract was not renewed after the first year because Healthy Start clients repeatedly encountered busy signals after hours when volunteers were busy with other callers. CP found itself in the frustrating cycle of not having the capacity to provide services that could generate and then support a stable stream of revenue (CONTACT Pittsburgh, 2010).

In 1999, CP had another opportunity to secure a reliable source of income when Allegheny County announced that public funding was available for a county-wide crisis hotline. CP competed for the funding, but its proposal was rejected. In order to receive public funds, the crisis hotline had to be licensed by the Department of Public Works, which would not license CP because it used volunteers to staff the hotline instead of paid staff (CONTACT Pittsburgh, 2010).

In 2010, CP's Board of Directors and Executive Director voted to dissolve the organization. In spite of the many callers served every day and CP's reputation in the community as a quality service, they determined that the services offered by CP were not financially feasible. The Board of Directors and Executive Director also determined that CP's services were duplicated by other organizations, such as the Peer Support and Advocacy Network Warmline and the re:Solve Crisis Network. Both the Warmline and re:Solve were staffed by paid workers and had much greater capacity to serve individuals in crisis or in need of support. While a few CP volunteers went on to work at the Warmline, the great majority of volunteers were left without an outlet for their crisis intervention skills (personal experience).

2.5 CURRENT TRENDS FOR VOLUNTEER-STAFFED HOTLINES

McGee (1974) contended that, "The volunteer made possible the development of the suicide prevention movement in the 1960's, and it will be the volunteer who moves into a position of major responsibility for guiding and directing the total crisis intervention movement in the 1970's" (p. 285). While this may have been true at that time, it is not the case today. CP's history and recent closure mirrors that of the national trend for volunteer hotlines. Overall, it appears

that as support and public funding for crisis hotlines increased, the number of volunteer-staffed hotlines decreased. A 2011 survey of the NSPL network of crisis centers reported that, compared to 87% of hotlines in 1972, only 2% of the hotlines are staffed by volunteers, 58% are blended centers, and 40% employ only paid staff (J. Haas, personal communication, June 20, 2012). CP was not unique in its experience; many volunteer-based hotlines in the U.S. struggled with funding, staffing, and morale. Problems with retaining volunteers, covering the overnight shifts, and staff feeling burnt out by trying to make up the difference were common topics of discussion among hotline directors. Over the years, some hotlines merged with other organizations and changed to a paid-staff model to stay viable; some hotlines became blended centers, hiring some paid staff to work on the hotline while also maintaining a volunteer corps; and some hotlines, like CP, closed their doors.

The loss of volunteers in crisis hotline work represents a loss of trained human capital to the community. The purpose of this study is to better understand the future of volunteers in crisis hotline work by interviewing crisis hotline staff to explore the current funding and policy climate affecting hotlines that staff volunteers, beliefs about and attitudes towards volunteers, assets of volunteer-based crisis hotlines, and the challenges of maintaining a volunteer corps. The questions to be considered are:

- What do the volunteer-staffed hotlines participating in this study look like?
- What funding streams, policy requirements, or other institutional influences play a role in their use of volunteers to staff a crisis hotline?
- What is it like to work with crisis hotline volunteers and how do those experiences shape beliefs about the value of volunteers?
- What do volunteer-staffed hotlines do well?

- What are the greatest challenges for volunteer-staffed hotlines?

The goals of this study are to describe a sample of crisis hotlines that use volunteers, to assess the strengths and limitations of using volunteers in crisis hotline work, and to determine where these programs are most in need of support.

3.0 METHODS

3.1 RECRUITMENT

Subsequent to the University of Pittsburgh Institutional Review Board's granting approval for this study, participants were recruited using purposive and snowball sampling methods. An email invitation to participate in the study was sent to directors and managers of U.S. hotlines that use volunteers. Initially, staff members at six hotlines, suggested by the NSPL's Standards, Training, and Practices Manager, were invited to participate. Staff from four of these hotlines responded to the email and volunteered to be study participants.

Participants who completed the study were asked if they knew of other crisis hotlines that should be included in this study. Recruitment e-mails were then sent to hotline directors at the recommended crisis hotlines. Six additional hotlines were suggested by study participants and staff from three of the hotlines responded to the invitation to participate. One of the responders volunteered to be a study participant; the other two responders were not able to schedule interviews before the data collection phase of this project ended.

An additional group of eight hotlines was contacted to increase the number of study participants and to recruit hotlines that were not a part of the NSPL. Staff from three of these hotlines responded to the e-mail and volunteered to be study participants.

3.2 DATA COLLECTION

A semi-structured interview guide was developed to explore the experience of staffing a crisis hotline with volunteers. The interview covered information about the interviewee, information about the crisis hotline represented, outside institutional influences on the organization, experiences working with volunteers, strengths of the organization, and challenges or areas where the interviewee felt more resources were needed (see Appendix A). Participants were interviewed by the author over the phone. The interviews lasted 30 to 50 minutes, and they were digitally recorded using the free android application Auto Call Recorder by Appstar Solutions (Appstar Solutions, 2012). The recordings were uploaded to the author's personal computer and then transcribed by the author using Express Scribe Transcription Software (NCH Software). The transcriptions were reviewed along with the audio for accuracy, and the author's handwritten notes from the interview were added to the transcript files.

3.3 DATA ANALYSIS

The transcript data were analyzed using a general inductive approach (Thomas, 2006). First, the transcripts were read repeatedly until the author was familiar enough with the text to discern the useful content and emerging patterns. Next, the useful content was excerpted from the transcripts and organized according to the interview guide. The content from the eight transcripts was read horizontally, comparing responses to each interview guide topic across participants. Labels were created describing the text content and then used to code segments of related text (see Table 1).

The coded text segments were organized according to label and reviewed for overlap. Related labels were grouped together and six summary categories emerged: Hotline Administration, Professionalization, Training, Supporting the Volunteers, Maintaining a Volunteer Corps, and Volunteer Performance.

Table 1: Data Analysis Process

Interview Topics →	Text Labels →		Summary Categories
About the interviewee	Hiring volunteers Workload Paid staff tasks	Motivation Paid staff downside Hotline coverage	Hotline Administration
About the crisis hotline	Staffing changes Training	Financial savings Work quality	Professionalization
Outside influences/accountability	Expectations/commitment Professionalism Increasing Capacity	Phone worker role Support roles Training ground	Training
Experiences with volunteers	Work stress Ages Retention	Future technology Connection Collaboration	Supporting Volunteers
Strengths	Time worked Supervision/support	Isolation Volunteerism	Maintaining a Volunteer Corps
Challenges/support needed	Recruitment Funding Affiliations Dependability Changes The Big Picture Recognition Diversity	Location Confidentiality Guiding Principles Culture Community Presence Investment	Volunteer Performance

4.0 RESULTS

4.1 PARTICIPANTS

Eight participants, representing eight different hotlines, were interviewed for this study (see Table 2). The participants differed in their roles and scope of responsibility. For example, the Executive Director of a volunteer hotline is responsible for funding and promoting her program as well as recruiting, training, and supervising volunteers. The Volunteer Manager of a blended hotline has a narrower job description and is primarily responsible for recruiting volunteers and supporting them in a human resources capacity while working closely with other staff members who provide supervision for the hotline work. The participants had been employed in their current position for one to ten years, with most participants having occupied their current role for six to eight years. Seven of the participants were female and one was male. Four of the participants worked at blended hotlines and four of the participants worked at volunteer hotlines. Two of the volunteer hotlines were not a part of the NSPL; the rest of the hotlines represented in this study were NSPL members.

Table 2: Participant Demographics and Hotline Staffing

Interview ID	1	2	3	4	5	6	7	8
Hotline Role	Program Director	Volunteer Manager	Executive Director	Volunteer Coordinator	Program Coordinator	Center Director	Center Director	Site Director
Years in Role	7	1	4	8	2	7	6	10
Gender	Female	Female	Female	Male	Female	Female	Female	Female
Hotline Staff	Blended	Blended	Volunteer	Blended	Blended	Volunteer	Volunteer	Volunteer
Staffing Details	7 full-time paid staff (1-2 at a time on the lines); 60-75 community volunteers (4-hour shift/week)	5-8 full-time paid staff and 2 supervisors at a time on the lines; 15 community volunteers (4-hours shift/week); 6-7 interns (25-40 hrs/week); 9 Americorps members (17-35 hrs/week)	25-30 volunteers	8-10 part-time paid shift supervisors; 116-120 volunteers, about 63 of those are active (4-hour shift/week), the rest are trainees or have filled initial commitment	20 part-time paid staff; 60-80 volunteers (12 hours/month)	20 volunteers, 15-17 of those work regularly (5-hour shift/week)	85 volunteers (8 hours/month)	100 volunteers, 60 of those work regularly (5-hour shift/week), the rest are seasonal or have fulfilled initial commitment
Hotline Hours	24 hours, 7 days/week	24 hours, 7 days/week	7am-10pm, 5 days/week	24 hours, 7 days/week	24 hours, 7 days/week	8am-11pm, 5 days/week	7am-11pm, 7 days/week	8am-11pm, some overnights, 7 days/week
NSPL Member	Yes	Yes	No	Yes	Yes	No	Yes	Yes

4.2 HOTLINE ADMINISTRATION

4.2.1 Funding

Participants reported that their hotlines were funded by a combination of grants, local foundations, United Way funds, and individual donors. Procuring funds to run a suicide hotline was described as a struggle by several of the participants, especially because some funds cannot be counted on from one year to the next:

...about seven years ago our primary funder from the United Way cut back their contributions. We used to get sixty thousand dollars a year and they cut it to two thousand. And we were really struggling to keep going...

- Center Director of a volunteer hotline (not in the NSPL network)

It's a struggle for us like it is for every nonprofit. ... There's no specific guaranteed funding any more from United Way. We just compete for what we can get.

- Program Coordinator of a blended hotline

Participants also cited the stigma of suicide and the aversion funders have to talking about suicide as a barrier to funding:

It's very difficult to find anybody that wants to fund a suicide prevention line [laughing] unfortunately.

- Center Director of a volunteer hotline (not in the NSPL network)

You know, it's a tough subject. It's something that doesn't make a lot of people say, "Oh, let's have a long, big conversation about this," because it's scary, you know? It's still scary for a lot of people.

- Program Coordinator of a blended hotline

One center director expressed frustration with area mental health services promoting their hotline services, which are free, and using them as a tool with their clients but not supporting the hotline financially:

...everybody walks around with the 1-800-273-TALK wallet card and they hand them out to everybody along their way and so we end up getting all the phone calls for all the people, which is great, but we get no financial support...we feel like everybody's telling people to call here but we don't have the resources to...be sure that we'll be here in ten years.

- *Center Director of a volunteer hotline (NSPL member)*

Although hotlines do not charge callers for the service they provide, some have generated fee-for-service funds by providing after-hours support or other phone services for local organizations:

...for anyone that...is calling in for food but not receiving food stamps...we, through a grant with the department of human services, we can prescreen them, call them back, tell them if they qualify or not, give them the phone number and then we'll call back in two weeks... And then that's turned into the state monthly. ...they pay us per call.

- *Executive Director of a volunteer hotline*

we have...a couple of contracts with regional health centers in our state for which we provide very specific services, for example answering after-hours crisis calls from their patients or their clients.

- *Program Coordinator of a blended hotline*

Other hotlines have created or maintained strategic partnerships that provide more financial stability. In two cases, hotlines partnered with state or county government to provide services. The Volunteer Coordinator of a blended hotline reported that 50% of its funding comes from a contract with county mental health services:

...they pay us to provide face-to-face services along with answering the crisis lines and along with answering the mental health referral line after hours.

- *Volunteer Coordinator of a blended hotline*

The Center Director of a volunteer hotline (not in the NSPL network) joined with other hotlines in the state to create a statewide suicide prevention hotline at the request of the state Department of Public Health:

...each of the [organizations] for the [statewide line] does get some money from the Department of Public Health suicide prevention program to run the program. So part of

our funding for the crisis line comes from that.

- *Center Director of a volunteer hotline (not in the NSPL network)*

Other centers have maintained relationships with the entities that founded them more than 30 years ago and continue to provide financial support:

...we also are funded through a number of churches that, again, were some of the original churches that founded us...

- *Executive Director of a volunteer hotline*

...we started on the [university] campus forty-two years ago and we have maintained that community collaboration for the entire forty-two years. ...university students at [the university] give us two dollars of their fees in the fall and the spring and one dollar in the summer.

- *Program Coordinator of a blended hotline*

Two participants described how merging with another organization has put them in a better position to provide hotline services. The Site Director of a volunteer hotline described the decision to partner with another hotline in the state. Her site had been strong with regards to volunteer retention, but lacked financial stability, whereas the other hotline was located in a more metropolitan area that offered more opportunities for financial development but also had a more transient population, which negatively affected volunteer retention. The two hotlines now share an executive director, a fiscal development team, and responsibility for hotline coverage:

...both were sort of stumbling around with the opposite deficiencies. So we kind of came together and complement each other, we still have those areas that are stronger than others but it's a lot more even, so that's where we are now.

- *Site Director of a volunteer hotline*

The Center Director of a volunteer hotline (not in the NSPL network) shared how merging with a larger organization has provided the infrastructure to help them compete for more grants and grow their services:

...being a part of this program we actually get to order office supplies and not worry about how we're going to pay for it (laughing). ... You know, we have gotten grants from

DPH and other places to fund different projects and different trainings and that type of stuff, so from [our] end it's been tremendous.

- *Center Director of a volunteer hotline (not in the NSPL network)*

4.2.2 The Fiscal Decision to Use Volunteers

Participants reported that it was necessary to use volunteers to provide hotline services. Given their current funding, they would not be able to staff their hotlines with paid phone workers and provide the same amount of coverage:

I don't think we'd be able to run our hotline if we didn't have volunteers, I don't, I know we couldn't afford to have paid staff in here doing it. Just couldn't afford it.

- *Center Director of a volunteer hotline (not in the NSPL network)*

We knew it [a call surge] was coming so we doubled up with staffing and volunteers during that time. Volunteers put in over four hundred and forty hours of volunteer time that eleven days. That's a huge cost saving...

- *Program Director of a blended hotline*

Additionally, participants indicated that using volunteers makes it more likely that they will be awarded grants:

...they like to see that volunteers are doing the work. ...there are some grants that are specific to utilizing volunteers...

- *Center Director of a volunteer hotline (NSPL member)*

I think all of them [funders] love to know we use volunteers. And that's a great appeal and most of them are completely ignorant about the challenges of having volunteers.

- *Program Director of a blended hotline*

Participants from volunteer hotlines, but not from blended hotlines, reported that there has been a downward trend in volunteerism over the past several years. They attributed this to the economy and people having less time to volunteer because they need to work instead. They reported that the downward trend in volunteerism has affected their ability to provide sufficient coverage on the hotlines:

...most families now both parents work, and so there isn't one that's able to do much volunteer work... I think the economy makes it much more difficult for us to get volunteers...

- *Center Director of a volunteer hotline (not in the NSPL network)*

...in 2006 we had almost every shift covered, people were coming in, husbands and wives, people were coming in with their friends so sometimes we would have two people in here. We were still doing some overnights and it goes down every year. ...it's finding enough of those people with the time, the talent and the energy to come in here in a world where most people have to work. ... I don't know that it will be something that will be viable in the future.

- *Center Director of a volunteer hotline (NSPL member)*

4.2.3 Changes to Staffing and Coverage

All of the participants reported that their hotlines have changed in the way that they are staffed and/or the extent to which they are covered. The participants reported that most of these changes occurred within the past ten years. There was a clear difference between the blended and volunteer hotlines in the type of changes that have occurred: The volunteer hotlines have decreased coverage by providing fewer hours of service and staffing the hotline with fewer phone workers at a time while the blended centers have increased staffing and support for phone workers while maintaining coverage 24 hours a day, seven days a week.

The participants from volunteer hotlines reported that they had provided 24-hour service in the past, but currently they provide hotline service from 7:00am or 8:00am to 10:00pm or 11:00pm. Two of the volunteer hotlines are staffed only from Monday to Friday. The exception was the volunteer hotline that merged with another hotline in the state. The Site Director reported that they staff some overnight shifts and share coverage with the other site:

Because we have two locations...we cover for each other with our two sites, opposed to another agency. ...I'd say at least half the time it's more than one [phone worker staffing

the hotline at a time]. ...the biggest struggle we have is with the overnight shift and that's when we try to strategically staff it with the other location...

- *Site Director of a volunteer hotline*

The volunteer hotline that was part of a statewide collaboration forwards calls to the statewide hotline for overnight coverage and any other times a shift cannot be covered. The Center Director also noted that they have moved from having two phone workers staffing the hotline at a time to just one phone worker:

...so even though physically we don't have coverage here in this office from 11:00 to 8:00, we're still covered...by the statewide line. ...so we've actually gone from two, usually two on a shift to now we have primarily just one person answering a shift... If the economy gets back online and we're able to reach more people I would love to go back to two a shift. But I don't really see it changing very much in the future.

- *Center Director of a volunteer hotline (not in the NSPL network)*

Another participant also reported that, in addition to no longer staffing the hotline overnight, there are times during the day that they are not able to cover a shift. At those times they pay a fee to have their calls answered by another hotline:

...the last overnight shift I think we had in this office was probably around 2008. It's a near impossibility anymore. ... since we're all volunteer, there's definitely going to be days or hours or times when people aren't here. We pay a crisis center in [another state] to answer our calls. ... I would say out of seven days a week there's going to be at least two days where we're going to have to forward at least four to six hours.

- *Center Director of a volunteer hotline (NSPL member)*

The Executive Director of a volunteer hotline noted that there were other local suicide prevention resources and that they made the decision to provide service only during the day because they did not perceive a need for their services overnight. She did share that she would like to expand their services to the weekend:

...about thirty-five years ago, they actually were doing seven-twenty-four. But the majority of the calls that come between 11:00 and 7:00 in the morning are basically, "Can you come get me? I'm drunk," you know, sexually promiscuous calls, basically not anyone that's in any kind of a critical situation. ... But we just don't have the volunteers to do seven days a week and I'm not working seven days a week. ... No, I would never do

the twenty-four-seven. I just don't think that's necessary. But I would do seven days a week...

- *Executive Director of a volunteer hotline*

There was a great deal of variation in the way that blended centers were staffed and the way they utilized volunteers. At one end of the spectrum, a hotline may be primarily staffed with paid employees while volunteers help to provide extra coverage, allowing for everyone to have ample time to document calls and decompress in between calls. At the other end of the spectrum, a hotline may be largely staffed by volunteers with a paid shift supervisor always present to support volunteers and to help answer calls. All participants from blended hotlines reported that their hotlines had once been staffed entirely by volunteers. The reasons participants gave for moving from volunteer to blended hotlines were to make sure the hotline was always staffed and to increase the number of people covering the line, especially during busy times and during times that they were contracted to provide answering service for another organization. The Program Director of a blended hotline noted that gaps in coverage had been obscured in the past:

...one of my predecessors was a woman who basically this was her life...when she died they realized how many holes she was filling that people thought, oh, volunteers are doing stuff, and she actually was doing a lot of that. And, so they recognized they needed more staffing just to cover what she was doing...

- *Program Director of a blended hotline*

Two of the participants described the transition to blended staff as a gradual process where staff increased along with funding and the needs of the hotline:

...it's been this evolutionary process, kind of touch and go and figure out how much funding we can get and also figure out what the needs are for the lines. ... So it started off having shift supervisors on the night and weekend shifts and then moved on to having shift supervisors on all shifts.

- *Volunteer Coordinator of a blended hotline*

...when I came on in 2001...we already had in place paid people who worked very limited hours, they worked 4:00 to 6:00 in the afternoons because that's when the regional mental health centers closed... And then over the years since then we've just had

to increase because we picked up additional contracts, so instead of being two hours a day we eventually went to most of the business day and then we eventually went to twenty-four-seven.

- *Program Coordinator of a blended hotline*

Participants from blended hotlines noted that many of their paid hotline workers and other paid support staff had served as volunteers. Already having the training and the understanding of how the organization functions gave volunteers an edge over applicants without that specific experience. Half of the participants (three from blended hotlines and one from a volunteer hotline) had been volunteers themselves:

Like, 90% of our staff started as volunteers...from myself to our shift supervisors to our executive director started on that four hour shift in the crisis center.

- *Volunteer Coordinator of a blended hotline*

I was a volunteer for about ten years, so I've worked here for about seventeen... [regarding the two part time staff positions]. They both actually were volunteers, they both came in as volunteers, and when the agency had money in their budget to support both positions, they applied for the positions and I hired them for those positions.

- *Site Director of a volunteer hotline*

... I started as volunteer like everybody else and just kind of never left, kept finding a new role for myself here. ... Yes, that's the only way we hire people on to the crisis line is if they have previously volunteered because they have to have all of that experience and training...

- *Program Coordinator of a blended hotline*

4.2.4 Increasing Capacity in the Future

Participants all reported carrying a heavy workload. Their jobs encompassed many areas of responsibility from fundraising and program development to training and volunteer support. Several participants reported that they could use more staff to support their own work responsibilities:

...if I'm doing all of the PR and all of the recruiting, and all the paperwork and all the reports, the grants, I can handle that, but to go out and do all the United Way activities and to go from church to church and to businesses and stuff, I just don't have time. I usually pull a twelve to fourteen hour day.

- *Executive Director of a volunteer hotline*

It would be nice if I had more support because I think that, even just emotionally because it's a heavy workload and there's a heavy personal load of just being concerned [about] everyone that's here ...

- *Site Director of a volunteer hotline*

I'm slowly working my way out of program direction for 211¹ because crisis lines and chat are more than a full-time job alone.

- *Program Director of a blended hotline*

All of the participants expressed the desire to recruit more volunteers or to hire more staff in support of their hotlines. Again, there was a difference between volunteer and blended hotlines with regard to the needs of the hotlines and the way in which additional staff and volunteers would be used. Participants from volunteer hotlines focused on having the capacity to sufficiently cover the hotline at all times and to provide more support for the volunteers working in the phone room:

...I would love to go back to two [volunteers] a shift. ...I mean my goal is to be able to do seven days a week obviously.

- *Center Director of a volunteer hotline (not in the NSPL network)*

...what we'd like to do is hire a part time volunteer coordinator to cover a scattered shift where they would be here, sometimes in the morning when I'm out on fundraising calls, sometimes in the evening. ... I can think of two people that I would want to hire tomorrow but I can't. Very short staffed, financially. Really short staffed.

- *Center Director of a volunteer hotline (NSPL member)*

¹ 211 centers, modeled after 911, offer information and referrals to local health and human services.

In general, the participants from blended hotlines were not struggling to provide coverage for the hotline or basic support for the volunteers. They wanted to increase support for volunteers and to grow the hotline services in order to meet new needs:

And we also are now part of the Veterans Crisis Line sub network, so our call volume has actually gone up quite dramatically in the last couple of months. ... So that means not only do we need to bulk up shifts a little bit more with more volunteers but the sheer nature and complexity of some of these calls means we at least need to make sure we always have staffing in the room to support people.

- Program Director of a blended hotline

...one of our biggest challenges is staffing and I don't necessarily mean staffing the lines but having enough to support everyone that we have on the lines. ... More full time clinical staff, you know, more to divvy up the work and also continue to grow what we're able to do in support of our people on our lines.

- Program Coordinator of a blended hotline

Participants from both volunteer and blended centers reported that the future of crisis services is moving beyond the phone and into social media and other ways to connect with people in crisis:

...social media is starting to play a bigger role I think in just not picking up the phone but texting or e-mail or whatever it is now. I do think that that's going to be a much bigger part of any kind of crisis line in the probably not too distant future.

- Center Director of a volunteer hotline (not in the NSPL network)

...we have a fundraising effort out to raise funds to be interactive crisis chat as well through CONTACT USA...we don't get very many phone calls from people, from young people, but that's not to say that they're not out there feeling desperate, they just are never going to pick up, not anymore, not in the world that we live in. So we feel like if we're really going to be effective, we have to get online...

- Center Director of a volunteer hotline (NSPL member)

Growing services to include text and/or chat counseling in addition to the phones will require a significant increase in staffing:

...this past year we took on text counseling, or text crisis counseling and that also requires more staffing because once someone starts texting, a text conversation you know usually lasts about an hour an hour and a half so there's a volunteer who's now not

answering the phone and texting. It actually requires more resources to answer a text.

- *Volunteer Coordinator of a blended hotline*

...as we continue to develop our chat program it's likely we'll increase hours and, though we use volunteers in our chat program...there's still a lot going on in the room where we need staff support.

- *Program Director of a blended hotline*

4.3 PROFESSIONALIZATION

The hotlines represented in this study are associated with different networks and accrediting agencies which set standards for performance and require that certain protocols or guidelines be followed. Six of the hotlines are part of the NSPL network and four of the hotlines are 211 centers. All of the hotlines are accredited by or are members of an organization that provides leadership and support for call centers or suicide prevention programs, e.g. AAS, CONTACT USA, Befrienders Worldwide, and the Alliance of Information and Referral Systems (AIRS). The participants reported that being a part of these networks and organizations has led them to make adjustments to their trainings and hotline protocols, typically bringing them into alignment with best practices, and generally encouraged them to make improvements to their hotline programs:

Well, I think the lifeline has, with a lot of their policies and imminent risk protocol, have affected some of our training and our protocol. ...it can be challenging to get continuing education workshops or in-service speakers in for the volunteers, not only to get the speakers but to engage the volunteers to come in again once they've provided their service...because CONTACT USA has it as a bullet point on their accreditation process we strive not just to be okay but we strive to excel...

- *Site Director of a volunteer hotline*

The Program Director of a blended center noted that there has been a trend towards the professionalization of crisis centers and phone workers over the past seven years:

To be a volunteer now at a crisis line it is not enough to have time in your schedule and a warm heart. ...if you're going to keep volunteers you have to have expectations...if they're not doing the work in the ways that are best practices and appropriate they shouldn't be answering the calls.

- Program Director of a blended hotline

Volunteers are typically asked to commit for a period of time after training and expectations are set as to how often and for how long volunteers will work on the hotline. The time commitments reported by the participants ranged from eight hours a month to five hours a week (most required one four-hour shift per week) for six months to a year and four months (most required one year). Participants from the two volunteer hotlines that were not a part of the NSPL network were the only ones to emphasize the importance of being flexible with volunteers:

...they sign up when they are available to work and they also, you know, if something happens they know to feel free to call and say...you know I'm unable to come in, I have a child that's hurt, can you transfer them to my house. And we can transfer the phones right into their home then.

- Executive Director of a volunteer hotline

...some volunteers come in twice a month instead of once a week. ...I try to respect what they can do and be as flexible as...I think anybody that can actually volunteer five hours a week anyplace is pretty special.

- Center Director of a volunteer hotline (not in the NSPL network)

In spite of, or perhaps because of, the professionalization of hotline phone workers, the role of the volunteer phone worker, and therefore what should be expected of phone workers, is unclear. Hotline phone workers are often on the front line of responding to people with mental health crises, a position which bears a great deal of responsibility:

We at crisis centers are more and more the first and last stop for callers. Either they don't have insurance, they won't reach out, whatever, we're doing a whole lot more,

sometimes we're one of their few links. We need boundaries around that because we can't be more than we can be, but we also have to recognize we need to be good at what we do because we may be that stopping point.

- *Program Director of a blended hotline*

Many participants emphasized the importance of maintaining an emotional detachment from and a professional relationship with callers, consistent with clinical boundaries, especially by refraining from self-disclosure:

...the caller is not a friend that calls them, you know, once a week when they're here. They really have a pretty good understanding of where the boundaries are and keep the boundaries.

- *Center Director of a volunteer hotline (not in the NSPL network)*

...there's clear clinical boundaries and a clear clinical standard we want to uphold or strive towards...I do bring corrective action sometimes to volunteers who might overstep boundaries in terms of too much self-disclosure...

- *Volunteer Coordinator of a blended hotline*

Participants also acknowledged that one of the strengths of using volunteers is that they are not professionals and that they can connect with callers and provide a different quality of support in part because of the loosening of clinical boundaries:

...our volunteers are trying to provide emotional support, not counseling, not referrals, not tell them what to do, but just be there for emotional support... We are volunteers, we're not therapists, we're not counselors...

- *Center Director of a volunteer hotline (not in the NSPL network)*

Volunteers break the rules more. So, sometimes it is helpful to break the rules, to self-disclose a little bit, or to like, to allow their own emotions out a little bit. ...volunteers are allowed to let their hair down a little bit more than paid staff people and maybe clinicians would and so that extra humanness is helpful in talking to someone who's so desperate for connection....

- *Volunteer Coordinator of a blended hotline*

4.4 TRAINING

Training to become a hotline volunteer involves a large commitment in terms of time and energy on the part of the trainee and the staff providing the training. The training programs described by participants ranged from 32 to 100 hours (most about 40 hours) and included both classroom instruction and a period of shadowing and then one-on-one mentoring on the hotline. Several participants reported that their hotlines provided suicide prevention training programs that were listed in the Suicide Prevention Resource Center (SPRC) best practices registry, such as Applied Suicide Intervention Skills Training (ASIST)² and Question, Persuade, Refer (QPR)³. One of the greatest frustrations of some of the participants was that, after putting so much time and energy into training new volunteers, many volunteers would not follow through with committing to work on the hotline:

But we do have a tendency to have five or six people at a training and then when it comes shadowing all of a sudden only two want to do it.

- Center Director of a volunteer hotline (not in the NSPL network)

² Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop that provides participants with a framework to perform suicide first aid. Participants learn how to recognize warning signs, ask about suicide, engage in a discussion about reasons for living and dying, review suicide risk, create a safety plan, and link persons at risk to ongoing support. ASIST is developed and supported by LivingWorks: <http://www.livingworks.net/>

³ Question, Persuade, Refer (QPR) is an approach to suicide intervention modeled after cardiopulmonary resuscitation (CPR). Participants in QPR trainings are taught to ask questions about suicide risk, persuade a person at risk to seek help, and refer a person at risk to appropriate resources. There are a variety of QPR programs to address different levels of intervention and crisis management. The trainings can be delivered onsite or online. QPR is developed and supported by QPR Institute: <http://www.qprinstitute.com>

...it's such an endeavor of emotional energy...twenty people to sign up for the training and if we were lucky at the end of the six weeks we'd end up with six and after that maybe three stay after a year. It's a very difficult thing to do.

- *Center Director of a volunteer hotline (NSPL member)*

One way this issue has been addressed is by requiring volunteers to attend every training session without exception:

...you have to make all the classes in your training class or you do not do the volunteering.

- *Program Director of a blended hotline*

Participants reported that they often serve as a training ground for future professionals in the mental health and social services fields because their training is high quality and the experience of working on the hotline is valuable:

...we've been here since 1972, so a lot of people know about this organization and the training is well respected. ... We get a lot of graduate students on the recommendation of their universities because I think the feeling is if you can talk to these people that call these types of places you're going to be pretty okay when you go into a paid, motivated situation.

- *Center Director of a volunteer hotline (NSPL member)*

It also provides a rich training community...we train future therapists and social workers and doctors, you know we have a pool of undergrad volunteers, we have graduate interns, we have interns who are in graduate programs...we're able to be part of their development as professionals so when they go out into the real world they carry some of our philosophy of working collaboratively and being very patient, very client-centered. So it's a benefit for humanity (laughing) that we get to train future caregivers and future helpers.

- *Volunteer Coordinator of a blended hotline*

Participants noted that while they are training the volunteers to work on the hotline, they also realize that they are training community members who use their skills outside of the hotline:

...they not only help the callers but just being a trained [volunteer] when they're out in the world...they're like ambassadors for suicide prevention. You know, they're not afraid to say the suicide word, they feel empowered...

- *Center Director of a volunteer hotline (not in the NSPL network)*

...our volunteers do an incredible amount for our community and I don't just mean helping those individuals who we talk on the phone with but it kind of helps seed our community with an incredible number of people who help others...

- *Program Coordinator of a blended hotline*

4.5 SUPPORTING VOLUNTEERS

Participants often mentioned the unique, difficult nature of crisis hotline work and the impact it can have on volunteers:

...a lot's riding on it, especially if you get a call from somebody who's contemplating suicide, it's very, very intimidating... you have a lot of calls that are Lifeline calls or crisis calls, that definitely can take a toll.

- *Volunteer Manager at a blended hotline*

...we have callers that just stop calling or callers that die by suicide or callers that die by natural causes and so how do we provide support for our volunteers so that they can feel held and process their own sadness or whatever's coming up for them?

- *Volunteer Coordinator of a blended hotline*

...there's no way that a volunteer on a crisis line is not at some point going to be overwhelmed, provoked, saddened, challenged.

- *Program Director of a blended hotline*

In light of the challenge of crisis hotline work, participants, especially those at blended hotlines, emphasized the importance of supporting volunteers sufficiently so that they are able to respond to calls using best practices:

...we need twenty-four-seven staffing for supervision because what we need and ask our volunteers to do are such a higher skill level ...you really need a level of support, reassurance, coaching, all those things to make sure we are doing best practices, that we are following our protocols and that they don't feel burnt out because some of these calls are really tough.

- *Program Director of a blended hotline*

While all participants reported that they provide support and supervision for their volunteers, the level and structure of support provided at blended versus volunteer hotlines was very different. Participants from volunteer hotlines noted that the administrative staff (including the interviewee) are available to volunteers when they are in the office and often available by phone if they are not in the office or if the volunteer is answering the hotline from a location other than the main office. Additionally, volunteer hotlines also use experienced volunteers to provide offsite support by being available by phone to the volunteer working on the hotline:

...if there have been any problems they know they should call us... So they're able to get pretty much a hold of me twenty-four-seven. And we also have what we call home leaders, which are the more experienced volunteers and even though you might be doing a shift by yourself, you always have that home leader to call...

- Center Director of a volunteer hotline (not in the NSPL network)

...we encourage them to support themselves, you know to be there for each other. We have volunteers that actually are supervisors from home during... There's always a staff person available on a schedule that if that volunteer then needs to consult.

- Site Director of a volunteer hotline

Participants from the blended hotlines reported that they have paid staff on every shift, providing coverage on the hotline and support to the volunteers. In addition to being available when volunteers request help, the support staff take a more proactive role in monitoring calls and providing feedback:

...each volunteer has a supervisor and that supervisor will listen in on a volunteer's calls. ...and they give them feedback based on those calls let them know where maybe they can improve on their counseling or whatever it might be and they also check in on how they're using the software, making sure they're recording things properly...

- Volunteer Manager at a blended hotline

...every shift has a shift supervisor...they're the go-to person if a volunteer has questions, they monitor calls and provide feedback, they are the connection between the volunteers and myself...

- Volunteer Coordinator of a blended hotline

In addition to providing support during a volunteer's shift, participants also reported that they provide continuing education and other programs to promote self-care and ongoing wellness:

We do Saturday morning self-care sessions, we'll try to bring in people...who can help people learn how to take care of themselves when they're, after a horrific call or a particularly upsetting shift...

- Center Director of a volunteer hotline (NSPL member)

The Volunteer Manager of a blended hotline described a wellness program provided at her center, which is run by the hotline supervisors. The program consists of weekly gatherings open to all staff and volunteers, which are either a class to address stress reduction (e.g. a yoga or meditation class) or a social meeting to promote fellowship (e.g. a potluck).

4.6 MAINTAINING A VOLUNTEER CORPS

Maintaining a volunteer corps large enough to provide adequate coverage on the hotline was a priority for most participants. Participants varied in the ways they felt about their ability to retain volunteers, from viewing it as a struggle to feeling that retention was not a problem:

...retention is a struggle because of the subject matter. Burnout is huge, so we are constantly recruiting training and working really hard at retaining the people that we do train, so it's a grind.

- Center Director of a volunteer hotline (NSPL member)

But there is a natural, sort of, you know one to three years for most folks. ...our retention rate...is somewhere around 40 to 50% for that one year...

- Program Director of a blended hotline

The Program Director of a blended hotline was the only participant to report retention statistics for her hotline; the rest of the participants based their thoughts about retention on their

sense of how many volunteers completed their initial commitment to the hotline. Participants cited life events and changes as the main reason that volunteers did not complete their commitment:

...you have a few that don't make it to that point [one year commitment]. Due to life situations coming up, mostly, somebody had to move to Chicago or whatever it is.

- *Volunteer Manager at a blended hotline*

...most of [the] reasons why people leave have nothing to do with anything we have control over, you know, the new job or they lost their job, or you know, just got married and now they're moving to Kansas...

- *Volunteer Coordinator of a blended hotline*

Participants reported that volunteers were motivated to continue working on the hotline beyond their initial commitment because the work itself was important and rewarding:

...it's because they get more out of it than they give and that's why they choose to continue...

- *Program Coordinator of a blended hotline*

...the majority of our volunteers will tell you also that it's one of the most worthwhile things they've ever done.

- *Center Director of a volunteer hotline (not in the NSPL network)*

All of the participants believed that appreciation and recognition are important for working with and retaining volunteers:

...anybody who has it in them to volunteer particularly on a suicide crisis line, you want to give them as much respect and gratitude as possible.

- *Center Director of a volunteer hotline (not in the NSPL network)*

...volunteers have to feel like they're being appreciated and if they don't, they kind of start questioning why they're doing it. I don't think you can say thank you enough or in too many ways...

- *Center Director of a volunteer hotline (NSPL member)*

Participants shared some of the ways in which they showed appreciation to volunteers, including volunteer recognition events, parties, gifts, certificates, and thank you notes. Some of

the participants struggled with the amount of appreciation they are able to provide and knowing what kind of recognition will have the greatest impact:

...it's sort of this ongoing back and forth between what the agency is capable of giving the volunteers and what the volunteers really need to feel like, so they don't walk out of here and think, "Why am I doing this?"

- Center Director of a volunteer hotline (NSPL member)

...one of the challenges we've had is how do you recognize volunteers and when have you done enough recognition and what is meaningful recognition?

- Program Director of a blended hotline

While none of the participants offered specific guidelines on the best way to recognize and show appreciation to volunteers, the emerging thought was that it is most important to ensure that volunteers feel their time working on the hotline is well spent and that efforts to show appreciation are ongoing:

It doesn't even have to be expensive, you don't have to spend a lot of money recognizing people and making people feel good about what they're doing... make them feel that they made a good decision to wake up and come in and provide service that day.

- Site Director of a volunteer hotline

So you know, we work to make it frequent enough that our volunteers remember how grateful we are to them...

- Program Coordinator of a blended hotline

Having a sense of community and feeling connected to the organization was another factor that emerged as an important component to retaining volunteers. Put another way, volunteers who feel isolated are difficult to retain:

...I have spent a lot more of my free time working on figuring out a way to help the volunteers feel less isolated because I know that's why they leave. They can tell me everything, they can lie and say they have a sick uncle or their grandfather's dying but I know none of it's true. I know that they come in here and they feel that they're all alone talking to really depressed, sad people and if they don't feel like somebody's connected to them from the agency they just leave.

- Center Director of a volunteer hotline (NSPL member)

Participants emphasized the value of nurturing a sense of community and connection:

...volunteers like to stay as volunteers because they feel a sense of connection to the work and more importantly feel a connection to their people who are on their shift. So, training the shift leaders to like, to be warm and engaging and to check in with everyone and just to create a community, a sense of community, that we are a community here, and we work together, we have fun together, and we do hard work together, and we cry together, you know.

- Volunteer Coordinator of a blended hotline

...they're here out of that common sense of wanting to help other people, that idea of being caring and compassionate to other human beings and that makes that, it kind of lends to an incredible sense of community here which is one of the valuable things that we work to maintain among our volunteers.

- Program Coordinator of a blended hotline

A few of the participants from volunteer hotlines reported that their phone lines are set up in a way that calls can be answered from more than one location. That, in addition to the fact that volunteers often work alone and, especially for volunteers working during the evenings or weekends, staff is not always present, makes it especially difficult to maintain a sense of connection and community:

I feel like we'd have better volunteer retention if we had a point person in the office at all times. ... I think they have to feel like they're connected to the agency in another way rather than just answering the phones. They have to start making a few friends through the other volunteers...then there's a real connection.

- Center Director of a volunteer hotline (NSPL member)

It's been more difficult...to make the volunteers still feel like they're an important part of what we do because I don't see the people over at the church...we just mail them postcards every now and again saying, you know, haven't talked to you, hope everything is okay, give us a call if you want to talk about anything, that kind of stuff, but it's been a real big challenge to keep them connected, to make them feel connected.

- Center Director of a volunteer hotline (not in the NSPL network)

In addition to cultivating connections with and between volunteers, participants described other ways that they model behaviors and consciously create an environment and a culture conducive to maintaining a volunteer corps:

Part of our training process is, when you're leaving...spend a minute greeting your shift relief person. ...make an effort to come in a minute before [your shift starts] and just

debrief with the person before you. And I try to do that when I'm here, too. Saying hi to somebody and thank you and goodbye to somebody.

- *Site Director of a volunteer hotline*

Shift supervisors model and they invite people to listen to their calls and they listen to the volunteers' calls so that everyone is constantly learning from each other and so there is no fear of punishment, that really our bottom line is to know that we've got your back when you're on the phone... So if the leaders can be empathetic and warm to the shift supervisors, the shift supervisors can be empathetic and warm to our volunteers and then our volunteers pass that on to our callers. That's the idea.

- *Volunteer Coordinator of a blended hotline*

4.7 VOLUNTEER PERFORMANCE

All of the participants felt that volunteers had the potential to do excellent work on the hotline and that many of them, especially the dedicated volunteers, performed at a high level:

...the ones who come in here who really come in and do it are excellent at what they do.

- *Center Director of a volunteer hotline (NSPL member)*

They do well, I think really, really well. ...we do a lot of active engagement, a lot of listening, some people are just naturally amazing at that and some, you know need a little bit more support...

- *Site Director of a volunteer hotline*

Participants from blended hotlines were able to offer some perspective on the limitations of using volunteers as compared to paid staff:

I think with volunteers we see more advice giving, we see more self-disclosure in the calls. ...I also see that, it's harder to train volunteers about why it's important to hold those boundaries. ... And also volunteers don't remember protocols very well.

- *Volunteer Coordinator of a blended hotline*

The difference between paid and unpaid phone workers with regard to ability and buy-in to the protocols and procedures necessary to administer the hotline may be explained in large

part by the amount of time they spend at the hotline every week and, therefore, the extent to which they are immersed in the hotline culture:

...when a volunteer's here for four hours a week they might not have enough practice to really integrate that concept, the need for clear boundaries and also kind of understanding our limited role as counselors. So they [the shift supervisors] hold, you know like, the nuanced knowledge that you know a volunteer who comes four hours a week might not remember, details...

- Volunteer Coordinator of a blended hotline

...I've been told by some of the supervisors in the contact center that sometimes where a community volunteer will fall behind literally only in the sense that their knowledge is not as great as someone who has done, you know, forty hours a week again here in the contact center.

- Volunteer Manager at a blended hotline

Another area where paid staff tends to out-perform volunteers is in dependability, a quality crucial to ensuring adequate hotline coverage. Participants from volunteer hotlines viewed volunteers as generally dependable, but conceded that volunteering was not always their first priority:

I mean, it's challenging, because they're volunteers and you can't really hold their paycheck over them to produce or even come in...you have your family, you have your job, you have school, you volunteer, it becomes your last priority. It has to.

- Site Director of a volunteer hotline

Participants from blended centers noted that volunteers varied in their dependability, but overall paid staff were more dependable:

I think because staff are paid they're more dependable. Volunteers, I mean, there're some that are totally dependable and there are quite a few that can be a little bit on the flaky side...vacations come up, dental appointments, I don't feel well, I've got something else I need to do. It's a regular thing, especially when you hit the weekend. And then again you have other groups of volunteers who are wonderfully dependable, who give a little extra, who offer more when the holidays come. It's a spectrum.

- Program Director of a blended hotline

I think we get more advance notice from the people who are paid on the lines if there's an emergency looming, probably. It's more likely that a volunteer is going to call me the

morning of and say, I can't make my twelve o'clock shift today. But thankfully, it's not a huge challenge here...

- *Program Coordinator of a blended hotline*

Participants from blended hotlines did note that there were some advantages to using volunteers in that they are able to be more present with callers and they may be somewhat protected from burnout simply because they do not have to work as often as paid staff:

...volunteers because they're not forty hours probably are a little less cynical, a little less tired at times. ...as with all crisis centers we have regular callers. They talk to them less frequently so they probably don't get so eye-rolling tired of them...

- *Program Director of a blended hotline*

... a person who's answering the phones twenty hours a week has talked to that same caller five times this week and they're feeling less than able to hold that person and really accept that person for where they're at. A volunteer who works only four hours a week has more energy to give to our callers.

- *Volunteer Coordinator of a blended hotline*

...I think that if people aren't doing good self-care and aren't taking care of themselves and this becomes one more responsibility or obligation to them it can change how they feel about the actual work and that doesn't seem to happen as much with our volunteers, you know, because they just take a break because they're not relying on it for a paycheck.

- *Program Coordinator of a blended hotline*

Participants reported that another benefit of using volunteers comes from the diversity of perspectives and abilities they bring to the hotline work:

I think it gives us a variety of talent and expertise.

- *Executive Director of a volunteer hotline*

...we have artists and musicians and we have lawyers and we have other retired therapists, nurses. People of all life experiences...being able to use volunteers means that we get humans from all walks of life, so it's the diversity of people who come answering the phones. And I think that provides a great benefit for our callers because our callers...can talk on Monday morning, talk to one counselor, then call in Tuesday morning and talk to a different counselor who might provide different perspective, a different worldview, can relate in a different way to that caller...

- *Volunteer Coordinator of a blended hotline*

5.0 DISCUSSION

The crisis hotlines represented in this study illustrate the wide spectrum of volunteer-staffed hotlines in existence today. A volunteer working on a crisis hotline could be alone answering calls with support staff only available by phone, or he could be surrounded by other volunteers with designated support staff available in the immediate vicinity. Some crisis hotlines are struggling to fill shifts and provide basic support to their volunteers while others are planning to add staffing and grow their services. The goal of this study was to describe a sample of crisis hotlines that use volunteers, to assess the strengths and limitations of using volunteers in crisis hotline work, and to determine where these programs are most in need of support. The following discussion addresses the trends that emerged from the interview data and the ramifications for crisis hotlines that use volunteers.

5.1 COMPARING BLENDED AND VOLUNTEER HOTLINES

All of the hotlines represented in this study started as volunteer driven programs. They continue to share a similar approach to handling hotline calls (e.g. offering emotional support, not giving advice, and empowering callers), the qualities that they value in hotline workers (e.g. good

listening skills and empathy), and an appreciation for volunteers as hotline workers. Nevertheless, they looked very different in other areas.

Most of the participants from volunteer hotlines reported that they have decreased coverage in terms of the hours that they staffed the hotlines, such that they were no longer operating 24 hours a day, seven days a week, and that there was typically just one person covering the lines at a given time, when previously there was double coverage. They attributed these changes in part to a general downward trend in volunteerism. The participants reported that volunteers are often supported by a staff member or another volunteer located offsite, especially during evening and weekend shifts or when the volunteer is taking calls from a location other than the main office. Participants reported that their greatest staffing needs involve providing adequate coverage for the hotline and providing more support for the volunteers during hotline shifts.

Participants from blended hotlines, on the other hand, reported that they have been steadily increasing coverage and, while they did share concerns with regard to maintaining a volunteer corps, they did not speak to a general downward trend in volunteerism. Blended centers provide proactive, onsite support for their volunteers. The participants reported that their staffing needs involve providing greater support to volunteers and staff and to increase staffing and support to meet new and increasing needs in the community.

Blended hotlines have a clear advantage over volunteer hotlines when it comes to providing support for volunteers and having the capacity to meet the growing needs of community members in crisis. Two of the participants from blended hotlines noted that the change from staffing the lines entirely with volunteers to always having a paid staff member on the hotline occurred gradually. For volunteer hotlines looking to transition to a blended model,

staffing just the busiest shifts or evening/overnight shifts may be a feasible way to start. Two of the study participants also employed AmeriCorps members, which is another cost-effective way to increase staff capacity.

5.2 STAYING FINANCIALLY VIABLE

Funding is necessary to cover the phone service, equipment, support staff, training, and other administrative costs crucial to running an effective crisis hotline program. Participants noted that funding from grants is competitive and funding from donors can be uncertain, especially in difficult economic times. The stigma of suicide and funders' lack of understanding of what it takes to support a crisis hotline can also be barriers to sufficient funding. The hotlines that have been the most successful at procuring funds have done so by leveraging their assets and engaging in strategic collaborations.

A crisis hotline's greatest asset is the ability to respond immediately to callers in need of support. Several of the hotlines represented in this study have used this ability to provide service to other organizations that need an answering service, especially during evenings and weekends, for a fee. Another asset mentioned by several participants was the training program for volunteers. Hotlines have developed excellent training programs to prepare their volunteers for crisis line work; however the skills taught (e.g. active listening and crisis intervention) can be useful in many lines of work. Hotlines that are able to offer training for professionals seeking continuing education benefits may be able to develop a reliable source of funding.

Several participants described collaborations that have enabled them to provide better hotline coverage and grow their services. In one case, collaborating with other crisis hotlines in the state to support a statewide line provided a participant with a social network of support from the other hotline directors as well as a place to forward calls when her volunteers are not able to staff a shift. In another case, two hotlines merged to combine their complementary strengths. The combined hotline has a strong corps of volunteers and the fiscal development committee is able to address funding for both sites. One other hotline merged with another organization and was able to gain more financial security and administrative support while still maintaining its name and identity. The hotline brings a new area of expertise and programming to the organization, which provides counseling and employee assistance programs in the community. Creating strategic collaborations is one way to strengthen a hotline program and it may be a crucial step to remain viable in the long run.

5.3 INVESTING RESOURCES WISELY

Crisis hotlines, like many non-profit organizations, are being called upon to do more with less. Several participants noted that their call volume has been steadily increasing, and some hotline programs are expanding to include crisis chat and texting, which requires more staffing and support. Growing and sustaining a larger volunteer corps will be an important part of addressing the need for a greater capacity to provide services. Hotline staff will need to invest their time, energy, and financial resources efficiently to meet this goal.

While participants agreed that appreciation and recognition is an important part of maintaining a volunteer corps, it is likely that giving gifts and hosting annual appreciation events is less important than creating an environment where volunteers feel valued and appreciated every time they work on the hotline. Participants reported that it was important for volunteers to feel supported during hotline shifts, connected to the agency and the work, and like they are part of a community.

One way that hotlines can promote connectedness is by ensuring that volunteers never work alone. At the very least, volunteers should be scheduled to work with another volunteer. A more robust model is to have volunteers working alongside designated support staff. Another way that participants promoted community was by modeling the values of the hotline and creating a culture of supportive relationships. Consistently greeting and debriefing with volunteers, modeling openness and providing supportive feedback, and ensuring that all staff treat each other and the volunteers with the same empathy, respect, and warmth extended to hotline callers are powerful, albeit inexpensive, ways to create an environment where volunteers feel valued.

5.4 THE PROFESSIONALIZATION OF CRISIS LINE WORKERS

Participants valued volunteers as necessary members of their crisis hotline team. They believe that volunteers perform well on the hotlines, but also presented areas where volunteers are limited in their abilities. Paid staff were reported to have better recall and adherence to complex protocols, which may be attributed to the fact that they worked on the hotline more often so had

more opportunity for practice and are more likely to buy in to the need for the required procedures. The strength of using volunteers came from the diversity of life experience and spirit of altruism they bring to the work. Volunteers may have had an advantage over paid staff when it came to connecting with callers and having the emotional resources to extend compassion to the most difficult callers. An ideal model for using volunteers in crisis hotline work would employ their strengths on the hotline while providing them with the necessary staff support and onsite supervision to minimize their limitations.

The professionalization of crisis hotline workers has led to a high standard for training programs as well as more formalized continuing education and ongoing performance review. The participants also maintained the importance of maintaining boundaries and refraining from self-disclosure. One of the participants did mention that sometimes a volunteer engaging in self-disclosure was conducive to connecting with callers, which is consistent with the research on helper styles where sharing one's own story was associated with positive outcomes on crisis calls (Mishara et al., 2007b). As the professionalization of crisis hotline workers continues, it will be important to understand the unique contribution that volunteers, and specifically the less-professional quality of having a loosened sense of boundaries, make to crisis intervention work.

6.0 CONCLUSION

Suicide is a major public health problem that accounts for over 35,000 deaths annually. It is a complex disease and its prevention requires a multi-faceted approach. One part of suicide prevention involves intervening with a person who is contemplating suicide, and this is where crisis hotlines play an important role. When a person experiencing suicidal ideation calls a crisis hotline, the crisis hotline worker will assess risk, seek to understand the caller's reasons for living and dying, and work with the caller to create a safety plan, which may include connecting the caller to other resources.

When crisis hotlines were first established in the United States, they typically used trained community volunteers to staff the hotlines. The volunteers were initially used because of the lack of manpower needed to staff a program that runs 24 hours a day, seven days a week. However, they quickly proved that trained laypeople could be as effective at crisis and suicide intervention as professionals.

The past decade has been characterized by advances in the development of standards and best practices for crisis hotline work. It has also been characterized by a decline in the number of volunteer-staffed hotlines. The reason for this trend is unclear, but crisis hotlines that use volunteers often struggle with funding, hotline coverage, and morale. The goal of this study was to explore what volunteer-staffed hotlines look like today, to assess the strengths and limitations

of using volunteers in crisis hotline work, and to determine where these programs are most in need of support.

Interviews were conducted with staff from eight hotlines that use volunteers. They included both blended hotlines, where staff had been hired to answer the hotline in addition to volunteers, and volunteer hotlines. There was great deal of variation between the hotlines with regard to the size of the volunteer corps and how volunteers were supervised, the number of staff hired to support and/or work alongside volunteers, and the degree to which they were able to provide adequate hotline coverage. In general, blended hotlines were able to provide more support to their volunteer corps and had greater capacity to provide services to their communities.

6.1 LIMITATIONS

There are limitations to this study, especially with regard to the study sample and data collection. The participants interviewed for this study represent a small sample of the volunteer-staffed hotlines in operation in the United States and their perceptions and experiences may not be generalizable to other hotlines. They were able to take time away from work to be interviewed, which may not have been true for those who did not volunteer to participate. One reason for the small sample was the limited time table for recruitment. In particular, this did not give ample time for the snowball sampling to have a greater effect. Participants were recruited and interviewed over a seven-week period, which coincided with a time that most hotlines were

training a new group of volunteers. Allowing more time for recruitment may have enabled potential participants who were less available the flexibility to schedule an interview.

This study would have been strengthened by the collection of more quantitative data that could be compared between hotlines. Questions about more quantitative data, e.g. retention rates, were not asked consistently by the interviewer. There may have been additional barriers to collecting these data since not all hotlines track the same information consistently and in some cases, when they did, the participant did not have access to the information.

6.2 FUTURE STUDIES

This study shed light on the unique strengths that volunteers bring to crisis work, as well as the limitations of volunteer work; however, a different study design would be better suited to understand more explicitly the difference between volunteer and paid staff performance on the hotline. In addition to comparing helping behaviors and call outcomes for volunteers and paid staff, similar to work by other researchers (Gould et al., 2007; Kalafat et al., 2007; Mishara et al., 2007b), future work in this area should attempt to include more comparable quantitative data about the logistics of using volunteers and paid staff. Data to consider are one year retention rates of volunteers, paid staff turnover rates, the percentage of time that lines are covered by more than one person, answer rates, and the rates of last-minute cancellations by volunteers and paid staff. Understanding how these two roles can best complement each other will allow hotline staff to structure their staffing in a way that ultimately benefits the callers by providing the most compassionate service in line with best practices.

More needs to be understood about the conditions and events that allowed some hotlines to become blended centers. Several of the participants from volunteer hotlines were interested in increasing staff, especially to provide more support for the volunteers, but did not have the funds to do so, and the idea of paying for hotline workers seemed out of reach, financially. Having a better understanding of how other centers manage the funds to move from being all volunteer to eventually having paid staff on every shift would be helpful for those hotlines wishing to make the transition. As well, expanding the current study to include paid-staff-only hotlines may have shed light on some outstanding questions, such as the reason for the decline in volunteer staffed hotlines.

6.3 RECOMMENDATIONS

The two areas where volunteer-staffed hotlines struggle the most is in procuring funding to support and grow their hotline program, and maintaining a volunteer corps large enough to provide ample coverage at all times. The hotline programs that were the most secure when it came to funding leveraged their assets for funds and/or engaged in strategic collaborations. Hotline staff should take stock of the assets their organization has to offer, especially phone services and professional training, and determine who in their community could benefit from them. Additionally, for hotlines that are not already engaged in a beneficial collaboration, staff should seek out organizations that fill similar needs in the community or those with complementary strengths and needs.

Ensuring that volunteers are fully supported and have a strong sense of connection to the agency is the best way to retain them. Hotlines need to provide support in the phone room such that volunteers are never working alone. Promoting a culture of respect and collaboration, similar to the values demonstrated with callers, will go a long way to create a sense of community. Including volunteers in other aspects of the organization (e.g. funding development) and in the development of policies and protocols will further integrate them into the organization, leading to better retention.

In order to ensure that volunteer-staffed hotlines remain viable, organizations must prioritize supporting their volunteers and they must leverage their assets and engage in meaningful collaborations to provide stable funding. Community volunteers who serve on crisis hotlines play an important role in suicide prevention by conducting interventions on the hotline and also acting as “ambassadors for suicide prevention” out in the community when they are not working on the hotline. The diversity of life experience and the energy that a volunteer corps brings to crisis hotline work cannot be matched by paid staff doing the same work on a full- or part-time basis. Preserving volunteer-staffed hotlines means preserving a precious community resource.

APPENDIX

INTERVIEW GUIDE

The following is a semi-structured interview guide to learn more about the experience of staffing a crisis hotline with volunteers. While the topics are presented in a specific order, it is permissible to move around during the interview or change the order as long as all topics are addressed. For each topic area, there is a description of the information needed as well as examples of questions to ask. The exact wording of the questions does not have to be used and other questions may be asked to collect information on the topic described. Additionally, follow-up questions and probes, e.g., “Tell me more about that,” should be used to clarify answers and deepen understanding.

1. About the interviewee.
 - a. How does the participant’s position relate to working with the hotline volunteers and how long has s/he been in this role?
 - b. Example questions: *What is your role at the hotline? How long have you been with the organization?*
2. About the crisis hotline.
 - a. How large is the hotline staff and how are volunteers employed?
 - b. Example questions: *What is the size and make-up of the hotline staff? Have there been any changes in hotline staffing? Do you anticipate any changes to staffing in the future? What roles to volunteers have within the organization?*
3. Institutional Influences
 - a. What policies, regulating organizations, funding sources, or other influences from outside of the hotline determine or influence the use of volunteers as hotline staff?
 - b. Example questions: *How to funding sources (policy? Other requirements?) influence your decision to use volunteers on the hotline?*

4. Beliefs and Attitudes.

- a. What are the participant's personal beliefs, attitudes, and experiences relating to volunteers on the hotline?
- b. Example questions: *What is it like working with volunteers? How do volunteers compare to paid staff in their ability to handle crisis/suicide calls? Are they different in any other ways? What is the benefit of using volunteers instead of (or in addition to) paid staff?*

5. Strengths and Support.

- a. What are the strengths and challenges of the hotline, relating to the use of volunteers?
- b. Example questions: *What can other hotlines that use volunteers learn from your hotline? What do you do well? If any, what kind of outside support would you like to have in the future? What information or resources would be of benefit to your hotline program?*

6. Closing.

- a. Give the opportunity for input on and questions about research project.
- b. Example questions: *Is there anything else that I should know? Anything else I should be asking about? Do you have any questions for me?*

End the interview by thanking the participant and reminding him/her of the confidentiality of the information collected.

BIBLIOGRAPHY

- American Association of Suicidology. (2011). Organization Accreditation Standards Manual, Tenth Edition. Retrieved September 3, 2012 from http://www.suicidology.org/c/document_library/get_file?folderId=234&name=DLFE-306.pdf.
- American Association of Suicidology. (2012a). Risk factors for suicide and suicidal behaviors. Retrieved August 30, 2012 from <http://www.suicidology.org/stats-and-tools/suicide-fact-sheets>.
- American Association of Suicidology. (2012b). Suicide in the USA based on current (2009) statistics. Retrieved August 30, 2012 from <http://www.suicidology.org/stats-and-tools/suicide-fact-sheets>.
- American Association of Suicidology. (2012c). Surviving after suicide fact sheet. Retrieved August 30, 2012 from <http://www.suicidology.org/stats-and-tools/suicide-fact-sheets>.
- Appstar Solutions. (2012). Auto Call Recorder (Version 3.2): [Android application].
- Barber, J. G., Blackman, E. K., Talbot, C., & Saebel, J. (2004). The themes expressed in suicide calls to a telephone help line. *Soc Psychiatry Psychiatr Epidemiol*, 39(2), 121-125. doi: 10.1007/s00127-004-0718-8
- CONTACT Pittsburgh. (2010). *CP History*. Unpublished document containing excerpts from CONTACT Pittsburgh Board of Directors meeting minutes from 1970 - 2009.
- CONTACT USA. (2012). Accreditation Standards Manual. Retrieved September 3, 2012 from http://www.contact-usa.org/Documents/AccreditationManual_3.12.pdf.
- Cyr, C., & Dowrick, P. W. (1991). Burnout in crisisline volunteers. *Administration and Policy in Mental Health*, 18(5), 343-354.
- Gould, M. S., Kalafat, J., Harrismunfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 2: Suicidal callers. *Suicide Life Threat Behav*, 37(3), 338-352. doi: 10.1521/suli.2007.37.3.338

- Jamison, K. R. (1999). *Night Falls Fast: Understanding suicide*. New York, N.Y.: Vintage Books, a division of Random House, Inc.
- Juhnke, G. A., Granello, P. F., & Lebron-Striker, M. A. (2007). IS PATH WARM? A suicide assessment mnemonic for counselors (ACAPCD-03). Alexandria, VA: American Counseling Association.
- Kalafat, J., Gould, M. S., Munfakh, J. L., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes. Part 1: Nonsuicidal crisis callers. *Suicide Life Threat Behav*, 37(3), 322-337. doi: 10.1521/suli.2007.37.3.322
- Kinzel, A., & Nanson, J. (2000). Education and debriefing: strategies for preventing crises in crisis-line volunteers. *Crisis*, 21(3), 126-134.
- Knox, K. L., Conwell, Y., & Caine, E. D. (2004). If suicide is a public health problem, what are we doing to prevent it? *Am J Public Health*, 94(1), 37-45.
- Leenaars, A. A., & Lester, D. (2004). The impact of suicide prevention centers on the suicide rate in the Canadian provinces. *Crisis*, 25(2), 65-68.
- Lester, D. (1997). The effectiveness of suicide prevention centers: a review. *Suicide Life Threat Behav*, 27(3), 304-310.
- Litts, D. A., Radke, A. Q., Silverman, M. M. (Eds.). (2008). *Suicide Prevention Efforts for Individuals with Serious Mental Illness: Roles for the State Mental Health Authority*. Washington, D.C.: National Association of State Mental Health Program Directors/Suicide Prevention Resource Center.
- McGee, R. K. (1974). *Crisis intervention in the community*. Baltimore: University Park Press.
- Miller, H. L., Coombs, D. W., Leeper, J. D., & Barton, S. N. (1984). An analysis of the effects of suicide prevention facilities on suicide rates in the United States. *Am J Public Health*, 74(4), 340-343.
- Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., et al. (2007a). Comparing models of helper behavior to actual practice in telephone crisis intervention: a Silent Monitoring Study of Calls to the U.S. 1-800-SUICIDE Network. *Suicide Life Threat Behav*, 37(3), 291-307. doi: 10.1521/suli.2007.37.3.291
- Mishara, B. L., Chagnon, F., Daigle, M., Balan, B., Raymond, S., Marcoux, I., et al. (2007b). Which helper behaviors and intervention styles are related to better short-term outcomes in telephone crisis intervention? Results from a Silent Monitoring Study of Calls to the U.S. 1-800-SUICIDE Network. *Suicide Life Threat Behav*, 37(3), 308-321. doi: 10.1521/suli.2007.37.3.308
- National Strategy for Suicide Prevention: Goals and Objectives for Action. (2001). U.S. Department of Health and Human Services. Washington, D.C.

- NCH Software. Express Scribe Transcription Software (Version 5.52): [Computer software].
- O'Donnell, J. M., & George, K. (1977). The use of volunteers in a community mental health center emergency and reception service: a comparative study of professional and lay telephone counseling. *Community Ment Health J*, 13(1), 3-12.
- Rapoport, L. (1965). The State of Crisis: Some theoretical considerations. In H. J. Parad (Ed.), *Crisis Intervention: Selected readings* (pp. 22-31). New York, NY: Family Service Association of America.
- Rosenbaum, A., & Calhoun, J. F. (1977). The use of the telephone hotline in crisis intervention: a review. *J Community Psychol*, 5(4), 325-339.
- Siegel, J. M. (1973). Mental health volunteers as change agents. *Am J Community Psychol*, 1(2), 138-158.
- Suicide Prevention Resource Center and SPAN USA. (2010). *Charting the Future of Suicide Prevention: A 2010 Progress Review of the National Strategy and Recommendations for the Decade Ahead*. Newton, MA: Education Development Center, Inc.
- The Surgeon General's Call to Action to Prevent Suicide. (1999). U.S. Public Health Service. Washington, D.C.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, 27(2), 237-246.
- Wyatt, B. P. (1989). *The Role of Volunteer Workers in Suicide Prevention Centers*. (DHHS Pub. No. (ADM)89-1623). Washington, D.C.: Supt. of Docs., U.S. Govt. Print Off.