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Telephone Counseling and Crisis Intervention: A Review[1]

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The empirical research pertaining to the effectiveness of telephone counseling and referral systems personnel was critically reviewed. The assessment was organized according to several evaluation strategies that researchers have utilized to evaluate effectiveness. These strategies included, for example, client self-reports, client "shows" versus "no-shows" following referral, data pertaining to suicide rates, counselor ratings of personal effectiveness, and phone workers' ability to offer empathy to clients. It was concluded that discussions of effectiveness should be constrained by a careful consideration of the specific index of efficacy chosen by investigators as well as methodological issues associated with current research in this area. There is reason to believe that the availability of telephone crisis services may be related to reduced suicide rates among young white females. Also, there is a significant need to empirically associate counseling technique and indices of effectiveness with substantive measures of client outcome in future research. Additional topics reviewed include the probable differential effectiveness of lay workers with various presenting problems of clients, and the role that training and maturity seem to play in successful interventions. Guidelines for the use of evaluation techniques which coincide with service goals are also offered.

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One intervention strategy that developed out of the community mental health philosophy of the 1960s and 70s was telephone counseling. The growth of the telephone hotline and crisis service was particularly dramatic during the 1960s and early 1970s. According to statistics cited by Slem and Cotler (1973), there are over 500 crisis phone services in the U.S. It is clear that these agencies can represent important community resources, as they are primarily staffed by lay and paraprofessional workers (Slem & Cotler, 1973).

A number of philosophical and pragmatic arguments have been offered to support the development and utilization of telephone counseling and referral systems. For one, telephone counseling systems may serve a broad cross-section of the population and may be reaching groups who typically have not utilized more traditional mental health services (Iscoe, Hill, Harmon, & Coffman, 1979). Among high school students, hotlines may be used most frequently by disenfranchised adolescents who have been dissatisfied in their past attempts to contact help from more traditional sources, such as parents (Apsler & Hoople, 1976). Some intervention systems work toward meeting the specific needs of minority goups in the community, e.g., homosexuals (cf., Enright & Parsons, 1976). Theoretically, the ease of being able to contact help anonymously is an attractive feature of hotlines to many users (McCord & Packwood, 1973). Another pragmatic advantage of crisis lines is that they often operate for extended hours, offering services when only limited emergency help is otherwise available.

However, while the *concept* of telephone counseling may be quite justifiable, the question of lay worker *effectiveness* is a critical issue. The widespread involvement of lay counselors in telephone crisis work has recently raised questions about the quality of the services they provide (Genther, 1974). Data addressing this question are needed so that decisions regarding training and the future funding of telephone counseling services can be more wisely made.

The sections that follow center on a brief description of the various evaluation strategies and criteria of effectiveness that have been used to assess lay telephone workers. The focus of this review is the lay or paraprofessional counselor who generally receives an orientation to and brief training in crisis counseling, telephone helping strategies, and relevant information/referral resources.

Telephone hotlines and referral services frequently have specific goals but often serve multiple functions. Thus they are not easily compared on criteria that relate to their multifaceted functions. Typically, a given service emphasizes a limited subset of the diverse roles and associated evaluation strategies found throughout the literature. One system may define

"telephone counseling" in terms of its goal of referring clients to appropriate agencies, while another seeks to provide a warm, empathic atmosphere wherein distressed clients can explore their problems. France (1975) categorized different systems according to certain common counselor roles which were evident across a number of studies, e.g., "technique-equipped behavior changer" and the task of providing information and referrals. It is suggested that common tasks, goals, and definitions of counseling across services are reflected best in terms of similar or equivalent types of evaluation strategies (e.g., rates of referrals) that research teams have selected as indices of effectiveness. Thus, the effectiveness of counselors in different systems can be compared and summarized if the focus of discussion centers on the types of assessment approaches services have shared. The present review has been organized by a grouping of commonly used assessment approaches. This format may help future evaluators select methods that coincide with their own service objectives.

The major assessment approaches and definitions of counselor goals that have been utilized by researchers to date include (a) counselors' estimates of his/her own helpfulness; (b) in vivo evaluations of various aspects of counselor behavior; (c) client reports of therapeutic impact; (d) changes in suicide rates as a function of the presence of telephone crisis services; (e) success of counselors at referring clients to other agencies.

When possible, assessments of the probable therapeutic impact of lay and paraprofessional telephone counselors are offered for the diverse definitions of effectiveness researchers have chosen.

EVALUATION APPROACH 1: COUNSELOR ESTIMATES OF HIS/HER OWN EFFECTIVENESS

As in psychotherapy outcome research, telephone counselors have been asked to rate or otherwise estimate how effective they felt they were with clients. This approach probably represents one of the least difficult data collection strategies. An example of this approach was provided by Apsler and Hoople (197) who divided lay counselor self-ratings of effectiveness into two extreme groups: scores indicating high effectiveness versus all other scores on this scale reflecting moderate or low effectiveness were assessed. Of the 5,788 calls that were rated by counselors, 46% fell into the high effectiveness range, while all other ratings comprised 54% of the evaluations. While there are no comparative figures to use as a baseline, the absolute percentages hint that lay counselors in this sample were very optimistic about their own effectiveness.

Therapists' evaluations of the outcomes of their clients are problematic in that they tend to be nonspecific, unstandardized, and are subject to biases not found among more objective indices, e.g., independent judges (Bergin & Lambert, 1978). Also, a large-scale review and meta-analysis of outcome involving lay companion-therapists, found that lay helpers' self-reports of clinical effectiveness were typically higher than other indices of helpfulness across studies, e.g., teachers' assessments (Stein, 1981). Given the uncertain meaning and validity of self-rated effectiveness, scores at the end of the continuum that correspond to self-rated *ineffectiveness* may be especially useful to clinicians who train and assess lay helpers. For example, Apsler and Hoople (1976) found that telephone counselors reported feeling significantly less helpful when the caller exhibited extremes in affect, or if they were presented with a drug-abuse problem. The association of relevant client variables to self-rated ineffectiveness may highlight areas of difficulty for paraprofessional helpers and help guide training. On the other hand, lay telephone counselor estimates of his/her own effectiveness may be less valuable for estimating the actual impact of this intervention if merely taken at face value.

Overall, the literature suggests that crisis workers generally see themselves as moderately to extremely helpful (cf., Apsler & Hoople, 1976; Getz, Fujita, & Allen, 1975; Shonkoff & Jones, 1981). This conclusion coincides with a general pattern of high self-rated efficacy in lay helpers noted previously by Stein (1981). However, of the studies done to date, methods used by Shonkoff and Jones (1981; Shonkoff, Note 1) may provide somewhat more valid self-ratings. These authors trained phone counselors to attend closely to their own personal moments of distress and ability to cope during contacts with clients. Counselors self-reported distress ratings related resonably well with counselor distress as judged by an observer. The measures of self-rated helpfulness in this study were less optimistic than those reported in related research. This was likely due to the training lay workers received in assessing their own levels of stress and its relation to critical incidents in counseling. Counselor self-evaluation becomes a more persuasive and clinically useful index when it is associated with training in self-assessment and coupled with independent judgments of effectiveness.

EVALUATION APPROACH 2: IN VIVO ASSESSMENT OF LAY COUNSELOR BEHAVIOR

Some researchers approach evaluation from the position that certain aspects of a telephone counselor's behavior can be assessed on measures

that presumably related to client improvement. In the main, these criteria are borrowed from psychotherapy and counseling research. In this very popular approach, undergraduate pseudo-clients are usually coached to place calls to a hotline and present contrived problems. Effectiveness is defined by the score the counselor obtains on criterion measures chosen by the researcher. The indices are usually rated by trained judges and theoretically reflect behavior that is facilitative. France (1975) discussed the use of the simulated crisis call and concluded that it can do a good job of approximating the actual working conditions for trainees. The simulated call also provides a useful vehicle for evaluation. In addition, attempts have been made to associate these in vivo measures of counselor effectiveness with other characteristics of the caller (such as sex), in order to more specifically highlight areas of counselor efficacy with different clients.

The next section is organized by several topics. First, studies using measures of Rogerian (Carkhuff) therapist-offered conditions of empathy, warmth, and genuineness are presented as an example of the general in vivo evaluation approach. The issue of what frames of reference to utilize in interpreting the meaning of trainee scores on this index is introduced. Also, data on the possible functioning of "typical" lay telephone counselors are presented, followed by a discussion of other in vivo approaches and the general validity problems they present.

Rogerian Dimensions of Empathy, Warmth, and Genuineness

One of the most popular in vivo evaluation techniques involves using the therapist-offered facilitative conditions outlined by Carl Rogers (1957) as criteria of effectiveness, i.e., empathy, warmth, and genuineness. Briefly, Rogers (1957) holds that therapist-offered empathy, warmth, and genuineness are the "necessary and sufficient" conditions for effective psychotherapy. One of the current research approaches in crisis telephone counseling effectiveness has been to attempt to demonstrate that lay counselors are as empathic, warm. and genuine as professioal counselors. Purportedly, it follows that lay workers are effective if they scored in a manner similar to professional clinicians on rating scales that assess these dimensions. The results of the relevant comparative studies involving telephone counseling have been equivocal, however.

O'Donnell and George (1977), for example, taught undergraduates to present various contrived problems to lay workers at one telephone crisis line. All calls were recorded and rated by reliable, blind judges on Carkhuff's (1969) scales of empathy, genuineness, etc., along with other measures. An attempt was made to relate these scores to level of training or experience. Professionals (P) experienced in telephone counseling were

Table I. Client-Centered Conditions as Indices of Effectiveness

Author	*n*	Counselor	Clients	Index (points on scale)	Outcome (mean scores)
Ansel (1972)	107	New crisis line volunteers	Real phone clients	Lister's Genuineness scale (0-28)	$\bar{X}$ = 19.51: Considerable variance; fairly genuine
Bleach & Claiborn (1974)	96	Student phone workers	Simulated calls	Truax/Carkhuff (1967): empathy, warmth, genuiness	Empathy: 2.6 (9-pt scales)[a] Warmth: 2.3 (5-pt scale)[b] Genuineness: 2.6 (5-pt scale)
Dillon (1971)	42	Volunteer phone counselors	Real phone clients	Carkhuff (1969): genuineness (0-5)	Genuineness: 2.65[b]
France (1975)	44	Untrained (UV), newly trained (IV), exper. (EV)	Simulated calls	Truax/Carkhuff (1976): empathy, warmth, genuineness (0-5)	Empathy: UV = 1.6; IV = 2.1; EV = 2.4 Warmth: UV = 2.5; IV = 2.9; EV = 2.5 Genuineness: UV = 2.4; IV = 3.2; EV = 2.9
Genther (1974)	10	Community-based hotline workers	Simulated calls to 10 services	Composite of Carkhuff (1969): empathy, respect, specificity (0-5)	Overall $\bar{X}$ = 1.35; no service achieved level 3.0 or above
Kalafat et al. (1979)	44	Untrained (UV), inexper. (IV), exper. (EV)	Simulated calls	Truax/Carkhuff (1967) empathy, warmth, genuineness (0-5)	Empathy: UV = 1.55; IV = 2.14; EV = 2.41 Warmth: UV = 2.47; IV = 2.91; EV = 2.50 Genuineness: UV = 2.38; IV = 3.25; EV = 2.91
Knickerbocker & McGee (1973)	65 65	Trained volunteers	Real phone clients	Truax/Carkhuff (1967): empathy, warmth, genuineness, total conditions (0-5)	Empathy: 2.61; warmth: 3.5 Genuineness: 3.19 Total conditions: 2.96

Lester (1970a)	13	Trained inexper. (IV), exper. (EV) volunteers	Real phone clients	Truax/Carkhuff (1967): empathy, respect, concreteness (0-5)	Empathy: IV = 1.8; EV = 2.5 Respect: IV = 1.8; EV = 2.8 Concreteness: IV = 2.0; EV = 3.0
Morgan & King (1975)	34	Trained volunteer counselors	Simulated calls	Telephone Counseling Effective scale: empathy, warmth, genuine (0-20); overall (0-60)	Empathy: 10.23; warmth: 13.23 Genuineness: 14.32; Overall: 37.76[c]
Miyashiro (1975)	30	Naive (UN), untrained (UV), exper. (EV)	Simulated calls	Traux/Carkhuff (1967) empathy, respect, concreteness, self-exploration	Empathy: UN = 2.0; UV = 2.4; EV = 2.8 Respect: UN = 1.9; UV = 2.1; EV = 3.0 Concreteness: UN = 2.8; UV = 2.7; Ev = 3.3 Self-explor.: UN = 2.0; UV = 1.8; EV = 1.9
O'Donnel & George (1977)	30	Untrained (UV), inexper. (IV), exper. (EV)	Simulated calls	Modified Carkhuff (1969): empathy, genuineness, concreteness (0-9)	Empathy: UV = 4.9; IV = 6.0; EV = 6.2[a] Genuineness: UV = 6.1; IV = 6.5; EV = 7.0 Concrete: UV = 6.7; IV = 7.7; EV = 5.1
Tanley (1974)	30	Trained, exper. volunteers	Real phone clients	Truax scales: empathy (0-9): positive regard (0-5), Kiesler's Congruence (0-5).	Empathy: 4.71[a], regard: 3.25[b], Congruence: 3.37

[a]A score of 5.0 is considered to be "minimally facilitative" on this dimension.
[b]A score of 3.0 is considered to be "minimally facilitative" on this dimension.
[c]Interpretation of outcome: volunteers are "sometimes" helpful, or moderately helpful.

found to score higher than volunteers having at least 1 year of experience (EV); the EV group did better than trained-but-inexperienced volunteers (IV). A control group of untrained undergraduates (C) did least well on overall indices. However, the only significant difference found was between, the P and C groups. All counselors earned scores defined as minimally facilitative in terms of empathy, immediacy, and genuineness, on Carkhuff's scales.

On the other hand, Knickerbocker and McGee (1973) found that *untrained volunteers* produced significantly greater empathy, warmth, and total facilitative conditions than professional counselors did. Knickerbocker (1972) believes that it was the personal attributes of the worker, rather than professional training in the helping field which accounted for the differences.

Overall, studies that sought to compare professional and lay telephone counselors on empathy and other therapist-offered Rogerian dimensions have not produced useful data for the area of telephone counseling. This is due in part, to the fact that not all traditional professional (nor telephone) training programs emphasize that students use the reflective paraphrasing responses as assessed on Carkhuff's scales of empathy, warmth, etc., as a central intervention strategy. What may be more meaningful for this area of research are the findings of several studies which have shown that novices improve over time as a function of training and experience on these therapist-offered dimensions (France, 1975; Kalafat, Boroto, & France, 1979; Lester, 1970a).

Indeed, a more central issue to the discussion of effectiveness and the therapist-offered conditions of empathy etc., is whether the typical telephone counselor can be considered to be "minimally facilitative" on scales that have been developed to assess these skills. A minimally facilitative score of 3.0 on empathy, for example, reflects communications that are essentially *interchangeable* with those of the client. Purportedly, the clients' statement and paraphrase contain "essentially the same affect and meanings" (Carkhuff, 1969, p. 174). Carkhuff (1969) states that when the helping person offers high levels of facilitative conditions (scores of above 3.0 on 5-point scale or 5.0 on 9-point scale) in response to the expression of the person seeking help, clients show constructive change. Conversely, where low levels are offered by helpers, negative outcomes or deterioration are (theoretically) found.

Table I is an updated and expanded version of results of telephone counseling studies on therapist-offered facilitative dimensions reported by France (1975). The studies either showcase a single service or assess a sample of counseling systems. In most studies, ratings were conducted by reliable judges. Exceptions were the study by Genther (1974), where no

interrater reliability data are provided, and Tanley (1974) where raters apparently did not closely follow rating criteria during actual calls. Also, studies were fairly evenly divided between those that used simulated counseling calls and those that used real clients. Authors deemed calls from pseudo-clients realistic, believable, and consistently role-played. Genther (1974), however, used only one pseudo-client in his simulated calls and the consistency of her behavior across services is unknown. Topics were usually of a noncrisis counseling nature, yet covered a wide range of problems. The general trends for these studies can be briefly summarized. Kalafat et al. (1979), for instance, submit a typical report for their trainees, noting that the rated levels of empathy and warmth were a "bit low" (2.4-2.5) but consistent with the findings of other researchers. They report that the ratings for the lay telephone counselors "approached" levels considered facilitative (a 3.0 score) by Carkhuff (1969). The evaluation of single phone services by France (1975), Morgan and King (1975), and Miyashiro (1975) yielded similar results. Also, Tanley (1974) reports empathy and unconditional positive regard (warmth) scores for a group of trained lay telephone counselors and notes that they scored slightly below the level considered minimally facilitative on the warmth dimension.

There is a danger that the aforementioned evaluations of *individual* telephone services may be somewhat misleading: Do reports of a single phone service, such as those just discussed, showcase the exception rather than the rule in terms of describing the minimally facilitative functioning of typical lay telephone counselors? Fortunately, in addition to reports assessing the level of facilitative functioning of individual services, two evaluations of larger samples of what are perhaps more typical hotline systems are available (see Table I).

Bleach and Claiborn (1974) asked raters to evaluate simulated crisis calls made to each of four different hotlines in the Washington, D.C. area to assess the effectiveness of the lay counselors who worked there, on the dimensions of empathy, warmth, and genuineness. A large number of calls were rated and the authors note that most calls were far below the levels (3.0) considered facilitative on their criteria. One hotline of the four was rated quite a bit higher than the other three on these scales. Bleach and Claiborn speculate that intensive training, screening, and supervision, as well as the use of college (vs. high school) student counselors at the one superior service accounted for its higher ratings.

In a similar but less well-controlled study, Genther (1974) trained confederates to place a number of surreptitious crisis calls to 10 community-based hotlines. Ratings by two judges revealed that none of the counselors showed minimally facilitative levels on Carkhuff scales of empathy, respect, and specificity. In addition, Genther discovered that periods of caller self-

exploration were often interrupted by the counselor, who wanted to gather demographic information. The distraught pseudo-client was even put on "hold" at several hotlines! Overall, Genther evaluated these services as performing quite poorly and suggested that the workers needed more specific training and supervision.

Taken together, the studies that utilize Truax and Carkhuff (1967) and Carkhuff's (1969) scales as criteria of effectiveness suggest a number of conclusions. First, the majority of studies show that differences between crisis line workers based on the Rogerian therapist-offered dimensions can be great. Prior to training some variability seems to exist across helpers on these dimensions due to individual differences, natural interpersonal style, and social skills. Second, it is clear that training is needed to increase facilitative responsiveness. Studies that showcase an *individual* telephone service (e.g., Kalafat et al., 1979; Knickerbocker & McGee (1973); Miyashiro, 1975; O'Donnel & George, 1977) generally show that many (though not all) trainees at these sites can meet training criteria on these dimensions and thus, may be effective. However, without training, mere experience in crisis line work does not appear to enhance empathy, warmth, or genuineness (Genther, 1974; Lester, 1970a; O'Donnell & George, 1977). Two studies dealing with larger samples of what are perhaps more typical services suggest that the average crisis line counselor is generally functioning at levels that are below those considered minimally facilitative (Bleach & Claiborn, 1974; Genther, 1974). *If it is assumed that these facilitative conditions are important in telephone counseling, it appears that typical phone counselors require additional training.*

The assumption that Carkhuff's (1969) facilitative dimensions necessarily relate to effective counseling can be challenged on several points however. First, the reviews of relevant psychotherapy outcome literature have shown only a modest relationship between these dimensions and client improvement (Parloff, Waskow, & Wolfe, 1978; Lambert, DeJulio, & Stein, 1978). For example, some of the most internally valid studies currently available fail to show that high levels (scores of 4.0 or 5.0) on these dimensions are necessarily associated with positive outcome (e.g., Kurtz & Grummon, 1972; Sloane, Staples, Cristol, Yorkston, & Whipple, 1975). Second, the popular training models (e.g., Carkhuff, 1969) that purport to teach skills of empathy, warmth etc., emphasize that novice helpers paraphrase and reflect clients responses. It is uncertain whether these approaches to teaching techniques for responding and their allied scales have, in fact, captured the essence of what Rogers meant when he discussed his own intense emotional experience of empathically "being with" the client (Lambert et al., 1978; Lambert, 1980).

Finally, it may be questionable whether receiving high versus low levels of these therapist conditions truly relates to client satisfaction.

Miyashiro (1975) found that Truax-Carkhuff dimensions may not be adequate criteria of "effectiveness' since reliable, trained raters' scores do not predict clients' reactions to calls. Counselors are generally rated as "helpful" by callers even if untrained, inexperienced, and when offering moderately low levels of Carkhuff's dimensions (relative to experienced counselors). In a similar vein, Delfin (1978) found that telephone counselors "need not be particularly accurate or 'fresh' (p. 62)" in their paraphrases and reflective statements in order to be viewed as helpful by callers. Delfin notes that caller assessments may contrast sharply with outside observers who may note the "obvious inaccuracies" and even "hackneyed quality" of these same therapist offerings.

Thus it must be concluded that the traditional optimism for Carkhuff therapist-offered conditions as tools for evaluation must be reexamined in light of more recent research. These indices may have only limited utility as criteria of effectiveness for telephone counseling.

The General Issue of Technique, Effectiveness, and In Vivo Criteria

The results of research on such dimensions as the Rogerian facilitative conditions highlight the need to address the fundamental question of which counselor behaviors best facilitate the resolution of a crisis or problem. Certainly the variations in the answer to this question of effective techniques or style have been reflected in the diversity of different evaluation criteria that have been utilized for assessing lay counselors' responses in telephone interviews. Basically, the findings of telephone counseling research that use the in vivo criteria format for evaluation often seem contradictory. Each agency may embrace different theories about what constitutes effective intervention. What may be described by one set of researchers as effective in-process behavior often scores poorly on another's scale of helpful responding. The issue of a directive versus nondirective counseling style in telephone crisis counseling work serves as an excellent example of the current controversy over technique. This debate is best reflected in the incongruous theories about effective telephone and crisis counseling.

Fowler and McGee (1973) and Russell, Slaikeu, Tulkin, and Walfish (1978), for example, recommend what appears to be a very directive task-oriented counseling approach which includes "securing communication," evaluating the nature and lethality of the crisis, "exploring practicalities," and forming a "contract or action plan."

Also, Brockopp (1973) theorized that while reflecting emotion is important, the more severe the crisis situation, the *less* necessary it is to focus on the emotion of the client and the more desirable it is to focus

"*cognitively*" on the problem. In addition, he feels that telephone crisis work forces the worker to give up the "traditional therapeutic model" and utilize "a much more problem-solving type of relationship" (p. 251).

On the other hand, Knowles (1979), studying untrained adult volunteer applicants to a community crisis line, found that in simulated calls, trained judges rated over 70% of the novice's responses as too directive. Usually, these responses fell into the category of "giving advice," and occurred regardless of the caller's presenting problem. Responses reflecting callers' feelings, interpretations, questions, and self-disclosures were used only occasionally. From Knowles' perspective, this general response style was premature and inappropriate to the task especially since the interventions were made on minimal caller information.

In a similar study, McCarthy and Berman (1971), in discussing training for their university-based hotline, believe that trainees often do not learn to effectively use empathy. They too, found students to be overly active, too directive, and too eager to seek solutions, "where mere acceptance, patience, warmth, interest and concern" were called for. Similarly, Coonfield, Nida, and Gray (1967) advocate the screening and training of lay telephone counselors with their Human Empathic Listening Test.

Taken together, these studies suggest that, in practice, many differences exist in helper response style (e.g., directive vs. nondirective) and philosophies about effective technique. These differences could be critical to telephone counseling outcomes.

Currently, composite or stage models that integrate elements of this controversy seem to be gaining popularity. In one model, for example, the counselor initially secures communication and may respond in a reflective, warm, empathic style. Later in the call, he/she may shift to a more directive style, utilizing techniques for problem-solving, and examining alternatives in the final stages (Echterling, Hartsough, & Zarle, 1980). Also, D'Augelli, Danish, and Brock (1976) hypothesize that there may be times when directiveness is most helpful, but that at other times responses that facilitate self-disclosure and the exploration of feelings (responses that prompt the caller to continue talking) and reflecting statements should be used by the therapist.

Finally, it can be concluded that there is considerable disagreement as to which helper response style constitutes effective telephone behavior for crisis work and counseling. At present, no single prescribed counseling style has emerged as superior to another since no training scheme has been related consistently to outcome, e.g., success in referring clients, client reports of satisfaction, etc. Thus, the initial step for future research in this area must be to compare different models of intervention in terms of client

outcomes. Trainers and evaluators must be aware that at present their work is currently guided largely by untested theory and clinical lore regarding effective telephone counseling.

EVALUATION APPROACH 3: CLIENT FOLLOW-THROUGH ON REFERRALS MADE BY TELEPHONE COUNSELORS

According to France (1975) a major service provided by lay telephone counselors is imparting information to callers regarding available community resources. Because caller referrals constitute a significant service for many agencies, the question arises of how successful counselors are at making referrals. Thus, the frequency with which clients follow through on referrals made by lay telephone workers has been used as a yardstick of counselor effectiveness by some researchers.

Variables Affecting Follow-Through on Referrals

While "shows," "no-shows," and "canceled" initial appointments are easily tabulated, the value of such indices as measures of success are compromised by the fact that they seem to be a function of other variables that are independent of the counselor's clinical ability. Some pertinent studies (Slaikeu, Tulkin, & Speer, 1975; Slaikeu & Willis, 1978) clearly show that factors such as the level of caller motivation and the availability of other sources of support affect whether or not clients show up at agencies to which they had been referred by their telephone counselor. Thus, whether a client show up at an agency to which he/she is referred is not solely a function of the telephone counselor's skill. Conceivably, the referral may also represent a convenient solution when the counselor realizes he/she is not being helpful or does not wish to deal with the client further (Shonkoff & Jones, 1981).

On the other hand, some weak evidence suggests that counselor skill may play some role in achieving follow-throughs. Paul and Turner (1976) found that by providing incentives for conscientious work, some control could be exercised over the rates of client follow-through. Slaikeu et al. (1975) also found that clients who showed up for agency appointments rated the phone counselor who made the referral as more helpful than those who did not. However, Getz et al. (1975) found no significant difference in the ratings of client satisfaction of those who followed through and those who did not. (Certain biasing features of this last study, however, almost certainly produced spuriously high ratings of client satisfaction across patients.).

Question of the Appropriateness of Referrals

The rate of client follow-through may seem to be a straightforward index which is easily tallied by an agency. However, the figures by themselves have little utility if many of the referrals are not appropriate to the needs of clients. To date, a concern about the appropriateness of referrals has been voiced in two studies. Bleach and Claiborn (1974) found that about 15% of the callers to several "typical" hotlines were given inaccurate or false information by lay counselors. Also, callers were given a wide range of alternatives without the counselor screening out the ones most appropriate for them. Additionally, Apsler and Hodas (1975) found that two-thirds of lay counselors presented the caller with one or more referrals that they deemed "inappropriate."

Conclusions on Client Follow-Through

Whether or not clients follow-through on referrals is a function of many variables, e.g., counseling ability, caller motivation, and client use of alternative sources of help. On the other hand, assessing client follow-through seems relatively easy from a technical standpoint. Available studies show that rates of client follow-through range from about 29% (Lester, 1970s; Marcus, 1971) to 80% where steps were taken within the agency to provide incentives to counselors to be more conscientious (cf., Paul & Turner, 1976). Overall, rates in the neighborhood of 50% are typical (e.g., Buchta, Wetzel, Reich, Butler, & Clapp, 1975; Getz et al., 1975; Murphy, Wetzel, Swallow, & McClure, 1969; Nelson, 1974; Slaikeu et al., 1975). If taken at face value, the rates have some import as they show that a sizable number of clients are being successfully referred. However, questions regarding the appropriateness of referrals and the accuracy of information typically given to callers are potentially significant issues needing examination. It is likely that the relevant caller variables that help affect follow-through (e.g., motivation) would be randomly distributed across lay counselors working under similar circumstances. For example, each counselor would likely get his/her share of unmotivated callers who do not follow through. In light of this, it seems reasonable to include this index of effectiveness in an evaluation, when feasible. This may be especially helpful in uncovering attributes, skills, etc. of counselors who fall outside of the average rate of follow-through for a given agency.

EVALUATION APPROACH 4: CLIENT REPORTS OF THERAPEUTIC IMPACT: QUESTIONNAIRE AND FOLLOW-UP DATA

Some researchers have sought to evaluate the therapeutic impact of crisis line workers by locating past callers and soliciting from them feedback about the quality of service they received. A similar approach involves polling cross-sections of the population served by a crisis telephone service, obtaining information from those individuals who acknowledge that they have used the service. Table II highlights the relevant studies that used client reports of counselor helpfulness.

Methodological Issues

A number of methodological issues with the available data place constraints on the conclusions that can be drawn. Table II reflects the fact that samples from which evaluations are drawn are typically quite restricted. For example, some researchers polled only college students or high school student samples regarding the utilization of telephone counseling services in their locale (e.g., King, 1977; Slem & Cotler, 1973). Motto (1971) relied only on feedback from a subset of their clients who were hospitalized. Restricted samples limit the generalizability of individual studies. Nearly all samples upon which summary statistics have been based were biased by low response rates from clients. It seems that the most externally valid studies involved low response demands, which is likely to be the case with questionnarires administered anonymously to samples of the population (King, 1977; Slem & Cotler, 1973). Patterns of response shown in Table II can be viewed as reflecting two hypotheses: first, that the most optimistic (and probably biased) reports of effectiveness come when the *counselors themselves* or a counseling center evaluator ask clients if they were helpful, just prior to ending a phone contact (e.g., Getz et al., 1975; Preston et al., 1975; Rogers & Rogers, 1978). Such assessment techniques may have placed problematic response demands on clients, thereby significantly decreasing the likelihood that any negative evaluations would be reported by clients. For this reason, these reports should be given less consideration in evaluating client feedback across studies.

Second, some variability exists in the pattern of self-report responses as a function of client variables. For example, ratings of satisfaction and

Table II. Caller Feedback on Counselor Helpfulness

Author	Client	Response rate	Data source	Data format	Outcome
Getz et al. (1975)	Phone, walk-in crisis clients	61% follow-up rate	Counselors who did intake	Follow-up phone call 6-12 months later	1-5 pt. scale range: very helpful–very negative; 85% very helpful; 15% negative
Hornblow & Sloane (1980)	Crisis phone clients	Recontact of 45% of callers	Independent assessments	Recontact within 48 hours of call	1-5 pt. scale range: 5 = max. rated helpfulness; 68% of callers rated "5"
King (1977)	College students	88 clients among student sample	Anonymous self-report	Questionnaire sample of student body	"Helpful at least somewhat": males, 67%; females, 80%
Motto (1971)	Suicide center clients	61% of patients who called	Intake worker	Questions asked in clinical assessment	59%: Much–moderate help; 11%: No help 6%: Made things worse
Preston et al. (1975)	Telephone crisis clients	54% of 657 calls	Client's phone counselor	Questions asked at end of phone call	71%: Very helpful 29%: Helpful 0%: Not helpful at all
Rogers (Note 2)	Crisis line clients	90% of 55 calls	Independent assessment	Call transferred to assessor at end of session	46% Very helpful 50% Helpful 4% Not helpful
Slem & Cotler (1973)	High school students	56 clients among sample	Anonymous self-report	Questionnaire sample of student body	68%: Service was helpful 32%: Negative assessment

helpfulness vary according to the sex of the client. Males tend to assign poorer ratings to counselors than do female clients and report that they were helped less (King, 1977; Rogers & Rogers, 1978). Frequently, differences in ratings of satisfaction and dissatisfaction are related to the presenting complaint of the caller (e.g., Getz et al., 1975; Rogers, Note 2). For example, Getz et al. (1975) report that clients with more commonplace presenting complaints (e.g., problems with parents) were much more likely to rate the counselor as "helpful" or "very helpful" than were clients with drug problems or with serious mental disorders.

Overall, what do callers generally report regarding their satisfaction or dissatisfaction with telephone counseling services? Taken together, the results from some of the better controlled studies in Table II are quite consistent. About two-thirds of the individuals who have contacted these services felt that their lay counselor was helpful; while about one-third made negative evaluations of the quality of the services they received *or* said that contacting the service made their problems worse (e.g., Iscoe et al., 1979; King, 1977; Motto, 1971; Slem & Cotler, 1973). It is difficult to know precisely what "percentages of improvement" mean (Bergin & Lambert, 1978). This is especially true where a frame of reference, such as a control group, is unavailable. Here, the unanswered question that arises is: would the clients have fared as well with the mere passage of time (without telephone counseling services)?

However, the questionnaire method of assessing client satisfaction may be useful for two reasons. First, where questionnaires are distributed over a given geographic area, data may be obtained from individuals who in the past have remained undetected as consumers of hotline services due to the anonymity afforded clients. Second, it is likely that in most available studies, reports of satisfaction solicited when clients are still on the phone line are probably inflated due to response demands and sample biases. This is less likely to be the case with questionnaire methods of samplin populations. Finally, an emphasis can be placed on negative caller evaluations as an aide to training; specifically, where they can be related to caller characteristics or presenting complaints.

EVALUATION APPROACH 5: CALLER REUSE RATES AS AN INDEX OF EFFECTIVENESS

Another assessment approach involved the number of times a caller reused the telephone counseling service as an index of effectiveness of lay counselors. Apsler and Hoopler (1976) state that if the caller had found the service helpful in the past, they would reuse it for future problems. They

report that when nearly 5,000 clients were asked by lay phone counselors whether or not they had ever called in before, 37% responded "yes." The authors sought to relate the frequency of reuse to certain caller characteristics. For example, callers with the most serious problems (e.g., drugs) tended to not reuse the crisis line.

Alternative Explanation for Reuse

Presently, little is known about the reasons why callers reuse telephone counseling services. Reusing services because they were helpful may be one reason why clients call again. However, callers could conceivably continue to call back if contact with their first counselor had not been fruitful, but they were willing to try again. Perhaps a single call was not enough to adequately resolve the problem, either because of its complexity or because the counselor was less than optimally effective during the first session. All services have their share of repetitious or chronic callers: those persons who, for as yet unclear reasons, call the service again and again (Echterling et al., 1980; Greer, 1976). Greer (1976), for example, provides some data that may shed light on the chronic caller. Basically, Greer found that the quality of volunteer interventions decreases as the frequency of caller's contacts with the service increases. Until more information is available on the meaning of reuse rates, this criterion should not be relied upon exclusively as an index of effectiveness.

EVALUATION APPROACH 6: CHANGES IN SUICIDE RATES AS A FUNCTION OF CRISIS LINE SERVICE

For many telephone counseling programs, the ultimate goal is to prevent suicide from occurring. One question that has been heavily debated is whether or not there is evidence that telephone crisis services reduce the incidence of suicide in a community.

In the most widely cited report to date, Bagley (1968) matched 15 towns that offered crisis line service with nearby controls on 57 economic, demographic, health, and social variables. The average suicide rates for a set number of years before and after the crisis programs were introduced into these English towns were compared. Samaritan program towns showed significant pre–post decreases in suicide rates relative to controls. Increases in rates of suicide were significantly more likely to be found in non-Samaritan towns. With appropriate caution, Bagley suggested that the Samaritan programs may have an effect on rates of suicide.

Recently, however, an updated report on the Samaritan program, using a variety of improved methods for selecting control towns, found no statistically significant differences between Samaritan and control towns over a 3-year period (Jennings, Barraclough, & Moss, 1978). Several other disappointing reports which bear on the question of the impact of suicide prevention centers on suicide rates have been reported, e.g., Lester (1974), Jennings et al. (1978), and Bridge, Potkin, Zung, and Soldo (1977). All of these studies had selected reference cities and towns that were similar to those having crisis services. Finally, Wold (1973) found no temporal relationship between contacts with a suicide prevention center and completed suicides.

To date, most positive reports on the efficacy of crisis services in preventing suicides have been impressionistic or, upon realistic scrutiny, are based on ambiguous data (e.g., Litman & Farberow, 1969). However some persuasive evidence that crisis lines may be associated with lowered rates of suicide comes from an ambitious project by Miller, Coombs, and Leeper (Note 3). Miller et al. discovered that the period of rapid proliferation of suicide services or hotlines occurred during the early 1970s, followed by a semiplateau period. They examined suicide rates (late 1960s and early 1970s) of exhaustive samples of U.S. counties for years *prior* to and *after* suicide crisis services were implemented. Then they developed a reference control group consisting of counties that did not add services during this same period. Miller et al. examined suicide incidence in terms of age, race, sex of victims, county size, and region. Across counties, they found that white females 24 years and younger showed a significant decrease of 1.75 suicides per 100,000 population per year as a function of the addition of suicide prevention services. This finding was replicated on a second set of data using different counties and years. The data suggest that the presence of such services are generally not associated with similar reductions in suicide among blacks, white males, or older white females. Also, it is not clear at present which types of services or programs are associated with the reduced incidence in young white women. Generally, it seems that too often the individual who is intent on committing suicide either never contacts these services or does not derive sufficient benefit from the contact to redirect his/her behavior. However, assuming constancy of relevant variables over time, Miller et al. estimate that at least 637 lives per year may be saved as a function of crisis services.

OTHER CRITERIA OF EFFECTIVENESS

Additional operational definitions of effectiveness have been used on a more limited basis by some researchers. They are briefly presented here

and may serve practitioners and researchers as potentially useful evaluation strategies.

McGee (1972), for instance, maintains that certain critical structural elements and services must be provided by a telephone service in order for it to be considered "effective." He compared 10 telephone crisis and referral centers on the nature of the services they offered and on other general "community criteria." The program directors of each agency he evaluated were sent a questionnaire which requested information concerning such things as the number of hours/day that services were available, their record-keeping system, confidentiality of records, attempts made by workers to refer clients, presence or absence of training, and other criteria. Such criteria may favor well-budgeted services and seem to relate little to the clinical effectiveness of individual counselors. Despite this and other shortcomings however, McGee (1972) notes that his criteria have some validity. Four of the most poorly rated centers (out of his sample of 10) were no longer in operation 2 years after his study was completed.

Evans (1977), and Donegan, Sullivan, and McGuire (1981) suggest that methods for identifying "conscientious" versus nonconscientious telephone volunteers should be developed. Here the less effective and less conscientious counselor may be seen as leaving the telephone service shortly after training or working only sporadically.

Finally, Lester and Brockopp (1973) suggest that evaluating counselors on their latency or response to phone calls may be a valid criterion of effectiveness, especially during peak periods of client contact.

SOME ADDITIONAL POINTS PERTAINING TO THE EFFECTIVENESS OF TELEPHONE COUNSELING SERVICES

Lay Phone Workers and Drug Problems

With what problems are lay telephone counselors likely to be least effective? Callers with drug problems or more serious emotional/behavior disorders tend to rate telephone counselors as significantly less effective than do callers with other presenting complaints (Apsler & Hoople, 1976; Getz et al., 1975; King, 1977). Such calls also produce feelings of ineffectiveness in counselors (Apsler & Hoople, 1967). While interpretation of the data must take into account the fact that problems such as drug abuse are difficult and challenging for mental health workers to deal with, these reports are consistent in suggesting that lay counselors may need additional training in these areas.

Training, Experience, and Effectiveness

Does training, experience, or maturity of the counselor relate to indices of effective counseling behavior? There is some evidence that (unspecified) training and worker maturity (college vs. high school student volunteers) are likely to produce more effective workers (France, 1975; 1977; Kalafat et al., 1979; Lester, 1970b; O'Donnell & George, 1977) as measured by in-counseling behavior, satisfaction ratings, and other criteria. Telephone counseling experience (in the absence of training) does not seem to increase effectiveness, when certain listening and reflective skills are used as the criteria of effectiveness (empathy, warmth, and genuineness) (Bleach & Claiborn, 1974).

Adjustment of Unscreened Phone Counselors

Is there a danger that some telephone counseling systems may be attracting lay workers who themselves have mental disorders which might interfere with performance? Two reports of a higher than average prevalence of psychopathology among *unscreened crisis line workers* suggest that more careful study of their psychological health is needed. Are these trends widespread? Is worker performance adversely affected by such pathology? (see McClure, Wetzel, Flanagan, McCabe, & Murphy, 1973; Resnick, 1964). At this time answers to these and related questions are lacking but research into selection procedures is clearly needed.

SUMMARY AND RECOMMENDATIONS

When the various indices of effectiveness are considered, there is some limited evidence to suggest that the typical lay telephone counselor is effective. Conclusions regarding effectiveness are largely a function of the assessment strategy one chooses to emphasize. Client and therapist-reported indices of effectiveness are most supportive of the telephone counseling concept, followed by referral rates. Externally imposed assessments, such as evaluations of counselor behavior, are least supportive. There is reason to believe that the presence of crisis lines and referral services in a community may be associated with a decreased incidence of suicide, at least for young white females.

Currently, most evaluations of effectiveness are based on a single counseling service. While isolated reports of individual services suggest that lay helpers can meet training criteria and are thus "effective," assessments

of larger samples of typical hotlines suggest that workers are not being adequately trained to meet these expectations. There is evidence to suggest that when provided with specific training, workers do improve over time in skills that supervisors *presume* are related to effective outcomes.

Given the current state of knowledge, the use of multiple assessment approaches to evaluation to guide training is recommended, particularly in agencies where counselors have multiple service goals: (a) counselor estimates of his/her own helpfulness can be utilized most wisely as an index of self-rated *ineffectiveness,* especially when correlated with certain client characteristics; (b) shows and no-shows by clients who are referred by counselors constitute one of the most objective and easily assessed criteria of effectiveness currently available (despite the fact that other variables beyond the counselor's control certainly affect rates of follow-through on referrals); (c) caller reuse rates and checklist of hotline facilities, services, and resources are probably among the less useful indices of effectiveness.

A number of recommendations for training and future research require particular emphasis.

1. Researchers must begin cross-validating indices of effectiveness and change. For example, counselor self-reports of effectiveness have not been associated with other indices, especially those involving client behavior change. What are the relationships among various criteria of effectiveness?

2. Assessors should take a conservative approach in using any current index of effectiveness. For example, several approaches outlined can be useful in that they may reflect potential ineffectiveness or weaknesses in training that may have implications for remediation. Client problems, demographic characteristics, or training methods can be associated with low scores on such scales, e.g., clients reporting a lack of help from counselors.

3. A decreased reliance on Truax-Carkhuff scales of facilitative counselor functioning as indices of effectiveness is recommended. It is uncertain whether or not these skills are critical to client outcomes. In what phases of the interview and with which clients do Rogerian skills seem most helpful? How should "facilitation" on these dimensions be best defined? In terms of resolving crises, does it really matter to clients whether therapists provide only minimally (3.0 level) or highly empathic responses?

4. Assessments of larger samples of phone services and clientele so as to better assess functioning of "typical" workers are recommended. Assessments of single agencies may provide a restricted view of the services offered by a few facilities.

5. Comparative assessments of workers from well-defined training programs are much needed so as to uncover essential elements of training. How do clients receiving counseling from different training perspectives fare? What service factors are associated with recent data suggesting

a relationship between crisis services and a decreased incidence of suicide?

6. Additional research is needed on relevant counselor and training variables that relate to why clients reuse phone services or fail to follow through on referrals.

7. When assessing client feedback, researchers should focus on less-biased assessments, e.g., questionnaires from *samples of the population* served by a phone service. Evaluators should especially avoid having counselors themselves query clients about their helpfulness during interviews.

8. Additional research should also examine the levels of psychopathology and performance among screened versus unscreened lay phone counselors. What critical elements of successful screening must be considered by trainers?

9. The development of novel assessments of client behavior change are recommended to help corroborate current indices, e.g., feedback from a client's friend or relative as an index of effectiveness.

10. Investigators must begin determining which intervention styles are most appropriate for which clinical circumstance (e.g., empathic listening vs. technical effectiveness), to allow for empirically based training.

11. Overall, evaluators should realize that the most optimistic assessments of effectiveness will likely come from clients (especially when queried by the counselors themselves), followed by lay counselors, and finally, from independent judges (e.g., Hornblow & Sloane, 1980). An awareness of this likely hierarchical ordering of sources of outcome may temper future interpretations of studies. The meaning of "effectiveness" truly depends on the particular source or type of outcome measure used to assess it.

Future research will probably come to demonstrate that there are different times during a given counseling interview when skills such as McGee's (1974) "technical effectiveness" versus Rogerian facilitative dimensions (empathy, etc.) prove to be facilitative. At present, however, no specific methods or guidelines for the use of such strategies can be given unconditional support since none have been consistently related to meaningful outcome criteria as yet. Research directed toward these ends will help carry telephone counseling and crisis work beyond its current status as an intervention concept for which empirical support is only recently emerging.

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