



1-800-Externship: The Use of Hotlines as a Training Modality for Future Clinicians

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Abstract

Mental health on college campuses is a growing issue. Despite a rise in demand for services, counseling centers generally offer assistance during business hours, with a limited number of clinicians. Hotlines can provide an avenue for suicide prevention and intervention while offering training to graduate counseling students. The present study used a qualitative approach to examine the benefits and challenges of using hotlines as a clinical training modality. Interviews with nine graduate students volunteering at a hotline were analyzed using a consensual qualitative research methodology. Several domains were identified, including: three domains related to initial involvement with a clinical training experience at a hotline, four related to the experience of volunteering, and five related to the connection of the clinical training experience to the participant's development as a clinician. Hotlines as a training modality can be used to benefit the community and contribute to the development of future clinicians.

Keywords Clinical training · Hotlines · Suicide intervention · Qualitative · Community mental health service

Mental health on college campuses is a growing issue. In the United States, suicide is the third leading cause of death among 10–24 year-olds (Reis and Cornell 2008). However, less than one-third of those who die by suicide each year in the U.S. were seen by a mental health provider in the year prior to their death (Witte et al. 2010). Recent statistics indicate that 33% of students at colleges are seen by counseling center staff in some context, and counseling center directors report a trend toward a greater number of students with severe psychological problems (Gallagher 2013). Indeed, on college and university campuses in the U.S. and Canada, an average of eight students per school are hospitalized for psychological reasons (Gallagher 2010). Additionally, Gallagher (2012) reported 106 student suicides in one year, with 21% of these suicides being former or current counseling center clients.

Although there is a rise in demand for services, college and university counseling centers generally offer services during business hours with a limited number of counselors (Gallagher 2011). In addition, at some colleges and universities, there is a lack of counseling services, and colleges rarely provide outside resources (American College Counseling Association 2013). This is particularly concerning given the growing expectations on counseling centers to reduce tragic campus events (Gallagher 2010); 88% of college counseling directors indicated that increased demand for services, along with the rise in clients with more serious psychological issues, has created staffing problems (Gallagher 2012). Specifically, in a recent survey of college counseling center directors, 84% indicated that their centers did not provide on-call or after-hours emergency coverage (Gallagher 2012). In short, a gap exists in college mental health services.

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Hotline Counseling as an Option

Crisis hotlines have been utilized for decades, and are one of the oldest resources for suicide prevention in the U.S. (Arias et al. 2015; Seeley 1996). In a survey of college students,

70% stated that a 24-h crisis hotline was the most important service that a college could offer for a student having a mental health crisis. In addition, crisis hotlines can provide services and support to assist with academic progress and prevent future crises (Gruttadaro and Crudo 2012).

Hotline counseling has been found to be effective in reducing suicidal ideation (Mishara et al. 2005; Kalafat et al. 2007; Witte et al. 2010), and offering brief treatment to callers (Rhee et al. 2005). Research has shown that 60% of callers have attempted suicide before, 10% have taken some action to harm or kill themselves immediately before they call, and nearly half have plans to harm themselves when they call the crisis service (Gould et al. 2007). Even when individuals do not directly use hotlines, it has been suggested that those in crisis may benefit indirectly from family and friends who do use hotlines (Mishara et al. 2005).

The Benefits of Hotlines

Hotlines may be effective for several reasons. First, hotlines allow students in-crisis to reach for help from almost anywhere, both during- and outside-of-business hours (Latzer and Gilat 2000; Lester 2002; Reese et al. 2002; Rosenbaum and Calhoun 1977; Stone and Taylor 1981). Second, anonymity helps break the barrier that prevents people from seeking help (Latzer and Gilat 2000; Lester 2002; Reese et al. 2002; Rosenbaum and Calhoun 1977). Finally, hotlines are effective for callers in decreasing suicidal ideation, the callers' hopelessness, and have been shown to reduce psychological pain in the week following a hotline crisis intervention (Gould et al. 2007).

Using Hotlines to Train Future Counselors

Hotlines are one strategy that colleges and universities can use to expand mental health services. With the prevalence of graduate counseling and psychology programs on campuses, hotlines are an opportunity to provide a valuable service to the community (Praetorius and Machtmes 2005) while simultaneously offering training to students who are pursuing or may be interested in the field of counseling. Working on a hotline allows students to gain various competencies related to the mental health counseling field. In general, students obtain a basic understanding of human personality and gain knowledge of how to help and care for people in times of great stress (Contact USA 2015). They learn their own limits, how to make referrals, utilize or mobilize community resources, develop techniques specific to crisis intervention, and gain listening and communication skills (American Association of Suicidality 2012; Contact USA 2015). In addition, hotlines have been found to provide

student volunteer counselors with increased active listening skills (Paukert et al. 2004; Sakowitz and Hirschman 1975), an appreciation for listening as a resource (Praetorius and Machtmes 2005), and an increased sense of altruism (Turner 1973; Mahoney and Pechura 1980).

Through hotline work, students are exposed to people from various cultures, socioeconomic statuses, ethnic backgrounds, and religions. They are also exposed to a variety of presenting problems such as grief and loss, loneliness, suicidality, mental illness, addiction and substance abuse, domestic violence, and child and elder abuse and neglect (Contact USA 2015). By working with diverse clientele, students learn how to respond in a respectful, yet effective manner that recognizes the different values of each person and the emphasis placed on individuals, family, and community (American Association of Suicidality 2012). Gaining cultural competence enables students to not only increase their quality of services and to produce better outcomes, but also to improve their ability to communicate effectively and to understand the community being served (American Association of Suicidality 2012).

In addition, unlike traditional counseling, crisis hotline callers may terminate the call at anytime without warning. This limited amount of time suggests that, while establishing rapport is important, crucial information must be prioritized and gathered early in the call (Witte et al. 2010). Through these brief encounters, graduate students in training may learn how to establish rapport quickly as well as how to quickly assess risk and prioritize information (American Association of Suicidality 2012).

Further, hotlines give volunteers a better understanding of support systems and the impact of support systems on their own situation. They focus on a strengths perspective rather than deficiencies (Praetorius and Machtmes 2005). Studies have also found that compared to professionals, non professional volunteers held higher levels of 'facilitative characteristics' such as empathy, warmth, and genuineness (Mishara et al. 2007). In short, hotlines represent a unique intersection between student affairs and academic affairs.

HelpLine is a clinical externship experience that was started approximately 10 years ago in response to a need for after-hours counseling services in the community. The service provides free, anonymous telephone counseling and referral to the local community. Through single call counseling, *HelpLine* prevents suicide and other self-destructive behaviors by offering emotional support through active, empathetic, and non-judgmental listening. *HelpLine* is staffed by graduate students pursuing master degrees in counseling and supervision is provided by faculty with clinical expertise. Before responding to calls, externs are provided with extensive in-house training as well as receive certifications in suicide response and prevention. Volunteers are given opportunities to reflect and learn from their

experiences responding to calls. Since *HelpLine* is housed within a university, the services provided fall under a general liability policy.

This study employed a Consensual Qualitative Research approach to examine the use of *HelpLine* in training future clinicians. The purpose of the present study was to investigate the benefits and challenges of using hotlines as an externship experience.

Method

Participants

The participants consisted of nine female graduate students pursuing master's degrees in counseling at a small liberal arts university in the Northeast. Participant demographics were reflective of the counseling program at this institution. Their specific areas of study were mental health counseling ($N=3$), school counseling ($N=2$), and art therapy ($N=4$). Participants' ages ranged from 1920's to 1950's ($M=26.89$, $SD=5.93$). Eight of the participants identified as Caucasian and one participant identified as Asian-American. Participants were currently volunteering at a hotline as an externship experience.

Study Design/Procedure

Interviewers for the study were four female counseling graduate students. Participants engaged in a semi-structured, face-to-face interview lasting between 40 and 90 min. Interview questions were open-ended and assessed participant demographics (age, gender, length of time as a graduate student, semesters of involvement with the hotline), motivations and expectations about a hotline externship, the influence of the externship on their career and clinical expectations, the preparation received at the externship, the experience of working at a hotline, and the impact of the hotline externship on participants lives. Data were analyzed using consensual qualitative research methodology (CQR; Hill et al. 2005). Individual interviews were recorded and transcribed. CQR consists of four key steps: an interview, creation of domains, core ideas, and cross analysis (CQR; Hill et al. 2005).

CQR Judges

There were eight members of the CQR analysis team. One member was a 36-year-old Asian-American male counseling faculty member with an interest in crisis counseling. Another was a 20-year-old female Caucasian undergraduate student working towards a Bachelor of Arts in Psychology. The third and fourth members were 21-year-old female Caucasian undergraduate students studying psychology and

art. The fifth member was a 19-year-old female Caucasian undergraduate student working towards a Bachelor of Arts in Psychology. The sixth and seventh members were a 27-year old and 25-year old female Caucasian graduate students working towards a masters degree in Mental Health Counseling with Art Therapy Specialization. The final member was a 21-year-old female Caucasian undergraduate student completing her Bachelor of Arts in Psychology and English. The judges transcribed completed interviews and served as part of the dating coding team. The CQR auditor was a 34 year old Caucasian male counseling psychologist with prior experience as a CQR auditor and peer crisis hotline volunteer.

To monitor biases that could influence results, the team engaged in discussion of assumptions, biases, and values prior to analyzing the data. The team presumed that volunteers would vary in their expectations of hotline work before taking calls. Assumptions of team members included a belief that volunteers would report positive experiences and improved counseling skills. The team also believed that hotline volunteers would describe it challenging to not be able to follow-up with callers. However, the team assumed that when callers expressed gratitude and changes in their perspectives, hotline volunteers would feel they had a positive impact.

The team believed that while volunteers would report initial anxiety, this would dissipate over time. Also, they believed that the experience would benefit their academic performance, affirm their career path, and relate to their future work as a counselor. The team assumed volunteers would possess intrinsic motivations and good listening skills as a prerequisite to volunteering. Consequently, the team presumed that volunteers would exceed minimum volunteer requirements and report an increase in confidence of their abilities. They also assumed that volunteers would be highly satisfied with their training. The team expected that volunteers would likely express a strong sense of community with fellow volunteers, including the benefit of debriefing with their peers.

Results

Several domains emerged from participants. Specifically, participants' responses involved three domains related to getting involved with a hotline externship (characteristics of volunteers, perceptions of training, expectations of externs), four domains related to the experience of volunteering (the community of externs, the personal impact on externs, challenges, and impact on callers), and five domains related to the connection to the externship to participant's development as a therapist (generalizability of the experience, confidence, connection to career path, development of skills,

and the complementary relationship to classes). Within these domains participants expressed typical (5+ participants), variant (2–4 participants), and rare (1 participant) themes.

Characteristics of Volunteers

A typical theme that emerged in this domain regarded empathy and caring as characteristics needed for hotline volunteers. Participant 9 stated that, "... this isn't one of those fake it til you make it situations. You actually need to be a genuinely empathetic person ... I think you have to be authentic." In addition, a variety of variant themes emerged. First, the desire to help people was a motivator for getting involved, with participant 2 saying that, "... you [volunteers] have to want to do more for other people. You can't be an effective counselor doing the bare minimum. You have to want to do what you are doing." Second, being career oriented was beneficial for hotline volunteers. Third, hotline volunteers should be willing to learn. Fourth, hotline volunteers should have intuition, because, "... there's really no room for error when it comes to this kind of work, because just one mistake can... cause the worst case scenario to happen... (Participant 5)." Finally, volunteers should be good communicators and be able to listen to callers patiently. Overall, the major idea that emerged was that volunteering at a hotline is not for everyone, and that to be a volunteer you need some natural talent and genuine interest.

Personal Impact on Volunteers

Two typical themes and six variant themes commented on how volunteering impacts volunteers. The first typical theme revealed that participants received a rewarding feeling knowing that they helped someone. The second typical theme was that hotline work raises awareness of the strengths volunteers have and the skills they have yet to develop. The first variant theme was that volunteering was a generally positive and rewarding experience. Participant 1 explained, "It brings me joy to see that I could help... You feel appreciated and that's a good feeling." A second variant theme showed that depending on the call, volunteering has its ups and downs. Third, some callers can have a negative emotional impact on volunteers. For example, some volunteers described lowered self-efficacy and sleep disturbance as a result of calls. Participant 7 expressed, "I feel like there are a lot of callers... that abuse the line [occupying the hotline with frequent, repeated calls], and I feel like in real life, if they were our clients we wouldn't allow it to get to that point." Fourth, volunteers described bringing calls home after volunteering. Specifically that they would ruminate about calls received. Despite these challenges, the fifth variant theme was that hotline work prompted a desire for further volunteering. Participant 5 explained, "There's something about it that

makes you want to keep going back." Finally, hotline work was described as a good training opportunity, as Participant 4 stated, "I feel better with my career choice, I feel better in my classes, I feel better at my practicum site, and I'm sure my internship site [too]..." In summary, participants described hotline work as both having positive and negative impacts.

Challenges of Hotline Work

Participants described six variant themes related to challenges of hotline work. First, calls can be ambiguous and/or unclear. Next, it was challenging to not know what happens to the person after the call. After a troubling call dropped unexpectedly, Participant 1 reported, "an uneasy feeling not knowing that happened to that person." Two additional variant themes showed that determining the right skills to use and time management were challenges of volunteering. A fifth variant theme was that manipulative callers (e.g., callers that push boundaries) can cause frustration. Participant 9 explains how impactful the abuse can be by saying, "You feel like you're doing something wrong... are you ever gonna help anybody or are you just useless?" Finally, it was challenging to feel that callers were not or could not be helped. Participant 5 explains this challenge by saying, "...there are times when you can be helpful, but not to the extent that they're looking for, so it's definitely disheartening when you can't please them or help them to the extent that they need or want."

Expectations with Volunteering

In the expectations domain, one typical theme, four variant themes, and one rare theme emerged. The typical theme showed that volunteering would advance the careers of the participants; however, the four variant themes seemed connected to volunteer anxieties. First, participants' initial anxiety stemmed from the extensive training that prerequisites volunteering. Second, there was a perception that volunteering would be much more intense. Participant 9 explained, "I had in my head that the phone would be ringing off the hook and it would be all people lining up on top of a building or something." Third, participants expected many crisis phone calls and emergency situations. Participant 6 stated, "I was expecting the stereotypical; you know those movies where they call 911 and like it is always an emergency." Finally, participants generally wanted to aid others, but explained helping callers could be challenging through the phone. Interestingly, only one participant noted that she did not initially believe that peer externs would aid in her clinical growth, but later found debriefing with other volunteers was more helpful than expected.

Perception/Impact of Training

As part of volunteering, participants engaged in an extensive training course. Two typical, two variant, and one rare theme emerged in this domain. The idea that training overall was helpful and prepared participants for future work was one typical theme. The second typical theme commented on the most helpful aspects of training including “...mock calls...” as well as, “...going over the specific steps of doing a safety plan with someone... (Participant 7).” However, variant themes found that some participants felt training needed to be more extensive, while others felt that training helped alleviate anxiety related to hotline work. Finally, in a rare theme, one participant reported skills learned in training did not transfer to actual volunteer work.

Development of Skills

In this domain, three typical, eight variant, and one rare theme emerged. The first typical theme was that participants felt volunteering was good practice for counseling, which helped develop necessary and useful skills. More specifically, two other typical themes identified the development of reflection of feelings and paraphrasing, along with skills related to dealing with challenges.

The eight variant themes identified skills, including: (1) de-escalation skills, (2) improved ability to use and recognize tone of voice and pace, (3) the use of silence, (4) better listening, (5) general communication and verbal skills, (6) creation of an open space, (7) debriefing and feedback, and (8) more thoughtful responses to callers. For example, Participant 5 stated, “...a lot of the callers are... in an extreme state, so you want to back them down from where they are, calm the situation down and make them safe for now.” Additionally, Participant 6 reported, “Obviously we need to listen but I honestly did not realize how much we need to focus on just listening... because there is difference between hearing and listening.” It was unexpected in a rare theme, only one participant reported that they were able to develop and practice crisis assessment on the hotline.

Importance of the Community of Volunteers

One typical and two variant themes emerged regarding the importance of the volunteer community. The typical theme was that volunteers can provide a conduit for debriefing because, “...it helps a lot to talk to other listeners about [what’s] going on because they can really relate (Participant 8).” The two related variant themes showed other volunteers acted as supports and even formed personal relationships with fellow volunteers. Participant 1 explained, “... we are really encouraged to do it as a partnership and we are encouraged to provide questions and feedback from one

another.” Overall, participants seemed to value the connection they had with other volunteers.

Hotline Work Is Connected to Career Choice/Path

Three typical themes and one variant theme illustrated how hotline work was connected to volunteers’ career path. The first typical theme indicated that volunteering helped confirm career choice. For example, Participant 1 said, “It just has reassured that I am where I want to be and that I really enjoy what I do.” In addition, participants explained that volunteering helped refine their career interests. A final typical theme emerged, explaining that hotline work provides an advantage for becoming a therapist. In the variant theme, participants expressed that hotline work would help with the development of future career skills.

Hotline Experience Is Generalizable

Two typical themes and one variant theme emerged within this subdomain. The first typical theme was that lessons learned on a hotline were applicable to participants’ careers. For example, “Just little things that really come handy because you don’t prepare for those things unless you practice. It’s just good practice (Participant 1).” More broadly, another typical theme expressed that the experience was broadly applicable and is, “...going to open your eyes... It really does prepare you for the real world (Participant 2).” The variant theme was that hotline skills were generalizable to educational experiences. Participant 2 reported that it “... helped me in class, my daily life, or some other part of my professional career.”

Impact of Volunteering on Callers

One typical theme and five variant themes emerged describing the impact on callers. The typical theme was that most participants felt they had a positive impact on callers, and “... people are just so thankful... it makes you feel good (Participant 8).” The first two variant themes indicated that participants expressed being present for callers can help, and call success was defined by hearing positive changes. For example, Participant 4 described, “...their tone of voice changes, you ask them through the call how are you feeling, and by the end of the call... she felt a million times better.” Third, was callers’ gratitude for the volunteers on the hotline. The last two variant themes dealt with broadening the content discussed in calls; participants felt callers could benefit by discussing topics beyond the initial concern, and volunteers explained that talking about plans and resources beyond the call are helpful.

Volunteering Complements Classes

Several participants expressed that hotline work complemented classes. The typical theme here was that experience on the hotline was useful at internships/practicum. The variant theme expressed that classroom knowledge was applicable in this experience. Participant 4 noted, “I believe personally it’s [volunteering] a good fit if you’re in a counseling program.” Finally, a rare theme that emerged was that volunteering provided more counseling preparation than classes.

Hotline Work Increases Your Confidence as a Counselor

Lastly, participants explained that volunteering on a hotline led to increased counselor confidence. The typical theme focused on increased confidence in counseling skills. Four variant themes emerged commenting on: (1) general confidence, (2) confidence in other training, (3) decreased anxiety, and (4) confidence in the field. For example, Participant 9 explained, “I [didn’t] think I [could] actually picture myself as a counselor... and now [that] I’ve practiced these skills... I feel like I do see myself actually doing this work on a day to day basis.” In summary, volunteering built overall self-efficacy, not just counseling self-efficacy.

Discussion

The results of this study provide insight into the use of a hotline as an externship training modality. Our findings were largely in alignment with previous research on hotline volunteering (e.g., American Association of Suicidality 2012; Contact USA 2015; Praetorius and Machtmes 2005; Latzer and Gilat 2000; Lester 2002; Reese et al. 2002). The results elucidate how a hotline externship can contribute to the development of being a counselor; specifically, hotline work was shown to confirm the career choice of counseling. While existing literature has not specifically examined hotline externships as a training modality, current research has found volunteers at a hotline learned how to respond to diverse callers in a respectful and effective manner (American Association of Suicidality 2012). Consistent with previous findings, hotline externships can increase counseling confidence and clinical skills, such as active listening skills (Paukert et al. 2004), knowledge of how to help and care for people in times of great stress (Contact USA 2015), and an appreciation for listening as a resource (Praetorius and Machtmes 2005). Finally, in line with research available, hotline training externships provide additional benefits to the entire community they serve (e.g., American Association of Suicidality 2012; Latzer and Gilat 2000; Lester 2002; Reese et al. 2002).

Limitations

Although these findings provide valuable insight into using a hotline as an externship, there were several limitations that should be noted. First, the data were collected from solely female participants volunteering at one externship site and may not fully represent the experiences of all hotline externs. Second, the analysis team was predominately female. Nonetheless, it should be noted that the fields of counseling and psychology are predominantly female (Clay 2017; United States Census Bureau 2017), as is the program and hotline examined. Third, given the relatively small number of graduate students participating in this externship experience it should be noted that two members of the analysis team were also participants in the study, and one member of the analysis team was the director of the hotline. Several steps were taken to reduce bias and protect the identity of participants, including having the interview recordings transcribed before they were analyzed by the team and conducting interviews privately to protect confidentiality. It should also be noted that there were well-established procedures in this facility and experienced volunteers, which could have contributed to participant confidence. Consequently, the results should be interpreted in light of these limitations.

Implications and Future Research

While the small sample size limits the generalizability of these findings, the results can still be helpful for training programs considering hotlines as an externship experience. Although counseling training programs provide knowledge of clinical practice, the application of this knowledge is not always immediately experienced. Indeed, counseling training programs usually do not include a formal clinical experience until the latter part of their education. For example, counselor education training standards include practicum and internship at the end of an educational program (Council for Accreditation of Counseling and Related Educational Programs 2015). Similarly, psychologist training programs include a clinical internship at the end of a doctoral program (American Psychological Association, Commission on Accreditation 2015).

As a result of the structure of training programs, clinicians in training programs may not have early opportunities to fully define their career interests. Consequently their suitability for the field of clinical mental health may not be known until the end of their studies. For example, active listening skills, developing rapport, case management, and confidence in addressing suicidality are among the counseling techniques and skills that may be initially developed at a hotline externship. Further, the emphasis on verbal skills, rather than visual cues to improve active listening is a component of competent practice that may not be

highlighted in traditional clinical training. Likewise, given the brief nature of crisis counseling that is inherent in hotline work, the ability to quickly develop rapport and gather information may be a skill uniquely provided in a hotline externship. Moreover, confidence in suicide intervention skills are connected to the exposure that hotline training and volunteering offer in this presenting issue. Certainly, hotline externships provide opportunities to fill-in many gaps in the training of future counselors and psychologists while also benefiting the community.

For programs considering hotlines as an externship experience, the findings suggest that initial and ongoing training of externs has the ability to combat potential adverse effects on hotline volunteers. Specifically, externship orientation should address the challenges commonly faced by hotline volunteers. Further, ongoing supervision of externs and peer debriefing after calls can provide a buffer against manipulative callers and the anxiety about the lack of closure inherent in hotline work.

Although this study provides exploratory insight into hotlines as externships, future research can expand on these results in order to understand the long-term impacts of hotline as an externship during counselor training. It may also be helpful to examine hotline externships embedded within a formal curriculum; because participants in the present study self-selected to volunteer at a hotline, their experiences might not generalize to programs where hotline work is required. Finally, future research should examine a more diverse sample of participants. Ultimately, this line of research can help training programs determine how to simultaneously serve their community while providing training opportunities to their students.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Ethical Approval All authors certify their responsibility for the content and writing of this manuscript. This study was approved by the university's Institutional Review Board and informed consent was obtained from all individuals participants included in the study. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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