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A STUDY OF PARTICIPANTS' PERCEPTIONS OF "HEADQUARTERS" CRISIS INTERVENTION TRAINING

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BY

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Author's Preface

As I have studied Speech Communication and Human Relations, I have been continually amazed by the broad areas the field includes. From business personnel problems, to laboratory T-group situations, to conflict resolution, the field has always seemed to be concerned with people relating to one another. Crisis intervention, as considered in this paper, also has great relevance to people relating to one another. My own interest in crisis intervention training grew from realizing that within this context the theories I had spent time studying in human relations were continually being applied.

Good crisis intervention, as will be shown later in the paper, demands usage of such basic human qualities as empathy, warmth, acceptance and just listening. The training of these ideas is a very basic feature of the field of human relations. I consider the work that I accomplished in the development of this paper to be a practical application of the theories which I acquired in Speech Communication and Human Relations.

I am indebted to Paul Friedman and Evie Unkefer for their support and assistance and to the Headquarters' trainees from Fall 1974 for their patience in filling out forms and more forms.

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CHAPTER ONE

INTRODUCTION

Crisis has been with man for ages, but it was during the 1960's that crisis intervention centers arose as a mechanism to assist people in crisis. In 1958, the Suicide Prevention Center in Los Angeles became the first such operation, followed by growth and expansion throughout the country, until in 1972 there were estimated to be at least 253 such centers (McCord and Packard, 1973; McGee, 1974).

Purposes of the centers can vary from a primary focus on suicide and other crises to a more specific area such as youth and drug problems, but several basics seem to hold true. According to McGee (1974), "It is now impossible to distinguish either conceptually or functionally between suicide prevention centers, services, or programs and crisis intervention centers, services and programs." For the purposes of this paper, crisis intervention will be used predominately, being interchangable with suicide prevention.

Crisis Intervention

Before further considering the other functions and definitions of crisis centers, a look at crisis as expressed in the literature might be good. A person in crisis is not to be confused with someone mentally ill (Caplan, 1961, 1964; Parad, 1967; McGee, 1974; Brockopp and Lester, 1973). Caplan (1964) further asserts that crisis deals with problems of living and though symptoms may appear the same, they should not be confused with psychological disturbances.

Lydia Rapoport (1965) in an overview of crisis literature writes that "The concept of crisis as formulated by its chief theoreticians, Dr. Erich Lindemann and Dr. Gerald Caplan, refers to the state of a reacting individual who finds himself in a hazardous situation." She finds three needs that a person in crisis must work through: (1) a cognitive identification of a problem or source of the crisis; (2) the expression and management of feelings; and (3) availability and use of interpersonal and institutional resources.

Caplan (1961, 1964), a founder of crisis theory, defines four elements of development in a crisis. Initially a person responds to a critical situation and there begins an increase in activity, tension, and disorganization. Next there is a lack of success through utilization of normal mechanisms. Thirdly, the individual is forced to use additional resources. Lastly, if the problem remains unsolved for an extended period, there are serious results.

Crisis has been further defined by Caplan as a time when a person is more dependent on external sources of support than any other time. This time, Caplan explains, is usually limited to a one to six week period for most crises.

Briefly, Caplan's view (1961) of crisis, a generally accepted position (Aguilera, Messick, Farrel, 1970; McGee, 1974), identifies the phenomenon as a time "when a person faces an obstacle to important life goals that is for a time insurmountable through utilization of customary methods of problem solving." These obstacles are inferred by some (Lester and Brockopp, 1973; Lindemann, 1965; and Aguilera, et al., 1970)

to be of two kinds, either developmental or incidental. Developmental implies something in the process of aging, such as adolescence, menopause, etc. Incidental refers to specific problems such as a friend dying, losing a job, etc.

No matter what source the crisis has, Lester and Brockopp (1973) write that crisis infers "the need to do something immediate to prevent further deterioriation of the personality or injury of the person to himself or to others in his environment." Intervention in crisis situations differs radically from traditional therapy methods (Brockopp and Hoff, 1972). Time Magazine heralded crisis intervention as the third revolution in the mental health field, the first being Freud's psychotherapy, the second the reformation of mental institutions.

Caplan (1964) asserts that since crisis is a real-life drama in which the person is struggling with here-and-now environmental stresses, professional skill is not immediately relevant. McGee (1974) uses activity as the major characteristic that distinguishes crisis intervention workers from more conventional therapists. Lester and Brockopp further illuminate the point when they write (1973): "Acute suicide and personal crisis require not the expertise of a diagnostician and therapist, but the availability of immediate warmth, personal involvement, firm directions, and gentle but forceful action."

More will be directed later on to the use of non-professional people, but for now the focus will be on the process of crisis intervention as differentiated from traditional therapy. Brockopp (1973) differentiates

the social behavior of crisis intervention as differed from traditional therapy in six areas. First, there is no mental health classification. Second, people are viewed in terms of strengths, potentials, ability to cope, and problem-solving ability. Third, healthy aspects of the personality are emphasized. Fourth, disposition is determined through environment, social structure, and community. Fifth, it is assumed clients will make the right response if guided toward a desirable outcome. Sixth, the caregiver in the process of assisting individuals out of the crisis assumes an active directive role.

The focus of the intervention process is on the immediate problem (Aguilera, et al., 1970). Hansell (1970) and McGee (1974) both point out how any problem can get rigid in time, so for best results assistance needs to be given when immediately needed. Lindemann (1965) and Caplan (1964) both recognized the need for immediate intervention because (a) crisis provides an opportunity for individual growth, (b) crisis produces a loss of capacity to function and (c) crisis represents points of vulnerability to intervention. Aguilera, et. al. (1970) reinforce this view when they point out that a person in crisis is at a turning point. Along with the immediacy, Wales (1972) pointed out several other characteristics important for crisis intervention. Wales (1972) cites that responding to a crisis requires less labeling than traditional therapy, the ability to mobilize resources quickly, the need to take responsibility, the need to be sympathetic yet not over-react and a realization of limitations.

Hausman and Rioch (1967) pointed to five important elements in effective crisis intervention. They are immediacy along with proximity,

concurrence, commitment and expectancy. Kaplan and Litman (1961), appraising suicide emergencies emphasize further the need for the individual to be met by acceptance and warmth at a crisis time when he is reaching for help. Hansell (1970, 1968) affirms the importance of seeing something good in a person and sharing it with them at a time of crisis.

When studying helping behavior in therapy, Truax and Carkhoff (1967) found that the therapist characteristics of warmth, empathy and genuineness in that order contributed most to the outcomes. Giffin and Patton (1974) when looking at the helping process in general point out that extending nonpossessive warmth, showing accurate empathy, and behaving congruent with feelings are three helpful ways of interacting. Carl Rogers gives an additional need of any helping relationship, including crisis intervention when he writes: "To withhold one's self as a person and to deal with the other person as an object does not have a high probability of being helpful." (1962). These behaviors that overlap from other helping areas are true, too, for crisis intervention, but as suggested earlier, there still are important differences.

One important element that differentiates crisis intervention in view of this study is the use of the telephone as often the major means of providing the intervention. McGee expresses his view of the role of the telephone when he writes (1974), "The telephone always has been and probably will continue to be the core of suicide and crisis services." Williams and Douds (1974) point out some of the advantages when they assert, "A telephone counseling service provides greater penetration into the community, for an individual is as close to a helping contact as he is to the nearest phone."

This undoubtedly fulfills the needs for immediate contact in crisis times. Williams and Douds (1974) further pointed out how the telephone differed from other methods in that (a) the client has more control; (b) the client can remain anonymous; (c) geographical and personal barriers can be bridged; (d) the helping person can remain anonymous. Williams and Douds found that the telephone reaches such patient or situational categories as the adolescent, the isolate, the desperate and the one-shot caller best. McCord and Packwood (1973) further address the advantages of telephone contact when explaining that "Crisis centers and hotlines provide help during uncovered hours and are as convenient as the nearest phone."

Another important element in these crisis services beyond the telephone is the utilization of non-professionals to administer the services. Dublin (1969) heralded this when he wrote: "The lay volunteer was the single most important discovery in the fifty year history of the suicide prevention movement. Nothing else of any significance happened until he came into the picture." McGee (1974) pointed out that by 1969, over 80% of the existing centers used volunteers as the key person on the phone and of the 185 programs in the directory of the American Association of Suicidology in 1972, 87% used volunteers.

Helig et al. (1968) asserted that the role of the non-professional is most utilized in a crisis center. Griglak (1969) in a pilot crisis program found one of the dramatic findings resulting from the study to be a demonstration of the value of non-professionals in helping roles. The continued utilization of lay volunteers, starting with the Los Angeles Suicide Prevention Center, has been heralded by McGee (1974) as the

"unequivocal demonstration of the feasibility and desirability of the volunteer non-professional manpower pool."

Though often economy and availability could be attributed as responsible for the use of the lay volunteer, there would seem to be other arguments for their use. As pointed out earlier, traditional professional skills are unnecessary for effective intervention. "Litman's Law" a popularly quoted statement during training at the L.A. Suicide Prevention Center asserts that, "The more severe and acute the suicide crisis is, the less one needs to be professionally trained to manage it effectively" (Helig, 1970). Lester and Brockopp (1973) point out further that "What matters most, especially in the more acute cases, are those traits of human concern for people, good judgment, and determination to intervene. . . ."

Several studies have documented the success of lay persons in helping situations. Truax and Carkhuff (1967) concluded that non-professionals can create therapeutic relationships very well. Looking into helping behavior of lay persons in dealing with patient populations like the mentally ill just out of institutions and juvenile offenders, Carkhuff (1968) found the non-professionals offered moderately high levels of warmth, empathy and genuineness.

The effectiveness of the lay volunteer in crisis intervention has not only been successful, but often better than the professional. Levy and Brown (1974) in their study of a drug-crisis intervention center found persons who were not professionals were more successful at managing drug crises. Knickerbocker and McGee (1973) measuring the clinical effectiveness

of telephone workers in a crisis intervention service found that non-professionals demonstrated significantly higher warmth, empathy, and total conditions (a general category) over the phone.

Farberow (1966) addresses the greater usefulness of the non-professional in crisis intervention from his experience at the L.A. Suicide Prevention Center when he writes: "We found that they were more often able to offer a relationship to the patient which was on a more direct and a more friendly level than that of the professional. There seems at times . . . a sense of professional detachment which is developed by professionals. This, we find, often gets in the way. The volunteer did not have the barrier." Caplan (1961) described the barrier as "professional armor" that develops as a result of professional training. He further concludes that, "An essential difference between an amateur and a professional is that the professional has this distance and deals objectively rather than subjectively with the problems of clients."

There is a role for the professional in crisis services as consultants and trainers, but their place is not on the phones. For the phones, a para-professional seems to function best. As McGee and Jennings (1973) conclude, "The volunteer crisis worker with access to professional consultation is an absolute essential for community crisis centers."

Though some general approaches to crisis intervention have already been discussed, what, specifically, does the lay volunteer working on a telephone do? Litman (1965) defines the three essential functions of a crisis intervention worker to be initially establishing communication, then

assessing the client's condition, and lastly developing a plan of action. Farberow et al. (1966), in a training manual, point to five steps involved in a crisis call: (1) make an initial evaluation regarding the severity of the client; (2) develop a relationship with the person; (3) assist in the identification of specific problems; (4) assess and help mobilize the patient's strengths and resources; (5) develop a plan of action. Berman and McCarthy (1971) use a similar four-stage model for crisis intervention calls with the steps being (1) the initial contact, (2) assessing the problem, (3) discussing alternatives, and (4) referral.

In working with drug crisis, Levy and Brown (1974) point out that, "Essentially all drug crises could be managed through simple reassurance, 'rapping' and the suggestion of alternative activities." Tucker, et al. (1970) stress a non-directive approach that emphasizes listening and refraining from moralizing and advice giving as helpful on the phones. This non-directive approach is also suggested by Troop and Troop (1972) as useful for hot lines along with being accepting and informal. Lamb (1973) in an article addressed to phone workers in crisis centers after a long list of errors and fallacies asserts that "You can sympathize, question, clarify, suggest, inform, and just plain be there."

Beyond these elements, McGee (1974) describes his view of a crisis worker when he wrote, "The crisis worker is seen as one who listens, who is empathetic and understanding, who makes suggestions of where the caller might go to find someone who will help with the presenting problem. The crisis intervention center could also become the 'helping someone' itself as long as the help needed is personal emotional support."

The goals of crisis intervention services vary depending on the orientation of the service. The philosophy of one such center in Gainesville, Florida has been defined as "to respond to every request to participate in the solution of any human problem whenever and wherever it occurs." (McGee, 1974). McCord and Packwood (1974), in a survey of crisis intervention centers,defined them as "a community service whose primary function is telephone listening or counseling." Tucker, et al. (1970) define their agency by the functions of being a listening service, information service, and a referral service.

Lester and Brockopp (1973), surveying the field of services using phones as a means to reach people, found a wide variety of what McGee (1974) refers to as special interest phones. Among these, along with suicide and crisis centers come such things as teen hot lines, drug hot lines, poison control, and elderly call lines. Beitler (1974) cites the existence of some 1400 hot lines oriented toward youth and drug "counter culture." Killen and Schmitz (1973) point out that "Despite the widely publicized decline of this culture in the early 1970's, hotlines remain to do battle with a variety of problems."

Bellack (1974) feels crisis intervention has come to play an important role in psychotherapy and community mental health programs. McGee (1974), Brockopp and Lester (1973), McCarthy and Berman (1971) all seem to agree with the importance of crisis intervention as a part of community mental health programs. McGee (1974) has gone as far as to consider crisis intervention service an inherent right of a community, much like police and fire protection, schools, and other public services. Berman similarly

stressed that ". . . crisis intervention services serve a real mental health need and that their disappearance would be a backward step for the community mental health movement!" (1973).

Crisis Intervention Training

Training became a necessary function of crisis centers as they began to open their doors to serve individuals, yet as Lester and Brockopp point out, (1973) "The appropriate training necessary to prepare a person to work effectively on a telephone with individuals who are in a state of crisis or contemplating a suicide act is still an unknown factor." Berman (1973) further points out that "The art and science of training in helping skills is still in its infancy." McGee (1974) agrees with this idea as he writes, "There are still many questions which are unanswered about the training of crisis intervention personnel."

Though still in its infancy, there are still some statements that can be said of training programs. Carkhuff and Truax (1965), when researching the effectiveness of various approaches to training, could only conclude that some training is better than no training at all. Getting more specific to crisis services, Brockopp and Lester (1973) suggest from their experience that "a training program should be a direct reflection of the way the agency sees itself and its function in the community."

Along these same lines, McCarthy and Berman (1974) point out the obvious, "The goal of any training program, above all, is to provide the necessary skills for job performance. The specific nature of a service such as the one we are describing here (crisis intervention), however, requires careful consideration of the limitation of responsibility." This

idea of the limitation of responsibility is one of the ways that a program should reflect the limited nature of a telephone crisis intervention service.

Motto (1973) further reflects this as he asserts that "The difference in preparation required to respond to a crisis telephone call and to engage in face-to-face counseling is much greater than most volunteers can be prepared for without a considerable increase in duration and intensity of training." Training for these crisis centers need not be an extensive process similar to professional training but rather should take into consideration the way the agency sees itself and the limitations of the agency.

McGee (1974), asserts, a little more specifically, that "What the training program should provide is the chance to discover and develop the skills which they (the trainees) already have. Volunteers probably bring with them most of what is relevant and necessary for becoming outstanding crisis workers." Lester and Brockopp (1973) point out further that training should develop an individual's natural ability. Clarifying this point, they conclude that, "The focus of the training is to increase the volunteer's interpersonal sensitivity and ability to use himself as a tool."

McGee (1974) in his survey of ten centers who began operation in the 1960's found that all had run across a training package and seemed to stay with it. In most centers a model of giving a general orientation followed by an apprenticeship was selected for training its volunteers. Though McGee assumes this to be a generally accepted mode of training, McCord and

Packwood (1973) in their survey of 253 crisis centers across the nation found no such agreement.

In their survey, they found that no particular method was used by over half of the centers. Discussion was used by 40 percent of the centers for training, role play by 39 percent, lectures by 35 precent, answering the phone under supervision by 33 percent, sensitivity training by 22 percent, listening to tapes of calls by 20 percent and films by 10 percent. This lack of agreement also extends to the various orientations of training.

Lester and Brockopp (1973) point out that while "most training programs emphasize the need for the worker to develop a . . . problem solving orientation," other centers "emphasize a therapeutic orientation which is usually defined as being supportive." Tucker, Megenity, and Vigil (1970) describe their orientation to training being one of stressing a non-directive approach of listening without advice-giving or moralizing. McCord and Packwood (1973) point out that some of the most common foci of training are interpersonal skills, crisis intervention techniques, knowledge of drug terms, youth slang and culture, and referrals, though there was again no agreement on these throughout all the centers.

This lack of agreement on the appropriate training and the lack of final answers on training has not stopped individuals from theorizing about how to train individuals. McGee (1974) asserts that didactic technologies such as assigned readings of published research or theoretical position papers and lectures from professional experts are probably useless during preservice training. Brockopp and Lester (1973) feel that

until the volunteer has had the experience to which he can relate didactic information, much of that material is essentially lost.

Dixon and Burns (1974) assert that crisis theory needs to be a major portion of the training and that most of the learning should be active in nature. They claim that much of the training for intervention centers is too didactic. Danish (1971) further questions most training programs since the problem boils down to the "question of whether training objectives can be operationally stated and whether identified constructs are teachable." General concepts like listening to the whole person are asserted by Berman (1973) to fit into the non-operational, unteachable category. He further strongly declares that "models maintained for most training programs for paraprofessional operated crisis intervention services are not only inapplicable, but also outmoded and sterile."

Berman (1973) asserts that most programs are ignoring the need for training in such areas as "listening, empathy, and behavioral change skills." In his work with American University, Berman with the help of McCarthy devised a model modestly called the B.E.S.T. method. In the "best" method, the bulk of the training focuses on "Behavioral, Experimental, and Simulation Techniques" (Best) (McCarthy and Berman, 1974). Creative training is reached through "simulation and self-awareness exercises." This is undoubtedly an active learning orientation with only 4 of the 30 hours of training devoted to didactic training.

Perina (1974) found that of "four methods of training, basic helping skills and experimental models were consistently superior to traditional

lecture formats with paraprofessional trainees." Gail Bleach (1973) completed research similar to Perina's evaluating training programs for paraprofessionals at various telephone crisis centers. She found that the hot lines with the highest ranking in skill development had the most rigorous training with emphasis on instruction in counseling skills.

Reflecting perhaps this difference in the rigor of training is a lack of consistency on the length of training. McCord and Packwood (1973) in their survey of 253 centers found the length of training varied at the centers from 12 hours to 80 hours. According to Motto (1973), there exists some vague "international norms" applicable to 24 hour crisis intervention telephone services calling for rigorous and careful training of volunteers of not less than 30 hours. It would seem though, that these norms are not well accepted.

So far,this writing has reflected something of the general nature of training and some philosophical outlooks of training. Another view of training can be achieved by surveying briefly actual training programs utilized by several crisis intervention centers and telephone hot lines. In this presentation of a variety of actual training programs, it should be remembered that none of these are being presented to exemplify what training should be, but rather to get a sample of the wide variety of models used for training.

Brockopp and Lester (1973) describe training programs at the Buffalo, New York Suicide Prevention Services. They divide the trainees into groups of 15 to 20 people with 2 old staff members. These groups meet for nine 3-hour didactic and experimental sessions centered around a

specific theme such as crisis intervention theory, communication as a multidimensional phenomenon, etc. In these sessions, counseling skills come first, followed by information, with role playing and psychodrama being major tools. At the same time as the sessions, each trainee is to spend periods down at the center to find out about the type of the work they will be doing and to get a feel for the atmosphere of the place.

A similar model is used by the Tuscaloosa Center, as reported by Stern (1973), where groups of ten to fifteen trainees meet a group with two co-leaders who are old volunteers. There are 24 to 30 hours of actual training that occurs in five stages. These stages are: (1) reading and discussion of the training manual; (2) sensitivity techniques to increase cohesiveness; (3) role playing with "teletrainer" phones; (4) observing experienced volunteers taking calls with the trainees offering alternatives and discussing both sides of the calls; and (5) supervised internship with the trainees taking calls that are then critiqued by the staff.

Roth, Palmer and Schut (1973) in describing training for a crisis center for troubled youth describe different phases in their training, too. Initially trainees are presented with a collection of journal articles providing up-to-date information on abortion, drugs and other relevant topics. The next stage is a more active learning phase using the teletrainer phone aid. This form of role play is "probably the chief precourse assignment training device." After this section of training is complete, 8 to 12 weeks are spent in an ongoing "orientation and personal development group" and working on the phones with old volunteers. Ongoing training is also used by this center with optional sessions stressing "personal awareness

through the application of encounter and human relations training laboratory techniques."

Schmitz and Mickelson (1972) describe the training for a place called the Underground Switchboard in Milwaukee, Wisconsin that provides an information referral and listening service to that community, showing another form of training. After an initial orientation from the director that provides information and direction, trainees work seven shifts with a veteran who urges them to be "good listeners, accept problems with sympathy and avoid arguing." Feedback is provided on how the trainees are doing during their shifts.

Though not specifically a crisis intervention service, the Calgary Drug Information Service of Calgary, Canada, offers a 24 hour telephone and walk-in service. Training is designed, according to Clark and Rootman (1974), at this location to improve the trainees' skill in interpersonal interaction and to impart knowledge about drugs and the operation of the agency. To meet these goals, there are 4 evening sessions consisting of lecture, role play, and video presentations, along with 4 shifts worked with a senior volunteer. Additional lectures, T-groups, and on-going training are available in this setting.

Acid Rescue is another 24 hour telephone service that is oriented mostly to drugs in St. Louis, Missouri. Here there are seminars on drugs given by the old volunteers to orient the trainees, along with reading material and listening to tapes of calls, as reported by Levy and Brown (1974). Though these last two examples of training programs come from services oriented to drugs, a presentation of the kinds of calls they receive demonstrates that they both receive more than just requests for help concerning drugs.

In many of these examples of training, ongoing training was mentioned as a part of both the training of new volunteers and something to help the old volunteers. McGee (1974) points out that of the ten centers that pioneered in the field starting in the early 60's, ongoing training became a part of most of these services. McGee and Jennings (1973) assert that "A lack of continual training will result in a decrease in volunteer morale."

There is an additional point to consider in this overview of training beyond the theoretical aspects presented and the examples provided that is particularly relevant to this study. McGee (1974) in working with the crisis intervention center in Gainesville has provided a chance for the volunteers being trained to provide feedback after each session. He found that "No matter what training program is presented, the trainees will have criticisms of it." Some groups feel there is too much roleplay, others that there is too little. He asserts that this tendency for trainees to have criticisms of training is a result of a lack of confidence about being ready effectively to do the job. As he writes, "In short, trainees feel insecure and full of anxiety at the end of training no matter how the training has been done."

Headquarters, Inc.

The specific crisis intervention center of direct interest to this study is Headquarters, Inc., a drug abuse and personal crisis center that provides 24 hour telephone hot line and personal contact walk-in services for the community of Lawrence, Kansas. The center relies on volunteer paraprofessional manpower for the daily shifts drawn heavily from the students

at the University of Kansas along with adults from the Lawrence community. A full-time director and part-time administrative assistant, responsible to the board of directors, supervise the volunteers, do budgeting and community relations, along with a variety of other functions necessary for Headquarters to continue providing its services.

Initiated in 1969 primarily as a drug and youth oriented service, Headquarters has evolved to serve a variety of other needs including crisis intervention, personal assistance, community information, and referrals. Headquarters has grown also through the years in the number of requests for services received. In 1971, the monthly average of calls and walk-ins was 185. By 1974, the average monthly number of calls and walk-ins was 1600.

The dramatic increase in requests for services seems to demonstrate the growing acceptance of Headquarters and its meeting a real need in the community. A complete breakdown of the monthly activity statistics for 1974 and 1971 giving an idea what Headquarters does and how it has changed is shown in Table One. As these figures demonstrate, the number of community information requests, along with problems of depressions, loneliness, and suicide presented has increased considerably in three years.

Volunteers at Headquarters work an average of 2 four-hour shifts a week, with most volunteers working for about a year. Usually Headquarters maintains a staff of about 65 to 75 volunteers, but due to a high proportion of students, this number fluctuates considerably during vacations and the summer. Training of new staff members is usually done in each fall at the beginning of a new school year, in the spring at the start of second semester, and at the beginning of summer.

Table One
Headquarters, Inc. -- monthly activity statistics

Type of Activity	Monthly Averages of Calls 1971	1974
Drug Analysis	9.6	1.7
Drug Crisis	12.9	18.7
Drug Information	12.9	70.3
Drug Rehabilitation	3.7	5.7
Other Drug	0.0	10.0
DRUG RELATED	38.7	106.3
Suicide	1.7	7.3
Depression	10.2	30.3
Lonely	10.5	62.0
Problems with Friends	2.9	17.3
Problems with Family	3.7	15.3
Problems with School	0.3	3.0
Sexual Problems	0.0	13.3
Birth Control	1.7	1.7
Draft	2.7	0.0
Economic	0.0	3.3
Employment	0.9	5.7
Legal	2.3	10.0
Medical	1.7	9.3
Problem Pregnancy	4.1	5.7
Runaways, locate	4.3	39.3
Other Personal	3.3	21.7
PERSONAL PROBLEMS	39.9	245.0
Community Information	11.3	73.3
Food Distribution	8.7	9.7
Crashers	24.3	93.0
Housing	0.0	11.3
Speakers Bureau	3.1	10.0
Transportation	0.0	79.7
Other Assistance	10.2	103.7
OTHER SERVICE	57.4	377.3
NON-SERVICE (Internal and Hangups)	48.6	871.0
TOTAL	185.3	1599.7

Before reaching the training sessions, prospective new volunteers have completed an application form and also have been interviewed by at least two old volunteers who serve as part of a screening committee for volunteers. Within this screening process careful attention is paid to selecting the individuals who seem to be most likely to be committed volunteers. If, at the end of training, some new volunteers do not feel comfortable answering the phones other involvement is suggested for them.

Headquarters is presently located at 1602 Massachusetts operating four phone lines. Three of the lines are for crisis calls and one for business. Headquarters is a non-profit organization funded through United Fund and the University of Kansas Student Senate funds. This briefly outlines Headquarters, though more information can be attained from the pamphlet inserted in the appendix.

Headquarters Training, Fall 1974

With the assistance of Evie Unkefer, then director of Headquarters, a systematic training program was developed based both on the better segments of past programs and some improvements suggested by past training experiences for Fall 1974. In an attempt to combine didactic and experiential learning techniques, training consisted of three elements: (1) required reading of a training manual; (2) an apprenticeship of about 40 hours working on the phones with an old volunteer; and (3) 30 hours of structured training sessions.

The training manual details information concerning resources, referrals, drugs, and other specific areas. This transmits such facts without

having to make the basic information the focus of the training sessions. This manual provides a foundation for the phone work and structured sessions and something to refer to when the need arises.

During the time spent down at Headquarters on a training shift with an old volunteer, procedural things such as how to make a log entry, what to do with people who want to stay the night, and similar information is transmitted. Trainees at this time get a chance to read about the kind of calls received and how they were handled. After the first few shifts they begin to answer the phone themselves. There is also a chance to get a feel of the place and to be able to get in touch with the atmosphere and culture of Headquarters and to get to know some of the other volunteers.

Goals for the initial session were: (1) introduce the individuals to Headquarters; (2) begin the process of the volunteers getting to know each other; (3) set up a serious, but informal and relaxed tone for meetings and for Headquarters; (4) begin to develop a comfortable atmosphere and attitude; (5) become aware of how, where, and when to make referrals; (6) gain some workable knowledge of how to look for community resources; (7) realization of the importance of followup when dealing with a caller; (8) develop referral skills in dealing with environmental problems.

The three hour session to meet these broad goals began with group icebreaking as each individual introduced himself to the others by answering a question he would most like to ask the others. A brief history of Headquarters, introduction to rules and regulations along with the distribution of the training manuals by Evie followed. After a discussion of referral sources in Lawrence and information resources, several taped examples of

phone calls were played and critiqued with input from the new and old volunteers. Trainees were then given a chance to write responses to hypothetical phone calls and to compare responses. Questions were taken throughout the evening on anything that seemed confusing.

The goals for the second session on general counseling were to: (1) become aware of internal attitudes and feelings toward helping; (2) promote understanding and usage of a non-evaluative non-answering approach; (3) develop a working definition and understanding of what helping is; (4) grasp the role of Headquarters in helping people, its limitations and responsibilities; (5) develop awareness and consciousness of listening, particularly without the convenience of nonverbal cues; (6) become aware of existing skills and abilities for telephone and walk-in services; (7) promote an attitude of feeling supported by the other volunteers.

These high-reaching goals were attempted to be fulfilled for the new volunteers in a five hour session beginning with imagining a dialogue with a wisdom figure at a crisis center. These were shared and discussed in small groups facilitated by old volunteers. Role playing triads using one observer, one helper, and one helpee alternating dealing with hypothetical calls were used to get some feedback and practice for the volunteers. Next, in groups facilitated by old volunteers, role playing was done while sitting back-to-back using alter egos for extra input to receive more feedback and practice. At the conclusion of the day a helping characteristic inventory was filled out by the individuals with the others in the group adding input from what they had seen the person do during the day.

Suicide was the next topic to be covered with the goals being to: (1) grasp some useable tools and procedures for dealing with suicide calls; (2) gain awareness of some of the background information concerning suicide; (3) develop more confidence in dealing with a suicide call; (4) maintain a relaxed, yet serious tone and attitude, both at this session and carried over to working with a suicidal person.

Alan Omens, a University of Kansas graduate student in clinical psychology, presented this vital session, as he had done in previous training programs. Beginning with some didactic learnings concerning suicide intervention theory, he discussed scales for assessing and measuring the lethality of a caller, research studies showing who is most likely to commit suicide, and techniques like stressing the positive aspects of the person's life, and being supportive with a suicide caller. These techniques were discussed by the group with old volunteers contributing hints that they had found helpful with such callers. Back-to-back role play utilizing these techniques and putting some of the theory into practice concluded the session with the group, and Alan provided feedback on the role play situation. To facilitate the learning, the training class was broken into two sections for this three hour period.

The next training session focused on drugs, with the goals being to: (1) comprehend some basic pharmacology, enough to differentiate various classifications of drugs; (2) realize the complexity of the drug area; (3) gain understanding of street myths, street names, and street psychology; (4) become more aware of personal attitudes and biases concerning drug use; (5) understand one model of problem solving helpful with drug related problems and others as well.

David U'Pritchard, a pharmacologist, began this five hour session with an introductory lecture covering the barbituates, amphetamines, opiates, hallucinogenics, and vollutule substances. Within each category, he considered effects, dangers, tolerance, addiction, and contradictions. Plenty of time was left for questions and answers. Old volunteers, who had worked with the now closed Drug Analysis Program, presented an overview of street drugs pointing out some of the myths about them. Beyond giving a breakdown of hallucinogenics like acid and such, they pointed out how there is a great deal of false advertisement in the field of street drugs and rarely is a drug pure. Here again, time was taken for the volunteers' questions and comments.

Next, a problem solving model containing four basic steps was presented. First looking at the situation the individual is in; second, considering the options; next, the consequences from the various options; and last, to select a solution, is the SOCS (situation, options, consequences, solution) model. In small groups facilitated by old volunteers, practice with hypothetical calls using the model was done. Later, time was spent in the small groups focusing on personal use and attitudes toward drugs as it affected responding to types of calls.

Goals for the fifth session relating both to drugs and juveniles were to: (1) become familiar with the drug crisis procedures; (2) promote use and understanding of drug information resources; (3) experience a non-drug induced altered state of consciousness; (4) begin development of useable tools and skills for handling juvenile problems; (5) become aware of community and other resources available to juveniles; (6) promote a realistic attitude for juveniles, remembering to treat them as people; (7) become aware of the legal responsibility of HQ in relation to juveniles.

Techniques and methods for handling a drug crisis began this five hour session. Rapping, alternative activities and just keeping the other person calm and entertained were suggested for bad trips, while for more severe things like an overdose the use of doctors was recommended. A pharmacy student then explained the on-call pharmacy student system for the volunteers, along with demonstrating the use of the Physicians' Desk Reference. Questions were taken throughout both of these talks. Evie then gave some basic procedural aspects of juveniles, like they can't spend the night without the consent of their parents or the juvenile court, emphasizing the responsibility of the person on duty to check this out. Resources along with some helpful hints and procedures for juveniles were discussed with the old volunteers including such things as who was good to see in juvenile court for help and how not to lay the older, more knowledgable approach on juveniles. Continually emphasized was the need to treat them with respect and to take their problems seriously, no matter how dumb they may seem.

Arnold Buntain, then director of Carriage House in Topeka, led the group in the afternoon through a Guided Affective Imagery experience as a non-drug induced altered state of consciousness.

Goals for the last long session in the area of drugs and sexuality were to: (1) become aware of the medical approach to drug crises; (2) become aware of the methadone program and its workings in Lawrence; (3) become more aware of alcoholism and issues concerning its treatment and where Headquarters can help; (4) grasp some of the sexual information and service resources in the community; (5) understand some procedural guidelines in dealing with sexual calls; (6) promote a comfortable relaxed attitude when talking about

sexual issues; (7) become more aware of internal biases surrounding sexual issues.

Speakers from Alcoholics Anonymous and the Douglas County Alcohol Commission initiated the session by discussing their individual roles in dealing with alcohol abuse and some practical pointers to remember when dealing with alcoholics. Stressed by both was that alcoholism is a sickness and that the alcoholic himself must want to change before any actual good can be done. Watkins Hospital provided a speaker to present the medical approach to drug crises and abuse. Other drugs are often used to offset the effects of an overdose if it can be discovered what someone has ingested, and often individuals are kept for observation to insure against further trouble. The methadone clinic, the only one in Lawrence, and now defunct, was also discussed.

A review of sexuality resources and referral including rape victim counselors, problem pregnancy counselors, Dr. Clinton for menstrual extractions, Watkins and Public Health Service for birth control, along with others was discussed by Evie. A fantasy/introspection exercise of changed sex roles was presented and discussed in small groups facilitated by old volunteers focusing particularly on the biases shown and stereotypes displayed. Next, sheets of problems based around the sexuality issues were given to the groups for them to attempt to devise ways to help. Speakers from Gay Liberation had been scheduled but failed to show up.

The last session in the training program became a wrapup with its goals, beyond covering anything not taken care of, being to: (1) develop an awareness of the problems of divorce and the role Headquarters can play in

helping; (2) realize "community" problems and that Headquarters can help others besides students and young people; (3) promote awareness and carefulness concerning use of slang terms which not all callers may understand; (4) become aware of the "problem callers" and some possible techniques for handling them; (5) understand the line between professional counseling and paraprofessional counseling like Headquarters.

The session began with Bobby Hussain, administrative assistant of Headquarters, discussing the implications of divorce on an older woman, pointing out the need for her to begin to do something, like buying a car and paying taxes, that she often has never done before. Loneliness became another possible big issue with the phone worker at Headquarters being able to help by offering support. In the discussion that followed, other community issues were dealt with, including how some words like "hassles," "lay a trip", may have little meaning to some callers. Rule of thumb suggested was to use the kind of language the caller used.

"Problem callers," like a masturbator call or a chronic caller, were next discussed by the group with old volunteers and Evie giving suggestions on how to handle these difficult calls. For the masturbator, hanging up was one idea and limiting the time to talk was suggested for the chronic caller. The opportunity was then opened for new volunteers to bring up any call they had questions about for discussion.

Stan Sterling, a private community counselor and a social work instructor for the University of Kansas then answered questions the volunteers had, along with attempting to illuminate the difference between telephone counseling at Headquarters and professional counseling. Things like the time difference and severity of the problem were mentioned. With the completion

of the session the trainees from Fall 1974 were considered volunteers capable of the full responsibilities of a shift worker.

CHAPTER TWO

THE PROBLEM

In an attempt to improve participants' satisfaction with training at Headquarters, Inc., the author embarked on a study checking volunteers' perceptions of their training. The focus of the research was two-fold: (1) to determine the perceived completeness of training in providing all the skills needed for answering the phones at Headquarters; (2) to determine the perceived effectiveness of each session in relation to goals for each session.

Initially, objectives for training sessions with focus on specific skills needed by a crisis intervention worker had to be determined. Meeting with Evie Unkefer, then directors of Headquarters, with input from other volunteers, an outline was developed for each training session. This appears in detail earlier in the study. Briefly, the major areas to be covered by the training sessions were referrals, general counseling skills, drugs, sexuality, juveniles, older community, suicide, and the role of the paraprofessional. With each of these areas, specific objectives were outlined to be achieved during the sessions.

Assuming that the objective of training is to prepare an individual to answer phones at a crisis center, a check seemed to be needed to see whether training covered all the areas felt necessary by the trainees themselves. Ideally, after completing training volunteers would feel they had received all the skills and information needed and feel competent in fulfilling their

job. Specific questions the author hoped to answer with the research were the following:

1. How well is each training goal achieved as perceived by all the participants, trainees, leaders, and observers, for each session?

2. How worthwhile is each session as perceived by the participants in attendance?

3. What is perceived by participants as the most worthwhile segment of each training session?

4. How do participants believe each training session might have been improved?

5. Is training perceived as complete enough in preparing individuals for Headquarters, at the end of training and after two months experience on the phones?

6. What do trainees feel they need more training in both at the end of training and after two months experience on the job?

7. Which training segments are perceived as most valuable and helpful to the job at Headquarters and least valuable after two months of working on the phones?

8. How valuable do trainees perceive the practical experience of working shifts with old volunteers as a part of training?

9. Is the training manual perceived and utilized as a useful tool in Headquarters training?

CHAPTER THREE

PROCEDURES

The Fall 1974 training program, described in detail earlier, was the specific program the study centered on. Initially, 28 people were scheduled to go through training, but only 25 completed training to go on to be Headquarters volunteers. Of those who completed training, 18 were students at the University of Kansas and 7 were adults from the Lawrence community. Each of the individuals had been through a screening process before becoming a member of the training class.

At the conclusion of each training session, all the individuals in attendance at that session were administered a questionnaire. The questionnaire contained several questions directly related to the goals for the session. These questions were answered on a five point scale, with 5 reflecting the successful perceived fulfillment of a goal and 1 representing perceived failure of completion. Each questionnaire also contained several open-ended questions. Usually one open-ended question related to what was perceived by the individual as most valuable to him and the second concerned how the session could have been improved. A space was always provided for any additional comments participants might have. A copy of each questionnaire is enclosed in the appendix.

Responses on the five point scales were averaged to get a mean for all the participants in attendance. A breakdown between leaders,

trainees, and observers was not done for this study since few discrepancies appeared in perceptions. Since each questionnaire was administered anonymously, there is no way to measure individual shifts and reactions to training or differences between students and community adults. All that can be presented is a mean of how the participants perceived each goal being accomplished.

With the open-ended question, answers that were alike were grouped together, no predetermined system of categories was used. Within a category system, some of the flavor of the individual perceptions would have been lost and perhaps prejudiced by the system of categories. Instead, like responses were grouped together with the total being considered and then a percentage for each response determined in relation to the total number of responses.

At the conclusion of each session, verbal feedback was also encouraged to further determine participants' reactions and perceptions of the training session. The experimenter also interviewed randomly selected persons in attendance at each session soon after each session of training. These interviews provided greater understanding of specific perceptions of each session and some insight into additional needs that were developing.

At the last training session questions concerning how completely individuals perceived themselves as being prepared for working at Headquarters were posed. These were done on both five point scale questions and with open-ended questions. Included in these questions were how well prepared they felt, and inquiries concerning the training manual and the time spent on the phones with an old volunteer. A copy of these questions is included in the appendix. The five point scale questions were averaged

to achieve a mean score, while the open-ended questions were grouped for like answers and percentages were determined.

To see what effect time and experience working at Headquarters had on perceptions of training, a two month follow-up questionnaire was given to the trainees. Included on this questionnaire again were both five point scale questions and open-ended questions. This follow-up questionnaire contained some of the same questions on the end of training questionnaire concerning the completeness of training, the value of the experience on the phones during training and the training manual. The open-ended questions were oriented to gaining overall perceptions as to what the individuals perceived as most worthwhile and least worthwhile in their training. A copy of this questionnaire is enclosed in the appendix.

The five point scale questions were averaged to achieve a mean for each question, while the open-ended questions were totalled for the number of each type of responses and then a percentage for each was determined. Interviews were again used at this point on randomly selected individuals to gain a broader perspective of how individuals perceived their training.

The questionnaire used for follow-up was also given to some old volunteers to see how they perceived their training and to see what kind of improvements they suggested for training overall. Since the training manual and the time spent on the phone were constant in these training experiences, responses to these five point scale questions were averaged to obtain a mean for the volunteers who had been through training other than

Fall 1974. Also the open-ended questions relating to improvements for training were considered valid input for perceptions of training in relation to the study, so they were totalled for numbers of each kind of response and then percentages were figured.

CHAPTER FOUR

RESULTS

The first set of results relate to how well each training goal was achieved as perceived by the individuals at each session. Listed in Table 2 are the averaged results from the 5 point scale questions for all 30 participants in attendance at the first session dealing with training goals.

Table Two
How Well Training Goals Achieved--Session One

Goal	Mean
1. How good introduction to Headquarters	4.33
2. How well begin to get to know other volunteers	2.47
3. How serious tonight's meeting	3.57
4. How relaxed tonight's meeting	3.62
5. How comfortable was tonight's meeting	3.92
6. How clear on how, where and when to refer	3.33
7. How aware of how to look for community resources	3.61
8. Aware of the importance of followup	4.02
9. Aware of referral in dealing with environmental problems	3.31

As evidenced by the results above, introduction to Headquarters was probably the goal most achieved. This finding was reinforced by the interviews where responses like "a very good introduction" and "Now I know more of what to expect from Headquarters" were expressed. Also as reflected in the figures, clarity concerning referrals was not totally reached,with individuals making such comments as "Maybe if I heard it all again, I could understand it better."

The results for the second training session that dealt with general counseling skills are presented in Table 3. Here the results of both the trainees and the group leaders were averaged since there were no tremendous differences in their responses to the perceived achievement of goals among 27 people.

Table Three
How Well Training Goals Achieved--Second Session

Goal	Mean
1. More aware of internal attitudes toward helping	4.37
2. More aware what it is to help	4.20
3. More able to use and aware of helping abilities	3.93
4. Understand non-evaluative, non-answering approach	3.61
5. Aware how to listen without non-verbal cues	3.91
6. Aware of the Headquarters role in helping people	4.33
7. How much feel supported by other volunteers today	4.33
8. More comfortable now answering telephones	4.13

These results would seem to indicate that the more specific goals such as awareness of listening without non-verbal cues (as perceived by the individuals) were achieved less fully than more general goals such as beginning to feel supported by other volunteers and becoming aware of internal attitudes and feelings. Feedback received both after this session and in the later interviews would seem to back up this idea with individuals citing that it was easy for them to get an idea of helping and much harder to understand the specific approach.

Table 4 presents the results from the suicide session. Here it should be remembered that suicide training took place in two groups, but since no great differences existed in relation to the achievement of the various goals between the groups, they are represented as one group of 29 participants.

Table Four
How Well Training Goals Achieved--Third Session

Goal	Mean
1. How relaxed tonight's setting	4.00
2. Now more confident handling suicide	3.69
3. How serious tone of meeting	4.43
4. How helpful information presented	4.50
5. Aware now of usable tools and procedures	4.52

As evidenced by these results, the session did begin to fulfill its goals, though not provide a great deal of added confidence. As one person interviewed asserted, "Sure the session gave me some information and ideas of what to do with a suicide call, but confidence takes more time and experience."

The fourth training session results, whose goals dealt with drugs and pharmacology are presented in Table 5. These represent the responses for the 26 individuals who attended the entire session.

Table Five
How Well Training Goals Achieved--Fourth Session

Goal	Mean
1. Gain some understanding of street drugs and street myths	3.73
2. How complex drug area	4.50
3. Pharmacology information helps me differentiate different classes of drugs	3.27
4. Group helped me look at own drug use and attitudes	3.32
5. How aware of own biases and prejudices concerning drugs	3.38
6. How helpful model presented (SOCS)	3.19

As these results would seem to indicate, the goals of providing some basic understanding of drugs along with a chance to look at individual use were not perceived as being very effectively achieved by this session. Consistently repeated after this session in feedback forms

and in the interviews were comments that individuals felt they needed more training in drugs and drug counseling and a whole lot more "basic stuff" before today's session made any sense.

The results for the fifth training session presented in Table 6 represent the data collected on the 22 participants who attended this session dealing with drugs and juveniles.

Table Six
How Well Training Goals Achieved--Fifth Session

Goal	Mean
1. Feel able to handle a drug crisis	3.27
2. How familiar with procedures for drug crisis	3.86
3. Understand procedure for calling pharmacy student	3.68
4. How much worked with Physicians Desk Reference	3.41
5. How valuable guided imagery experience	3.77
6. How aware juvenile community resources	3.55
7. How useful suggestions about juveniles	3.45
8. Aware legal responsibility to juveniles of Headquarters	4.09

The goals of this session do not seem to have been totally perceived as being achieved according to these results. One difficulty that should be mentioned now concerning the results from the fifth session is that the questionnaire for this session was not ready at the end of the session, so the questionnaire was completed late. This puts most of these results under question since the method was different than in the other cases.

Again, drugs are not perceived as being effectively presented in this session. This is reinforced by the interviews where one individual pointed out that though he understood what he should do in a drug crisis, until it happened he was not too sure he'd be able to do it. With the juvenile goals for this session, comments suggested that while the legal

responsibility with juveniles is easy to understand, specific resources and suggestions are a bit more complex to understand.

The results for the 20 participants in attendance at the sixth session dealing with sexuality, alcoholism, and a little on drugs are presented in Table 7. Again the results indicated the average for all participants.

Table Seven
How Well Training Goals Achieved--Sixth Session

Goal	Mean
1. How helpful speakers on alcoholism	4.35
2. How well understand medical approach and methadone program	4.30
3. How aware of sexual, informational, community resources	3.80
4. How well understand procedures for sexual issues	3.45
5. How comfortable talking about sexual issues	3.53
6. How aware internal biases towards sexual issues	3.30

As the results indicate, the goals concerning the speakers were better achieved, as perceived by the participants, than were any of the goals relating to sexuality. This idea was reinforced by the interviews where trainees repeatedly commented that they felt they needed more training in sexuality since not much time was allotted to the area. As one individual stated, "I think the gay lib speakers would have helped the session plus there just did not seem enough time to cover everything in the group time."

Table 8 presents the results from the 21 participants in attendance at the last session in their response to the scaled questions relating to the goals.

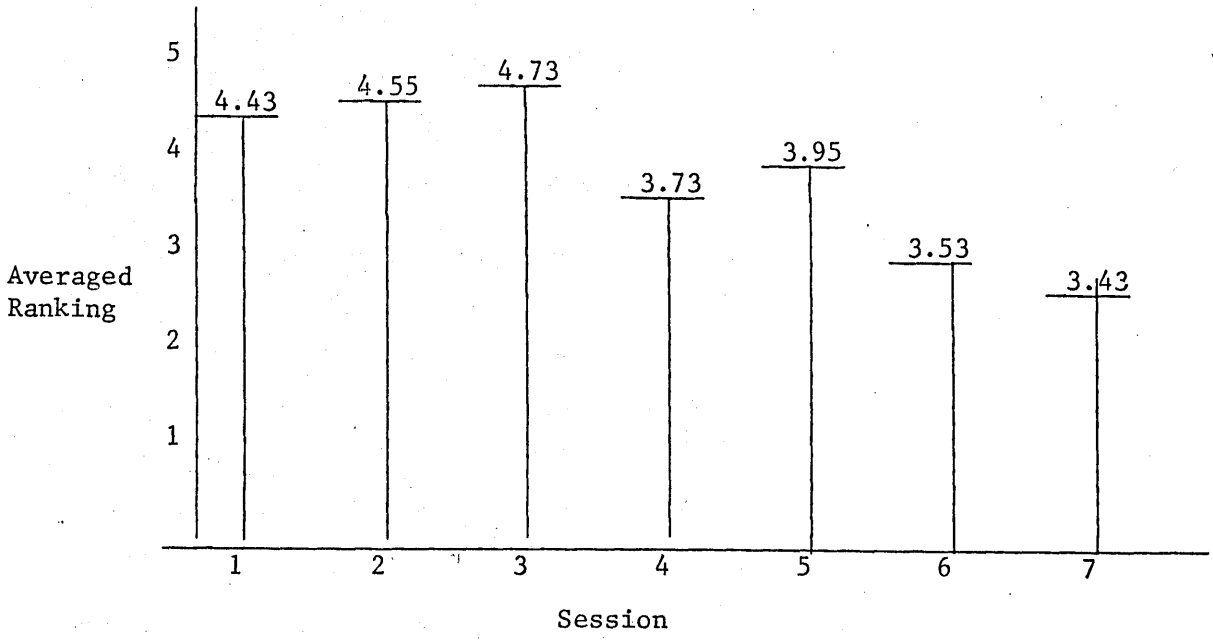
Table Eight
How Well Training Goals Achieved--Seventh Session

Goal	Mean
1. Aware of the problems of divorce	3.81
2. Aware of how to handle problem callers	4.14
3. Understand line between professional counseling and Headquarters	3.48
4. Aware Headquarters role in community problems	3.71
5. Language dependent on terms caller uses	3.33

Interviews and feedback after the session both reflect the lack of perceived effectiveness of the session in reaching its goals. As one person commented, "I was there at the session, but I'm still not sure what it was about." Another pointed out, "I wish more time could have been spent with each thing we dealt with instead of having to rush through. I ended up with nothing but a rushed feeling."

The next research question dealt with how worthwhile each session was perceived as by the individuals in attendance. The graph in Table 9 presents the average totals for all participants for each session concerning how valuable and worthwhile they perceived the session to be. The number of participants varied for the various sessions but since in each a mean from the five point scale question is being used, the differences in the number of people should not be relevant. As the following results indicate, the suicide session was perceived as most worthwhile, followed by general counseling and the introduction to training. The last sessions were perceived as much less worthwhile.

Table Nine
How Worthwhile Each Session as Perceived by Participants



The next research question dealt with was which part of each session was perceived as most worthwhile by the participants. The information gathered in the open-ended question from the first session regarding what was most worthwhile for each participant is recorded in Table 10. Though 30 participants attended the session, only 25 completed this question. The total number of responses is greater than 25 because some individuals put down more than one response. Similar responses were grouped together for clarity in reporting the results.

Table Ten
What Most Worthwhile--First Session

Response	Number	%
General introduction to Headquarters	10	32%
Meeting other volunteers	7	23%
Tapes and discussion	7	23%
Referral information	3	10%
Sense of togetherness	1	3%
Sense of real need	1	3%
All was good	2	6%
Total	31	

The results for the second session responses as to what the participants got most out of at the session are recorded in Table 11. Of the 27 people in attendance, 25 responded to the open-ended question of what was most worthwhile to them. As in Table 10 and all the other results concerning what was most worthwhile, total responses may equal more than the number of respondents and similar responses have been grouped together.

Table Eleven
What Most Worthwhile--Second Session

Response	Number	%
Triads	11	34%
Role play	8	25%
Feedback from others	3	9%
Practice as a Headquarters volunteer	2	6%
Getting to know people better	2	6%
Learning about self	2	6%
Small group discussion	1	3%
Feeling lots of emotions	1	3%
Relaxation exercise	1	3%
Listening	1	3%
Total	32	

The responses of the 28 people who responded to the question of what they got out of the suicide session are recorded on Table 12.

Table Twelve
What Most Worthwhile--Suicide Session

Response	Number	%
Role Play	6	17%
Ideas of different ways of handling suicide	6	17%
Examples of what calls may be like	5	14%
Exposure to suicide	4	11%
More confidence	4	11%
Actual lines to use with call	3	8%
Trainers' comments	2	5%
Talking about role anxiety	2	5%
Sense of empathy	1	3%
Meeting other people	1	3%
Seriousness of suicide	1	3%
Feeling Headquarters necessary	1	3%
Total	36	

Results for what was perceived as most worthwhile at the fourth training session by the 18 participants who responded to the open-ended question are presented in Table 13.

Table Thirteen
What Most Worthwhile--Fourth Session

Response	Number	%
Pharmacology information	8	33%
Street drug information	6	25%
Small group	5	21%
Discussion	3	13%
SOCS model	1	4%
Awareness of feeling about drugs	1	4%
Total	24	

Results from the fifth session questionnaire which like the fifth session five point scaled questions were not completed after the session immediately like the other questionnaires are presented in Table 14 for the 17 participants who responded.

Table Fourteen
What Most Worthwhile--Fifth Session

Response	Number	%
Guided imagery	7	35%
Juvenile information	5	25%
Drug crisis information	3	15%
General drug information	3	15%
Evie's talk on juveniles	1	5%
Remembering how it is to be young	1	5%
Total	20	

The results from the sixth session open-ended question concerning what was most worthwhile for the participants are shown in Table 15. In this question, only 16 of the 20 individuals present responded.

Table Fifteen
What Most Worthwhile--Sixth Session

Response	Number	%
Alcoholism presentation	8	38%
Talk on methadone	5	24%
Sex referrals information	3	14%
Sexual discussion	3	14%
Sex role fantasy	1	5%
List of hypothetical calls	1	5%
Total	21	

Table 16 presents the results for the 17 of the 21 participants who responded to what they got most out of at the seventh session on the questionnaire.

Table Sixteen
What Most Worthwhile--Seventh Session

Response	Number	%
Discussion of problem callers	7	35%
Discussion of Headquarters compared to professional counseling	5	25%
Bobbie's talk on divorce	3	15%
Seeing Headquarters in perspective	2	10%
Training being over	2	10%
Awareness alone can't help everyone	1	5%
Total	20	

The next research question considered was how individuals perceived that each training session might have been more helpful to their learning. Table 17 presents the results from the first session on how respondents to the open-ended question of the questionnaire felt the session might have been improved.

Table Seventeen
How Been Improved--First Session

Response	Number	%
More group interaction	3	18%
Known each other better	2	12%
Had not dwelt on information in training manual	2	12%
Smaller groups	2	12%
More relaxed place	2	12%
Generally satisfied	2	12%
Shorter	2	12%
Had a break earlier	1	5%
Information been presented before session	1	5%
Total	17	

The responses as to how participants felt the second training session dealing with general counseling skills could have been improved are recorded in Table 18.

Table Eighteen
How Been Improved--Second Session

Response	Number	%
Session been shorter	10	45%
Been more variety	3	14%
Started later in the day	2	9%
Could have regrouped without hurting other group	2	9%
Room had more pillows	1	5%
More on listening without nonverbal cues	1	5%
I had listened more/talked less	1	5%
I had been less tired	1	5%
Used more awareness exercises	1	5%
Total	22	

The responses to how the session might have been improved for the suicide session are recorded on Table 19 as the individual present perceived it. As with the following and previous tables like responses have been grouped together for ease in looking at the data.

Table Nineteen
How Been Improved--Session Three

Response	Number	%
More role play	9	38%
Smaller group	5	21%
Used Taped call	4	17%
Longer	2	8%
No improvements needed	2	8%
People been more relaxed	1	4%
Roleplays been shorted and more varied	1	4%
Total	24	

The responses to how the participants perceived the fourth session which dealt with drugs, could have been better for them are recorded in Table 20.

Table Twenty
How Been Improved--Fourth Session

Response	Number	%
More information on drugs	6	35%
Used roleplay	2	12%
More group time	2	12%
Groups emphasize roleplay	1	6%
More discussion of personal attitudes	1	6%
I had been more into it	1	6%
More basics been dealt with	1	6%
If I could have understood	1	6%
Shorter	1	6%
Afternoon not wasted	1	6%
Total	17	

The results from the fifth session are recorded on Table 21. Here again it should be noted that these responses were not taken directly after the session as with the other sessions. Still, they do reflect how individuals perceived the session could have been improved.

Table Twenty-one
How Been Improved--Fifth Session

Response	Number	%
Less on prescription drugs	5	31%
More examples with juveniles	3	19%
Used some role play or tapes of calls	3	19%
More emphasis on therapeutic and treatment	2	13%
I had been less tired	2	13%
Less misleading introduction for guided imagery	1	6%
Total	16	

The responses to how participants perceived the sixth session of training could be improved are recorded in Table 22. It should be remembered from the description of training that Gay Liberation was scheduled to speak at this session but did not show up.

Table Twenty-two
How Been Improved--Sixth Session

Response	Number	%
Session better organized	7	39%
Gay Liberation have shown up	3	17%
Had more time for sexuality	3	17%
Hadn't been cut off in the groups	2	11%
Stuck more to one issue	1	5%
Had a more comfortable location	1	5%
Listened less to speakers and done something more active	1	5%
Total	18	

The responses to how individuals present perceived the final session might have been improved are recorded in Table 23.

Table Twenty-three
How Been Improved--Seventh Session

Response	Number	%
If talking had been less general and more specific	5	28%
More information about types of professional counseling	3	17%
Used more role play/examples	3	17%
Smaller groups	3	17%
More doing/less listening	2	11%
Not been a last session	1	6%
Had more time for sexuality	1	6%
Total	18	

The next research question considered in this study was whether training was perceived as complete enough to prepare individuals for their job at Headquarters. Results for the question were collected once at the end of training and two months later after individuals had been answering phones and working at Headquarters. Each time individuals were also asked what they felt they needed more training in to see what areas individuals perceived themselves as being most weak in. Table 24 presents the results as they were collected on the five point scale questions for the 20 individuals at the seventh session who filled out the questionnaire covering how complete training was perceived to be.

Table Twenty-four
How Complete Training Perceived--End of Training

Question	Mean
How prepared feel to work on phones alone	4.30
Feel confident to answer drug calls	3.70
Feel confident in relation to suicide calls	3.85
Feel confident in answering referral calls	3.90
Feel confident in relation to sexual calls	3.75
Feel comfortable about working on the phones	4.00
Feel comfortable with people who walk in	4.20

The responses to the areas individuals who had just finished training perceived they needed more training in are presented in Table 25. A total of 20 of the trainees completed this open-ended question at the end of training.

Table Twenty-five
What Need More Training In--End of Training

Response	Number	%
Sexuality	6	27%
Drugs	6	27%
Basic counseling skills	4	18%
Suicide	2	9%
Referrals	1	5%
Understanding other's views	1	5%
Nothing	2	9%
Total	22	

In the follow-up questionnaire given two months after the trainees had finished training, questions were again asked concerning how completely training had prepared them for working on the phones. There were 22 individuals who had been through training in Fall 1974 who completed the five point scale questions. There is no way of knowing if all of the same people whose results are recorded on Table 24 are the same as those whose responses are in Table 26. In Table 26, follow-up responses as to how complete Headquarters training was perceived for Fall 1974 are recorded.

Table Twenty-six
How Complete Training Perceived--2 Month Follow-up

Question	Mean
How satisfied with training overall	3.82
Training prepared me thoroughly to work on the phones	4.27
Feel comfortable working on the phones	4.45
Feel confident on most calls	4.36
Should have been more training sessions	3.00
Should have been less training	2.09

After two months of experience working on the phones, individuals were again asked what they felt they needed more training in. There were 21 members of the Fall 1974 training class who completed this open-ended question on the follow-up questionnaire. Their answers are recorded in Table 27.

Table Twenty-seven
What Need More Training In--2 Month Follow-up

Response	Number	%
Chronics and how to handle them	4	17%
Drugs in general	3	13%
Sexuality	3	13%
Knowledge of facilities in Lawrence	3	13%
Street drug language and effects	2	8%
Mental health problems	2	8%
Communication techniques	2	8%
Problems solving	2	8%
Use of the PDR	1	4%
Gay Liberation (problems of the gay)	1	4%
Drug overdose information	1	4%
Total	24	

In an attempt to discover which segments of training were perceived as most helpful and valuable to working at the phones, trainees from Fall 1974 were asked in a follow-up questionnaire what was most valuable in training for their job. Table 28 records the responses of the individuals who responded to this open-ended question as to what was most valuable in training.

Table Twenty-eight
What Most Helpful and Valuable Part of Training

Response	Number	%
Role play	9	26%
Suicide session	7	21%
Drug information	5	15%
General counseling session	4	12%
Guided Affective Imagery	2	6%
Meeting other trainees and interaction with them	2	6%
Referral information	1	3%
Techniques for drawing someone out	1	3%
Old volunteers sharing their experiences	1	3%
Introduction to different solutions	1	3%
All good and helpful	1	3%
Total	34	

A second part of this research question involved what part of training was a waste of time as perceived by the trainees from Fall 1974. The responses to this open-ended question are recorded on Table 29.

Table Twenty-nine
Which Segments of Training a Waste of Time

Response	Number	%
Formal lectures	5	23%
Technical pharmacology	5	23%
Length of session often too long	3	14%
Last training session	3	14%
Drug groups	2	9%
Sexuality fantasy	1	4%
Role play	1	4%
SOCS model presentation	1	4%
None--it was all good	1	4%
Total	22	

The next research question deals with how individuals perceived training could have been improved with responses coming both from those who went through training in Fall 1974 and others. Table 30 presents the

results from the open-ended question that trainees from Fall 1974 filled out two months after their training was completed.

Table Thirty
How Could Training Have Been Improved--Volunteers Trained Fall 1974

Response	Number	%
Shorter sessions, but more	4	17%
Make drug information more understandable	3	13%
More organized	3	13%
More on sexuality	3	13%
Deal more with realities of what goes on at HQ	3	13%
More on Headquarters rules and procedures	2	9%
More on referrals	1	4%
More informal times	1	4%
More time on phones	1	4%
Role as phone volunteer more defined	1	4%
Make group leaders more aware of their function	1	4%
Include more old volunteers	1	4%
Total	24	

Responses concerning how old volunteers trained at some time other than Fall 1974 perceive that Headquarters training overall could be improved were collected for 22 individuals. Table 31 records the results for how they perceive training could be improved.

Table Thirty-one
How Training Could Be Improved--Trained Other Than Fall 1974

Response	Number	%
Need on-going training	6	23%
Make more relevant to work	3	11%
Use more professionals	3	11%
More organized	3	11%
More counseling skills emphasized	2	8%
LA&S class in training	2	8%
Intensify training	2	8%
Work more in small groups	1	4%
Do not overcrowd sessions	1	4%
Add assertion training	1	4%
Add some Gestalt training	1	4%
Give quizzes over things like drugs	1	4%
Total	26	

The next research question dealt with how valuable individuals perceived the practical experience they received working on phones during training. Results for this area were gathered on the Fall 1974 training class both at the completion of training and at the two-month follow-up. Also results were gathered from individuals who completed training other than Fall 1974,but still served on shifts with an old volunteer as part of training. There were 20 trainees who completed the five point questions immediately after training and 22 who responded on the follow-up two months later. Also 22 volunteers from other than the Fall 1974 training class completed the five point scale questions. The results are presented below in Table 32.

Table Thirty-two
How Valuable Practical Experience Working Shifts

Question	End of Training Fall 1974 Mean	Follow-up Fall 1974 Mean	Other than Fall 1974 Mean
Working on phones more helpful than actual training sessions	3.15	2.77	4.05
Experience on phones before completion of training a waste	2.85	3.13	2.09
Learned a lot from working on phones during training	4.35	3.91	4.55
Refer to training experience on phones while working now	4.15	4.05	4.23

The last research area of the study deals with the training manual and its perceived usefulness as an aid during training. Again, volunteers from the Fall 1974 training class were asked at the end of training and later at a two-month follow-up to respond to five point scale questions concerning the manual. Also volunteers who had been through training other

than Fall 1974 and who used the training manual were asked to respond to the questions. The number of the respondents in each of these areas is the same as the one above. The results are presented in Table 33.

Table Thirty-three
How Is the Training Manual Perceived

Question	End of Training Fall 1974 Mean	Follow-up Fall 1974 Mean	Other than Fall 1974 Mean
Training manual helpful part of training	3.60	3.73	4.22
Need new training manual	2.95	3.18	3.55
Training manual a waste of time	3.23	3.15	2.77

CHAPTER FIVE

DISCUSSION

Conclusions of Results

Though the results have already been presented in reference to each of the research questions in the study, by going back to the questions and seeing what conclusions can be drawn concerning each question, a clearer image of perceptions of training may emerge. The first question dealt with how well each training goal was achieved, as perceived by the participants at each session. Breaking the goals down area by area, as shown in the appendix, will give us some idea how well each of the areas was covered. It would seem by such a breakdown, that suicide and general counseling goals were perceived as being most fully achieved, while drugs and sexuality goals are perceived as being least achieved. A table showing the averaged mean for each of the areas is in the appendix.

This idea that suicide and general counseling came out with greater perceived effectiveness while drugs and sexuality came out with the less perceived effectiveness is congruent with the rest of the data. In terms of what people perceived they needed more training in, both immediately after training and after two months working on the phones, drugs and sexuality ranked high. Not only were the goals in relation to these areas not perceived as being achieved, but there was a perceived lack of completeness of training in both of these areas.

Along these same lines, suicide and general counseling were perceived as the two most worthwhile sessions as evidenced by responses to

the second research question. Session four, dealing with drugs, and session six, dealing with drugs and sexuality, were perceived as much less worthwhile. It should be assumed that the areas of drugs and sexuality are not perceived as less valuable but rather the sessions containing them were not as worthwhile. It would seem since people request more training in the areas that they must not be a waste.

The third research question dealt with what was perceived as most worthwhile in each session. The element that was perceived as worthwhile is rarely connected to the goals for a session. More often it is related to a method used in the session. Methods most often perceived as worthwhile were active methods like role play and speakers by other than Headquarters staff (community experts). Another element in what was perceived as most worthwhile turned up in the interviews. Repeatedly in the interviews it was pointed out that the criteria often used for what was perceived as most worthwhile was how much benefit something had to working on the phones. This made things like role play worthwhile for it was easily perceived how it related to the job. When speakers were brought in to cover specific subjects, the subjects were usually directly perceivable as relevant to the phones.

The fourth research question dealt with how individuals perceived the sessions could have been improved. Suggestions presented often related to allowing more participation, like suggesting more role play and smaller groups, or to the need for better organized time, to prevent things like time running out before sexuality was covered, or to a lack of an area being covered, like suggesting more information on drugs

as an improvement for the drug sessions. Continually the desire to participate more actively at sessions as a means of improving the sessions came up. As one interviewee stated, "Somehow I feel I learn more when I am doing something, instead of just sitting."

In considering how completely individuals perceived themselves being trained, the fifth research question, the lack of perceived preparedness in the areas of drugs and sexuality again comes out. Also, in comparing the results taken directly after training and those after two months on the phone, it would seem that confidence working on the phones and a comfortable feeling working on the phones both grow as a result of experience. Still, though perceptions of completeness of training vary very little, overall, individuals seem to perceive training as complete in preparing them for work at Headquarters, except perhaps in drugs and sexuality.

The next research question dealt with what individuals perceived they needed more training in both directly after training and after two months on the phones. Though the number of responses concerning extra training did not vary that much from directly after training to the follow-up, the number of areas in which people felt a need for more training increased after two months on the phones. As stated earlier, sexuality and drugs were perceived initially as two areas that more training was needed in. Two individuals, however, felt directly after training, they needed no more training.

After two months on the job, a whole new need for training arose on something that had been just briefly passed over in training, namely

chronics and how to handle them. Whole new needs would seem to have developed as a result of some experience on the phone, with no one in this follow-up saying they needed no more training. Interestingly enough, some of the requests, like information about mental health problems, were not even considered in training, or in goals for training.

The next training goal dealt with what individuals perceived as the most valuable part of their training and as the least valuable, as a result of some experience working on the phones. Here again, practical action types of training came out as most valuable. Suicide and general counseling sessions came out high with role play in general being seen often as the most valuable part of training. Strangely enough, even though individuals perceived the drug training to be one of the least well covered areas, it did come out as one of the most valuable parts of training. This perhaps reflects that it is an important part of the knowledge needed to work on the phones.

Concerning which part of training was perceived as a waste of time, the first two most responded-to areas fit together. Formal lectures, of which technical pharmacology was one, were perceived as the two segments of training most wasted. Surprisingly, one individual felt role play was a waste of time. On the other hand, one individual even said none of it was wasted.

As to how training overall could have been improved, drugs, sexuality and better organization are all mentioned as things that need work. Also individuals perceived the long Sunday sessions as a bit too much and suggest that the time should be cut. Another interesting comment

as to how training could have been improved is to deal more with realities of what goes on at Headquarters. This may be another reflection of the extra need for training in chronics and also things like improving training by clearly defining the role of a volunteer.

Within the responses from other than the Fall 1974 trainees of how training could be improved, some overlap can be seen. To make training more relevant to work seems to be perceived as an improvement by old volunteers too. One thing the Fall trainees did not mention but the others did, was a need for ongoing training. As mentioned in the research, this probably would help Headquarters. Organization is again perceived as something that needs work on for future training.

The next research question dealt with how helpful was the time spent on the phone with an old volunteer during training. Since training consisted of more than the sessions, any consideration of perceptions of training would not be complete without looking at this part of training. It would seem that the value of this apprenticeship depreciated with time for Fall 1974 trainees.

In all three measures of the value of training on phones used in the study, the ranking for the Fall 1974 volunteers went down from their perceptions from the measures taken at the end of training to two months later. It should also be mentioned that the volunteers trained other than Fall 1974 consistently perceived their time on the phones as more valuable to their training than did the volunteers trained Fall 1974.

In an attempt to explain the results, in the interviews after the follow-up were taken, it would seem that the trainees learned a lot more

from working on the phones by themselves and taking the greater responsibility for what was done. With this greater knowledge, the training time spent working on the phones became seemingly less important. Also it was mentioned over and over, that it depended on who an individual worked with as to how valuable the time was, for often the trainees were simply expected to know everything and no time was taken by old volunteers to explain anything.

The last research question dealt with how the training manual was perceived. With the Fall 1974 volunteers, instead of perceptions depreciating as with the phone experience, perceptions increased in respect to the training manual from directly after training to the follow-up. There was also a greater need expressed for a new training manual, particularly in respect to sections like referral where some of the information was no longer current.

Again, the individuals trained other than Fall 1974 who used the training manual perceived it as a much more valuable tool than did those trained Fall 1974. This factor when compared to the above result, that experience working on the phones was considered much more valuable, would lead one to assume possibly that the training itself has improved in value, though actual statistics are not available. It can at least be said that in training programs other than Fall 1974, the training experience of working on the phones and the training manual were perceived as a much more important part of training.

In one interview with a group leader who had been through training other than Fall 1974, it was commented, "These training sessions seem

a lot more relevant and better together than most of my training." It would seem that simply as a result of developing goals for each session and providing an added organization that was never in training before, that perhaps some change in perceptions of training for the better occurred. This cannot be supported through results, but only through the opinions of those who worked with training.

Limitations of the Study

Before considering what implications can be drawn from the wealth of tables presented, several difficulties inherent in this study should be considered. The first relates to the lack of statistical significance of many of the percentages and means presented. Statistically, 8 percent and 13 percent may be irrelevant, but the focus of the author is more on the observation than the statistical significance. Feedback within a human relations group setting is not considered from a statistical perspective, but rather as an individual's perception. A similar focus is intended in this study. The perceptions of training are viewed as feedback concerning training and not in terms of statistical significance of the data presented. The author readily admits the limitations this places on conclusions possible from the data, but considers the focus on individual perceptions inherent in the nature of the study.

Another difficulty in considering the results of this study is the lack of certainty as to whether certain learnings perceived occurred as a result of training. With no pre-training measures, it is possible that much of the confidence individuals perceived themselves as having in reference to referrals, drugs and even general counseling skills occurred not as a result of training but as a result of some previous experience.

This dilemma became clear in one interview as an individual commented after a drug session, "Sure, I feel I know enough about drugs to handle any calls that come up, but I felt that way before training." It remains unknown just how many others shared this kind of feeling, but it is certain that there is no reason for assuming that some of the perceptions were due solely to training.

If this study were to be replicated, care would have to be taken to measure how individuals perceived themselves and their competence in such key areas as sexuality and drugs before training. With some kind of a pre-training test, a more reliable measure could be achieved concerning the perceived effectiveness of training itself. Since this study had no pre-test, it remains unknown whether perceptions are related to the actual training experiences or some other unknown variable.

Another dilemma within the study is the use of goals as a variable affecting the perceived effectiveness of training. When comparing the goals of each session to what individuals perceived as most worthwhile to them, a discrepancy appears. Seldom is a goal achieved for a session perceived as the most worthwhile part of a session for the individual. This lack of congruency between goals and perceptions of effective training can be seen also in considering what individuals considered after two months on the job as the most helpful and valuable part of their training. The fulfillment of a goal seems to be in no way related to the perceived value of training.

Initially the goals were meant to be elements by which the effectiveness of training would be measured, for if all the goals were

achieved then individuals would purportedly be qualified to work with Headquarters. Since throughout the interviews and the open-ended questions this relationship between goals for a session and the general perceived effectiveness of the session was missed, it may be impossible to conclude that the perceived achievement of a goal means the session was worthwhile and effective.

The goals are just that: goals established by Evie Unkefer and the author of this study that were seen as contributing to the effective functioning of a volunteer. Yet there may be no relationship between the goals and the total perceived effectiveness of training by the participants. It would seem by the nature of the comments on what is worthwhile, that effectiveness is perceived more in terms of method of presentation rather than goals of a session.

Another limitation that plays a role in concluding anything from this study is that the study worked only with perceptions. The exact relationship between an individual's perception of effectiveness and the actual effectiveness of Headquarters training in producing competent volunteers is impossible to determine through this study. Whether adopting any individual's perception of how a session could be improved would actually improve the quality of the training in terms of producing well-trained volunteers is unknown.

Perhaps the individual's perceptions are accurate, but within this study there is no grounds for making such an assumption. All that can be said is that the tables represent how individuals perceived their training and how they perceived themselves as being trained. It would take

another study to measure whether self-rankings of perceived competence and perceptions of training have any relationship to the actual competence of self and training. In no way can it be assumed that the actual effectiveness of Headquarters training will be improved or changed as a result of any suggestions based on this study. It can be said, though, that perceived effectiveness and helpfulness of training might be improved, based upon some of the results of the study.

Implications for Future Training and Research

Based on the results of the study, taking in mind the limitations of the study, some recommendations for future training at Headquarters can be developed. Some of the recommendations deal with the structure of training, while others relate more to the actual training sessions. Just what effect the recommendations would have the author cannot guarantee, but the recommendations should improve individuals' perceptions of training.

Continually repeated on the long Sunday sessions was the perception that sessions were too long. One repeated perception of how training could be improved was that training sessions should be shorter, but with more sessions. Obviously, then, one recommendation for future training is to have shorter sessions, around three hours, but more sessions, perhaps extending the training period over a longer length of time.

This kind of a structural change would be very compatible to another change, that of keeping the focus of any one training session to one issue. In feedback, both verbally and in the questionnaires, it was repeated that jumping from one issue to another made a training session hard to follow.

This jumping back and forth was part of what people referred to when they perceived training as being in need of better organization. Perhaps rather than try to cover an introduction and referrals in one session, just the introduction to Headquarters should be the focus of a session. This might prevent perceptions by volunteers that they still feel they need more training in Headquarters procedures and rules.

Structurally this change would demand shorter but more sessions. Perhaps, though, it would increase the chances of everything being covered thoroughly, instead of something like sexuality being left incomplete due to lack of time at a session. It would seem that sessions that stuck to one subject, like suicide and general counseling were perceived as more worthwhile and had a greater perceived effectiveness in terms of the goals for that session. The author can in no way be sure that the greater effectiveness was related to the focus on one subject, but this recommendation is likely to improve perceptions of training.

Another structural implication of the study has to do with the location of the training sessions. As was evidenced, perceptions of how training could be improved often related to where the location was and what the room was like. In the first session, held at one of the meeting rooms in the Student Union, people commented both on perceptions of how the session could have been improved in the questionnaire and in verbal feedback that to them the session could have been better if it had been held in a more relaxed place. Further clarification came in an interview as one person commented, "The room had a little too much of a regular classroom feel to it."

After training was moved to the United Ministries Building, a more open place with couches and lots of room to spread out, these comments of needing a more relaxed place ended. One other meeting, when training was held at Headquarters, comments about the location, like being too crowded and also being uncomfortable and unable to hear, were received. In reference to this experience, Headquarters training would probably be best held in an open, comfortable location with lots of room for people to spread out and, hopefully, not in a university building that carries a classroom atmosphere.

Another recommendation, relating both to the author's experience with training through this project and to one suggested improvement from perceptions of how training could be improved, concerns the group leaders used in training. Often after a session was over, group leaders would express a lack of clarity concerning what they were supposed to do in the group. Since questionnaires with questions relating to group work were not collected by groups, it is impossible to measure the effect this lack of clarity had on the perceived effectiveness of the groups. In one session, however, using groups with old volunteers as facilitators where the SOCS model and personal bias concerning drugs were to be the focus, this difficulty became particularly acute. Feedback after the session made it quite clear that the groups varied a lot, as did the responses on the questionnaires. Some felt the most worthwhile segment of the day was the drug groups and others felt that it was one of the wasted segments of training.

Some groups spent their time doing little but sharing "drug stories," and this probably resulted in individuals perceiving the groups being of very little value. As the one perception asserts, sessions could be improved if group leaders were made more aware of their functions and the goals of the session. Though this seems an obvious part of training, sometimes it can get overlooked. With any future training, group leaders should take time with the organizers of the session to discuss and understand what their role is and what they are trying to do in the groups.

Another general recommendation for future training, relating more to the organizing of training rather than to any specific session deals with the two aspects of training other than the sessions. Several individuals felt it would have been more valuable to them to have received the training manual before training actually started. This maneuver would have given them time to study the information, so less time in training sessions would have to be used repeating information that is in the manual. If the information in the training manual were not repeated in sessions, then perhaps the training manual would be perceived as more valuable and there would be more time in training sessions for other things.

In terms of the practical experience on the phones, it is recommended that old volunteers receive some idea as to what they are expected to show a new volunteer and how new volunteers are to be treated. This would perhaps prevent perceptions like this one that the interviews brought to light: "I worked four shifts before anyone showed me the rolidex and crasher forms and a lot of that stuff. All I usually did was read the

logs and talk with the old volunteer about classes and stuff." Clarifying the task of the old volunteer would hopefully maximize the benefits of having new volunteers work with old volunteers as a part of training.

From this study, particularly the research done, some recommendations for the training in the future concerning goals for each session can be made. Earlier in the study, the idea that many goals for training programs are in such terms that they are not teachable and unreachable was presented. As also pointed out earlier, the goals for Headquarters training sessions were rarely related to an individual's perceptions of training. In future training sessions, a serious reconsideration of goals for training should be made, perhaps making them in more concrete and teachable terms. Instead of suggesting that people should become more aware of what it means to help and of internal feelings concerning helping, a more practical orientation, like defining the helping involved at Headquarters, might be used.

Making the goals more concrete and teachable may also help them become more relevant to the work at Headquarters, since this was a suggested improvement by both new volunteers and old. More focus in the goals for training on specific things like lines that may be used with callers of different types may increase the perceived completeness of training. Revising the goals may also provide a more direct relationship between goals and working on the phones. Though training could probably be accomplished without any goals at all, the author would recommend the use of new goals that are more specific and more teachable. Also, an expansion of the goals into areas like mental health problems should be considered.

Expanding training to provide some idea of crisis theory and some presentation of a model for crisis intervention would be another recommendation based on the research of this study. Presently these ideas are not specifically covered in training as evidenced by the goals for training. Instead of having a professional counselor come in and try to draw a line between Headquarters counseling and professional counseling, it might be better to present some of the information contained in crisis literature, as presented earlier in the study, such as crisis intervention lacking a mental health classification and viewing people in terms of their potential strengths and problem solving abilities. Some reference to this type of material might make the role of a volunteer more defined.

Along these same lines, a clearer definition of the functions of a crisis intervention worker might help, as one suggestion of how training could have been improved pointed out. The model could be Litman's (1965) designations of a crisis worker or Farberow's (et al.) five steps of crisis intervention or a model designed specifically for Headquarters. Regardless the author would recommend time being spent in training defining the role of the volunteer more clearly instead of assuming that by a fantasy where they call a crisis line that trainees get a clear view of the role of a crisis worker.

Based on a repeated suggestion of how sessions could be improved and what individuals got most out of during training, the author would recommend a continual use of active learning rather than passive learning. In other words, training should continually allow experiences where individuals can participate actively, through role play, group interaction,

or some other method. This kind of suggestion would also seem congruent with the research into crisis intervention training presented earlier. Though the training program done Fall 1974 did utilize a lot of active learning, in areas like juveniles and community most of the learning for the volunteers was simply passive learning.

If didactic information is to be presented, time should be permitted in the session to practice using the information in an active way, as in the suicide session. As people become more involved in training, their perceptions of effectiveness should seem to increase, as evidenced by this study. The author can not assert that this greater focus on active methods would lead to more effective volunteers, but it might make training more interesting and satisfying for the volunteers.

One of the areas that perhaps needs most help in training is that of drugs. Though in this training program, drugs and sexuality were both perceived as being least effectively presented, the sexuality session's shortcomings were probably due more to a lack of time than to anything else. Drugs were covered at one time or another in three sessions, yet individuals still felt they needed more training in drugs. Drugs received more time than anything else in training but this training was perceived as incomplete in preparing an individual to work on the phones.

One consideration is that the individuals being trained are paraprofessionals. It takes five years of study to become a qualified pharmacologist, so to expect a great deal of comprehension in the area of drugs as a result of three training sessions may be too much to ask. This is, perhaps, one area where the goals for training are set too high, for it is only at a paraprofessional level.

Another consideration is that drugs is not an easy thing to learn and therefore may take more than just a lecture and some explanations. It may be an area that requires the volunteer to actually do some studying and give it serious thought. One suggestion made by an old volunteer for training is that perhaps over areas like drugs where didactic information simply must be learned, quizzes should be given. Considering the nature of pharmacology and the fact that Headquarters does answer a lot of drug calls, this idea should be taken seriously in preparing future training.

Initially with Headquarters volunteers, back in the days of the small staff, there was little need for drug training since most of the orientation was on street drugs and the volunteers all considered themselves knowledgable about the street scene. Headquarters now receives both volunteers who are familiar with street drugs and some who are not. There is a great deal of discrepancy in the amount of knowledge concerning drugs that new volunteers come in with. This information is apparent by additional comments added to the questionnaires and also from verbal feedback after sessions and in the interviews.

With this discrepancy, it is difficult to treat the group as a whole and still teach drugs. In other words, for some an introductory lecture is over their heads and others already know most of the information. One recommendation to alleviate this difficulty would be to provide a sort of pre-test at the beginning of a pharmacology session. Based on the results of such a test, those who know something about drugs could be put in one group and those who know little about drugs could be placed in another group. This would make it possible to direct the lectures at certain levels

so, hopefully, no one would feel as one individual did this time, that "I need more foundation information in drugs before anything today makes sense."

Perhaps, too, training in drugs could be made more specific to what the individuals will be called on to do on the phones. This would entail perhaps rather than just giving a general lecture, focusing on how to translate the words used in a Physicians' Desk Reference. Since pharmacologists can often get very complicated in their explanations, time should be spent before a session with the pharmacologists defining and determining things that should be covered. Though this, again, seems obvious now, it is too often overlooked.

Extra sessions could perhaps be scheduled for individuals who are still having trouble with drugs. These could be optional sessions, based on whether individuals perceived they needed more training in drugs or not. Some individuals enter Headquarters with a good background as to street drugs and their effects,while others are unfamiliar even with the terminology. With extra optional sessions, those totally unfamiliar could perhaps gain enough understanding to feel competent on the phones.

From the research done on other training programs, more time might be spent when covering drugs suggesting books and outside readings for individuals, rather than depending totally on the training sessions. Much like the above recommendations, these readings could be optional, but still help those who feel their background in drugs is weak. Compiling a list of good readings in the areas of drugs and giving them to the volunteers would perhaps increase the possibility of individuals perceiving themselves as being trained in drugs.

Insuring enough time to allow complete coverage of an area, instead of skimping over some areas, like problem callers and sexuality, should increase the completeness of training. When planning sessions, care should be taken to insure sufficient time. Another important organizational element is checking with speakers from the community and clarifying what they are expected to accomplish and insuring that they show up.

Another aspect of training, though not necessarily of new volunteers, is that of ongoing training. In both the research and the perceptions of how old volunteers thought training could be improved, ongoing training came up. The author would recommend that some type of ongoing training program be set up at Headquarters, since in no way can training be considered complete after the actual training program. As one old volunteer points out, "There is always a need to become a better volunteer by continually improving effectiveness."

Ongoing training, if the literature can be trusted, may help Headquarters keep volunteers longer and increase cohesion of the group. According to the old volunteers, it would also improve training overall at Headquarters. An ongoing training program could help fulfill some of the perceived needs for more training floating around after training is completed. Having additional ongoing training in areas like gestalt, assertion training,and simply general counseling skills would fulfill some of the perceived improvements needed by training. With the addition of an ongoing training program and completion of the aforementioned recommendation, Headquarters training should be perceived as more complete and effective.

As suggested earlier, the art and science of crisis intervention training is still in its infancy. Almost any research into training would add to the field, particularly in terms of the relationship between human relations ideas to the effectiveness of their being taught. In other words, how effectively are such areas like openness, empathy and warmth being developed and how can this learning be increased.

This study has somewhat tapped the perceptions of the effectiveness of Headquarters training. A future study concerning the actual effectiveness of Headquarters training might be good. As suggested earlier, an attempt might also be made to consider what relationship perceived training effectiveness has to actual effectiveness.

Any future study of training should include some pre-measure so that certainty as to what improved as a result of training could be achieved. Use of some measures other than self-evaluations and perceptions would also add validity to any future study.

Summary

This study has focused on the effectiveness as perceived by the participants of a specific crisis intervention center training program. Crisis centers throughout the country use telephone lines for immediate contact with individuals in crisis, manned by non-professional volunteers who help the individual calling with such things as immediate warmth and acceptance in dealing with problems and in developing solutions. Training for such lay volunteers, though done by all the centers, is not at all agreed upon. There are still many questions to be answered concerning what

is the best way to prepare an individual for working with people in crisis.

The specific center used for the study was Headquarters, Inc., a 24 hour telephone and walk-in personal crisis and drug abuse center. The Fall 1974 training program for Headquarters that the study focused on consisted of reading a training manual, working phone shifts at Headquarters with an old volunteer, and seven actual training sessions focusing on a variety of areas like drugs, sexuality, suicide, referrals, and general counseling skills.

The research focused on both the overall perceived completeness of training in preparing individuals to answer the phones at Headquarters, and on perceptions of each session. Perceptions of each session included how well the various goals were perceived as being achieved, what individuals perceived as most worthwhile and on how individuals perceived the session could have been improved. The completeness of training included things like what individuals felt they needed more training in.

Perceptions of each training session were measured by questionnaires which recorded the responses to both open-ended and five point scale questions of participants at the end of each session. Directly after training and two months later, a questionnaire focused on the completeness of training, including questions about the training manual and shifts worked with old volunteers was completed by the trainee. These also included both open-ended questions and five point scale questions.

Overall results indicate that drugs and sexuality were perceived as being least effectively presented, while general counseling and suicide were perceived as most successfully fulfilling their goals. Active learning

such as role play and lectures were considered worthwhile consistently, particularly when the lecture was understandable. Training was perceived consistently as needing better organization and better coverage of the areas of drugs and sexuality. Overall, though, training seemed to prepare an individual to work on the phones, with perhaps more time needing to be spent on the actualities of Headquarters. With experience on the phones, the value of the training manual increases, while the value of the work on the phones during training decreases.

Several difficulties limit the scope of the study, including the lack of a pre-test measure of perceived competence, an unknown relationship between perceptions of effectiveness and actual effectiveness, a lack of clarity concerning goals, and questionable statistics. Taking these considerations into mind, it is suggested that training sessions be shorter and focus on only one area, and be held in a comfortable location. Group leaders and speakers should be made aware of their functions, along with old volunteers when they work shifts with new volunteers.

Goals for training should be made more practical and include some theory on crisis and the role of a crisis worker. Sessions should stress active learning with care used to insure that time never runs out before a session is complete. Drugs should be given extra care and perhaps be taught in different groups based on levels of knowledge, with readings and quizzes used. Also, ongoing training is recommended to complete Headquarters training. These recommendations all came about through the research done by the author in attempting to measure the perceived effectiveness of Headquarters training. Future studies are needed to determine the actual effectiveness of training and the relationship between theories and practice for training.

An additional note might be added that as a result of the author's interest and input into training, the Fall 1975 training will take place in a Liberal Arts and Sciences class at the university, and many of the recommendations contained in this study will be used. The author suggests some evaluation of the program be done to see if these suggestions do increase perceived effectiveness.

Appendix One
Goals For Training

Though earlier in the paper a session by session breakdown of training goals is presented, below is the list by area of the goals for training of Headquarters volunteers as composed by Evie Unkefer and the author of the study.

OVERALL GOAL: To provide the necessary skills and information for the task of working at a crisis intervention center.

I. General Introduction
   - A. Introduce the individuals to Headquarters.
   - B. Promote the trainees getting to know each other.
   - C. Set up a serious, but informal and relaxed, tone for training.
   - D. Develop a comfortable atmosphere and attitude towards training and Headquarters.

II. Referrals and Environmental Problems
   - A. Gain understanding of how, where and when to make referrals.
   - B. Understand the importance of follow-up in dealing with referral calls.
   - C. Gain knowledge of both how to look for community resources and what the resources are.
   - D. Develop referral skills in dealing with environmental problems.

III. General Counseling Skill and Attitudes
   - A. Become aware of internal attitudes and feelings toward helping.
   - B. To get in touch with a practical understanding of what it is to help.
   - C. Promote understanding and usage of a non-evaluative, non-answering approach.
   - D. Develop awareness and ability to listen without the convenience of non-verbal messages.

E. Gain understanding of Headquarters' role in helping.
   1. limits of responsibility.
   2. responsibility for decision rests with the caller.
   3. function as listener and offering alternatives.

F. Become aware of existing skills and abilities.

G. Promote an attitude of support for each other when handling crises--You are not alone!

H. Develop telephone and walk-in skills and manners.

IV. Suicide

A. Grasp some usable tools and procedures for handling this type of crisis call.

B. Gain an awareness of some background information concerning suicide.

C. Gain some confidence in dealing with a call of this nature.

D. Promote a relaxed, yet serious tone toward suicide and suicide calls.

V. Drugs

A. Comprehend enough simple pharmacology to differentiate between different classes of drugs.

B. Introduce individuals to some of the language of pharmacology
   1. tolerance.
   2. contradictions.

C. Realize the complexity of the drug area.

D. Gain some understanding of street myths, street names for drugs and street psychology.

E. Promote use and understanding of drug resources.
   1. Physicians' Desk Reference.
   2. Pharmacy on-call students.

F. Become familiar with some drug crisis procedures.

G. Develop awareness of the medical approach to drug crisis and the methadone program.

H. Present the individuals with a non-drug induced altered state of consciousness.

I. Become aware of personal bias and prejudices toward drug use and abuse.

J. Become aware of alcoholism and the role of Headquarters in helping alcoholics.

K. Understand a problem solving model and its application to drug problems.

VI. Juveniles

A. Become aware of community resources for juveniles.

B. Develop usable tools and skills in dealing with juveniles.

C. Promote a realistic attitude towards juveniles remembering to treat them as people.

D. Become aware of the legal responsibility of Headquarters in relation to juveniles.

VII. Sexuality

A. Become aware of informational resources in the community.

B. Understand some procedural guidelines for dealing with a sexuality call.

C. Promote a comfortable and relaxed attitude towards talking about sexual issues.

D. Become aware of internal bias concerning sexual issues.

VIII. Community

A. Develop awareness of the problems of divorce and the role Headquarters can play.

B. Realize that Headquarters can serve more than students and youths.

C. Promote awareness and carefulness concerning language use on the phone.

IX. Wrapup

A. Understand the line between professional counseling and Headquarters counseling.

B. Gain some idea when best to refer a client and when Headquarters can help.

C. Cover any last-minute question or complications new volunteers may have - like problem callers.

Appendix Two
How Well Training Goals Per Area Achieved Overall

Area	Number of Goals Considered	Mean
General Introduction to Headquarters	4	3.58
Referrals and Environmental Problems	4	3.57
General Counseling Skill and Attitudes	8	4.10
Suicide	5	4.23
Drugs	12	3.46
Juveniles	3	3.70
Sexuality	4	3.52
Community	3	3.62
Wrapup	2	3.81

Appendix Three
Questionnaires for Sessions

First Training Session Questionnaire

1. I feel the tone of tonight's meeting was:

1	2	3	4	5
tense				relaxed

2. I feel that the atmosphere tonight was:

1	2	3	4	5
uncomfortable				comfortable

3. I feel tonight's session was:

1	2	3	4	5
joking				serious

4. I feel that what I heard about Headquarters tonight is:

1	2	3	4	5
nothing		no more than I already knew		a good introduction

5. I feel I got to know the other individuals here:

1	2	3	4	5
not at all		some		well

6. I think I am clear on how, where and when to make referrals:

1	2	3	4	5
no		maybe		yes

7. I am aware of how to look for community resources:

1	2	3	4	5
no		maybe		yes

8. Follow-up is something to be:

1	2	3	4	5
not used		mentioned		stressed with a caller

9. Tonight helped make me aware of referrals in dealing with environmental problems:

1	2	3	4	5
not at all		some		very well

10. I feel tonight's session was:

1	2	3	4	5
a waste of time				worthwhile

11. Tonight could have been better if:

12. What I got most out of tonight was:

Additional comments or suggestions:

Second Training Session Questionnaire

1. I feel this session was:

1	2	3	4	5
worthless				valuable

2. I became aware of my internal attitudes and feelings toward helping:

1	2	3	4	5
not at all		some		a lot

3. I feel aware of what it is to help:

1	2	3	4	5
none		some		much

4. I am more aware and able to use my own helping skills and abilities after the session:

1	2	3	4	5
no		maybe		yes

5. I understand the non-evaluative, non-answering approach:

1	2	3	4	5
none		some		very well

6. I am aware of how to listen without nonverbal cues:

1	2	3	4	5
no		maybe		yes

7. I have a grasp of Headquarters role in helping people:

1	2	3	4	5
no		maybe		yes

8. I felt supported today by the other people there:

1	2	3	4	5
not at all		some		a lot

9. I feel more comfortable about answering the phones now:

1	2	3	4	5
no		maybe		yes

10. This session would have been better for me if:

11. I got the most today out of:

12. Additional comments and reactions:

Third (Suicide) Training Session Questionnaire

1. I feel the tone of tonight's meeting was:

1	2	3	4	5
tense				relaxed

2. I feel more confident now in dealing with a suicide/crisis call:

1	2	3	4	5
no		maybe		yes

3. I feel that tonight was:

1	2	3	4	5
joking				serious

4. The information presented in this session was:

1	2	3	4	5
nothing		no more than I knew		really helpful

5. I feel tonight made me aware of some usable tools and procedures for dealing with suicide callers:

1	2	3	4	5
no		maybe		yes

6. I feel tonight's session was:

1	2	3	4	5
worthless				valuable

7. Tonight could have been better if:

8. What I got most out of tonight was:

9. Additional comments and suggestions:

Fourth Training Session Questionnaire

1. I felt today's session was:

1	2	3	4	5
a waste of time				worthwhile

2. I feel I gained some understanding of street myths and street drugs at this session:

1	2	3	4	5
no		maybe		yes

3. The drug pharmacology helped me realize that the drug area is:

1	2	3	4	5
simple				complex

4. With the pharmacology information, I feel I can differentiate between different classes of drugs:

1	2	3	4	5
no		maybe		yes

5. The SOCS model I feel is:

1	2	3	4	5
a waste				very helpful

6. The group helped me look at my own use of drugs and at my attitudes:

1	2	3	4	5
very little		some		a lot

7. I am aware of my personal biases and prejudices concerning drug use and abuse:

1	2	3	4	5
a little		some		a lot

8. I think today could have been better if:

9. I got most today out of:

10. Additional comments:

Fifth Training Session Questionnaire

1. In relation to a drug crisis, I feel I:

1	2	3	4	5
am totally unprepared		could fake it		know how to handle it

2. I am familiar with the procedure for a drug crisis:

1	2	3	4	5
not at all		some		a lot

3. I understand the procedure for calling a pharmacy student:

1	2	3	4	5
none		some		clearly

4. I have worked with the PDR:

1	2	3	4	5
not at all		some		a great deal

5. The guided affective imagery experience for me today was:

1	2	3	4	5
a waste		of some value		fantastic

6. After today, I am aware of juvenile community resources:

1	2	3	4	5
none		some		a lot

7. The suggestions given today for juveniles are to me:

1	2	3	4	5
a waste		maybe of value		very useful

8. I am aware of the legal responsibilities of Headquarters in relation to juveniles:

1	2	3	4	5
no		maybe		yes

9. This session to me was:

1	2	3	4	5
a waste				valuable

10. Today could have been better if:

11. I got most today out of:

12. Additional comments and reactions:

Sixth Training Session Questionnaire

1. The speaker helped me understand alcoholism better:

1	2	3	4	5
no		some		yes

2. I understand the medical approach to drugs and the methadone program:

1	2	3	4	5
very little		some		very well

3. I found the speakers from Gay Liberation to be:

1	2	3	4	5
a waste		some value		very valuable

4. I am aware of informational resources in the community in relation to sexual issues:

1	2	3	4	5
none		a little		a lot

5. I understand the procedures for a sexual call:

1	2	3	4	5
none		a little		a lot

6. I feel comfortable talking with a caller about sexual issues:

1	2	3	4	5
no		maybe		yes

7. I am aware of my internal bias and attitudes toward sexual issues:

1	2	3	4	5
none		some		a lot

8. I feel today overall was:

1	2	3	4	5
a waste				worthwhile

9. I got most today out of:

10. Today could have been better if:

11. Additional comments and reaction:

Seventh and Final Training Session Questionnaire

1. Tonight's session was:

1	2	3	4	5
a waste				valuable

2. Tonight made me aware of the problems of divorce:

1	2	3	4	5
very little		some		a lot

3. I feel aware of how to handle problem callers (chronics, etc.):

1	2	3	4	5
no		maybe		yes

4. I am aware of the role Headquarters can play in community problems:

1	2	3	4	5
very little		some		very much

5. I am clear in my understanding of the difference between Headquarters and professional counseling:

1	2	3	4	5
not at all		vaguely		a lot

6. The language I should use on the phones is dependent on:

1	2	3	4	5
my normal vocabulary		the callers words and my words		the terms the caller uses

7. Today's session could have been better if:

8. I got most today out of:

9. Additional comments and reactions:

Wrap-up Questionnaire--The End of Training

1. I now feel prepared to work on the phones alone:

1	2	3	4	5
no		maybe		yes

2. I feel confident answering drug related calls:

1	2	3	4	5
none		some		very much

3. I feel confident in relation to suicide calls:

1	2	3	4	5
no		maybe		yes

4. I feel confident handling calls relating to sexual issues:

1	2	3	4	5
very little		some		very much

5. I feel confident in handling referral calls:

1	2	3	4	5
no		maybe		yes

6. I feel comfortable about answering the phones:

1	2	3	4	5
no way		enough		very much so

7. I feel comfortable with people who walk into Headquarters:

1	2	3	4	5
never		sometimes		always

8. I feel that working on the phones during training was more helpful to me than the actual training sessions:

1	2	3	4	5
no		maybe		yes

9. Working on the phones with an old staff member during training was a waste:

1	2	3	4	5
never		sometimes		always

10. I feel I learned from working on the phones with an old volunteer:

1	2	3	4	5
nothing		something		a lot

11. I think I will refer to the experience of working on the phones during training as I work at Headquarters:

1	2	3	4	5
never		occasionally		a lot

12. I found the training manual to be a helpful part of training:

1	2	3	4	5
never		sometimes		always

13. I think Headquarters needs a new training manual:

1	2	3	4	5
no		maybe		yes

14. Reading the training manual was to me a waste of time:

1	2	3	4	5
never		occasionally		always

15. I feel I need more training in:

Final Evaluation of Training--Two Month Follow-up

1. Overall I was satisfied with training:

1	2	3	4	5
very little		some		a lot

2. I feel training prepared me thoroughly to work on the phones:

1	2	3	4	5
no		maybe		yes

3. I feel comfortable answering the phones and working shifts:

1	2	3	4	5
not at all		some		a lot

4. I feel confident in handling most calls:

1	2	3	4	5
no		maybe		yes

5. I think there should have been more training sessions:

1	2	3	4	5
no		maybe		yes

6. I think there should have been less training:

1	2	3	4	5
no		maybe		yes

7. I feel I need more training in and would like more training in:

8. The part of training I feel has been most valuable and helpful to me is:

9. The part of training I feel was a waste of time is:

10. Training overall could have been better if:

11. I found the time that I worked on the phones during training to be more helpful than training sessions:

1	2	3	4	5
no		maybe		yes

12. I found the experience on the phones before training to be a waste:

1	2	3	4	5
never		sometimes		always

13. I feel I learned from working on the phones with an old volunteer:

1	2	3	4	5
nothing		something		a lot

14. I refer to the training experience of working on the phones while working the phones now:

1	2	3	4	5
never		occasionally		a lot

15. I found the training manual information to be helpful to me on the phones:

1	2	3	4	5
no		maybe		yes

16. I found reading the training manual a waste of time:

1	2	3	4	5
never		occasionally		always

17. I feel that Headquarters needs a new training manual:

1	2	3	4	5
no		maybe		yes

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