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ABSTRACT

The importance of volunteers in the provision of mental health crisis intervention services has been well documented. However, the volunteer turn-over rate is quite high, due to factors such as burnout. This study examined stressfulness in relationship to caller problems, as well as variables related to perceptions of stress. In this study self-efficacy was defined as "efficacy strength," e.g., the crisis intervener's belief that she or he could respond to a specific caller problem. Crisis intervention volunteers (N=39) rated the stressfulness of 35 caller problems and indicated reasons for their ratings. Volunteer self-efficacy and demographics were also assessed. Results suggested that volunteers perceived problems as differentially stressful, with life-threatening problems rated as most stressful. Volunteers varied in their efficacy for dealing with different types of problems, feeling least efficacious for problem callers (e.g., obscene callers). Males reported higher efficacy across all problems. Most commonly endorsed reasons for stress were knowledge and skill deficits and problem complexity. Future research should examine the relationship among efficacy, stress, problem type, gender, and experience for larger samples of crisis interveners from different agencies. (17 references) (ABL)

Crisis Intervener Perceptions of the Stressfulness of Caller Problems

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Abstract

Thirty-nine crisis intervention volunteers rated the stressfulness of 35 caller problems and indicated reasons for their ratings. Volunteer self-efficacy and demographics were also assessed. Results suggest that volunteers perceive problems as differentially stressful, with life-threatening problems rated as most stressful. Volunteers vary in their efficacy for dealing with different types of problems, feeling least efficacious for problem callers (e.g., obscene callers). Males reported higher efficacy across all problems. Most commonly endorsed reasons for stress are knowledge and skill deficits and problem complexity. Implications for research and practice are discussed.

Crisis Intervener Perceptions of the Stressfulness of Caller Problems

The importance of volunteers in the provision of mental health crisis intervention services has been well documented (cf. Cyr & Dowrick, 1989; Slaikeu, 1984). However, the volunteer turn-over rate is quite high, due to factors such as burnout (Cyr & Dowrick, 1989; Soto & Jones, 1981). Jaffe (1983; 1984) found that one variable related to burnout was volunteer perceptions of competence. Cyr and Dowrick (1989) reported that feelings of incompetence contributed to the burnout of 31% of 130 crisis line volunteers.

Cyr and Dowrick also reported descriptive data suggesting that "distressing calls" lead to feelings of isolation and burnout. Similarly, Leising (1985) discussed the distressing effects of obscene phone calls on crisis interveners, but did not report any empirical evidence for his contentions. Shonkoff and Jones (1981) assessed the perceived distress and success of nine volunteers who handled calls involving five categories of problems: suicide, anger-hostility, depression-loss, sexuality issues, and communication difficulties. Volunteers reported experiencing at least one distressing moment during every call, regardless of problem type. While their results are suggestive, the small sample and range of problems studied limit the generalizability of their results.

Bradshaw and Amato's (1985) research suggests that all problems are not perceived equally. Twenty-five phone counselors rated the seriousness of 15 problems. Those rated as highly serious required immediate help, involved a threat to life, involved a victim responsible for others' welfare, and/or were complex. Suicide was ranked as the most serious problem. Walfish (1983)

found that out of 100 situations, crisis counselors rated suicide as causing the most discomfort for them. Thus, caller problems seem to vary in their stressfulness for volunteers. For example, some problems may prompt greater stress due to their severity/ complexity. However, little empirical research has assessed volunteer distress reactions to caller problems (Shonkoff & Jones, 1981).

Furthermore, these stresses may be moderated by such variables as self-perceived competence (Shonkoff & Jones, 1981), or self-efficacy (Bandura, 1982; 1977). Bandura (1977) states that individuals base their self-efficacy upon emotional and physiological arousal, e.g., stress. These efficacy expectations then impact subsequent stress responses. Nezu (1985) found that individuals who perceived themselves as ineffective problem solvers reported greater emotional distress when counseling than those who perceived themselves as effective. Thus, volunteers with higher efficacy (greater confidence in their helping ability) may perceive problems as less stressful. Furthermore, given that self-efficacy improves with increased success experiences (Bandura, 1977), volunteers with greater crisis intervention/counseling experience might have higher efficacy than those with less experience. In addition, gender has been linked to self-efficacy, such that males report higher efficacy than females (cf. Meier, McCarthy, & Schmeck, 1984; Ostergren & McCarthy, 1989).

The present research addressed several questions including: 1) Do volunteers report differential amounts of stress and efficacy in response to different types of caller problems? 2) Why is a problem rated as more or less stressful? and, 3) What other variables potentially moderate volunteer perceptions of stress (e.g., self-efficacy, experience, gender) and volunteer

efficacy (e.g., gender, experience, stress)? Answers to these questions were thought to have implications for the training and retention of crisis intervention volunteers.

In the present study, self-efficacy was defined as "efficacy strength," i.e., the crisis intervener's belief that she or he could respond to a specific caller problem. Experience was defined as length of time at the crisis intervention agency. Stress was defined as crisis interveners' cognitive assessments of the amount of stress experienced in response to specific caller problems.

It was hypothesized that more experienced volunteers would report less stress and stronger efficacy across all problems than less experienced volunteers. Males were expected to report stronger efficacy across all problem types than females. Problems involving self-harm (e.g., suicide) were expected to be rated as most stressful by the crisis interveners.

Methods

Participants

Participants were 18 male and 21 female volunteers from a crisis intervention agency in a large midwestern city. Thirty-eight were white; one was black. They ranged in age from 22 to 50 (M = 33.82; SD = 7.83), and their experience, defined as length of time at the agency, ranged from one month to 72 months (M = 14.44; SD = 15.53). They ranged from 66 to 5,660 hours spent in training and counseling activities (M = 604.54; SD = 1,005.07), with a range of 16 to 4,600 hours of that time spent solely in counseling activities (M = 445.45; SD = 852.24).

Instrumentation

The Volunteer Questionnaire was developed for the present study. Part I: Demographic Data - elicits information about age, ethnicity, gender, experience, reasons for volunteering, educational level and background, and amount of training. Part II: Problem Checklist - asks respondents to rate their reaction to 35 caller problems (representing typical calls to the agency) on a 7-point, Likert scale, where 1 = Mildly Stressed and 7 = Very Stressed, and to indicate on a 12-item checklist the reasons for their stress. These reasons can be categorized as: lack of knowledge/skills/experience; severity/complexity of problem; problem touches a personal issue of the respondent. The 35 problems were randomly ordered on the questionnaire and can be categorized as: Abuse (e.g., Domestic Violence - Perpetrator); Self-Harm (e.g., Suicide); Problem Caller (e.g., Obscene Calls); Emotional/Identity (e.g., Depression); Sexuality (e.g., AIDS); Relationship Difficulties (e.g., Divorce/Break-Up). Respondents also rate their self-efficacy for dealing with each problem. Using Bandura's (1977) guidelines, they first respond Yes or No to the question, "Can you respond to this type of problem in a helpful way?" and then indicate their certainty on a 0 to 100 scale, where 0 = Great Uncertainty and 100 = Complete Certainty.

Part III: General Counseling Skills Efficacy - asks respondents to rate their self-efficacy for 18 basic crisis intervention/counseling skills as defined by Danish, D'Augelli, and Hauer (1980), and Egan (1986), e.g., use of silence, reflections, open questions, etc. Respondents complete 18 items using the same efficacy rating scale described in Part II. Skills can be categorized as Continuing (problem-exploration); Leading (problem-resolution);

Self-Referent (personal revelation); and Termination/Referral skills.

Procedures

The research was described in an agency newsletter as a study of volunteer self-confidence and reactions to caller problems. Participants were asked to anonymously complete the Volunteer Questionnaire, available at the agency, and to return it to a "drop-box" or through the mail. Of approximately 100 active volunteers, 43 responded, constituting a 43% response rate. Four questionnaires were eliminated from analyses because they were incomplete. Thus, the final sample consisted of 39 participants. Data collection occurred over a 3-month period. This amount of time was necessary because frequency of volunteer shifts at the agency varies from once per week to once per month.

Results

Means and standard deviations were calculated for perceived stress and efficacy ratings for caller problems and are presented in Table 1. Frequencies, simple correlations, multiple regressions, and two-tailed t-tests for independent groups were calculated on selected variables and are reported below.

Stress, Efficacy, and Caller Problems

The mean stress rating across all 35 problems was M = 3.18 (SD = 0.88). Mean ratings for the six problem categories were: Relationship Difficulties (M = 2.54; SD = 0.87); Problem Callers (M = 2.81; SD = 1.32); Emotional/Identity (M = 2.84; SD = 1.32); Sexuality (M = 3.41; SD = 0.96); Self-Harm (M = 3.78; SD = 1.11); Abuse (M = 3.90; SD = 1.10). Ratings for individual problems ranged from a low for "Making Friends" (M = 1.92; SD =

1.19) to a high for "Suicide" (M = 4.82; SD = 1.76).

The mean efficacy rating across the 35 problems was M = 65.37 (SD = 12.04). Mean ratings for each problem category were: Problem Callers (M = 60.04; SD = 27.25); Sexuality (M = 60.52; SD = 19.32); Abuse (M = 63.71; SD = 14.67); Self-Harm (M = 64.38; SD = 15.42); Emotional/Identity (M = 68.17; SD = 16.52); Relationship Difficulties (M = 71.41; SD = 10.15). Efficacy ratings for individual problems ranged from a low for "Self-Mutilator" (M = 50.00; SD = 26.26) to a high for "Self-Esteem" (M = 78.46; SD = 16.31).

Stress, Efficacy, Experience, and Gender

Zero-order correlations revealed several significant relationships between stress variables, efficacy variables, experience, and gender. There were significant negative correlations between stress and efficacy (r = -.46, p = .008); efficacy and the endorsement of lack of knowledge as a reason for stress; and experience and lack of knowledge as a reason for stress (r = -.36, p = .039). Thus, as reported efficacy increases, reported stress decreases; and as experience and reported efficacy increase, lack of knowledge is less frequently checked as a reason for stress.

There were significant positive correlations between stress and endorsement of lack of knowledge (r = .38, p = .028); between efficacy for handling caller problems and both general counseling skills efficacy (r = .56, p = .001), and gender (r = .38, p = .03). As reported stress increases, endorsement of lack of knowledge increases. As reported efficacy for specific problems increases, efficacy for general counseling skills increases. Males reported higher efficacy for handling caller problems than females.

There were significant relationships between the number of reasons

endorsed for stress and the level of reported stress (r = .47, p = .006), general counseling skills efficacy (r = -.38, p = .025), and experience (r = -.40, p = .020). As reported stress increases, the number of reasons increases. More experienced volunteers and volunteers with higher efficacy reported fewer reasons for stress.

There were significant positive correlations between efficacy for general counseling skills and both gender (r = .33, p = .037), and experience (r = .45, p = .004); and a significant negative relationship between general counseling skills efficacy and endorsement of lack of knowledge (r = -.47, p = .006). Both males and more experienced volunteers reported higher general counseling skills efficacy. Individuals who reported higher general counseling skills efficacy were less likely to endorse lack of knowledge as reasons for their stress.

Two-tailed t-tests revealed that males reported higher efficacy than females (M = 70.60; SD = 9.20 vs. M = 61.51; SD = 12.59), $t(37) = 2.28$, $p < .023$. Analyses of selected problems revealed that males reported higher efficacy for dealing with AIDS (M = 72.78; SD = 18.41 vs. M = 54.29; SD = 24.41), $t(37) = 2.63$, $p < .011$; Anger (M = 25.52; SD = 5.57 vs. M = 22.38; SD = 5.27), $t(37) = 3.44$, $p < .001$; and Chronic Callers (M = 78.33; SD = 15.05 vs. M = 49.52; SD = 7.12), $t(37) = 3.44$, $p < .001$.

Females reported greater stress dealing with AIDS (M = 4.10; SD = 1.79 vs. M = 3.06; SD = 1.43), $t(37) = 1.98$, $p < .05$; and Domestic Violence-Perpetrator (M = 4.48; SD = 1.54 vs. M = 3.33; SD = 1.37), $t(37) = 2.18$, $p < .03$.

Multiple Regression Analyses. A multiple regression analysis was

conducted with stress as the dependent variable and efficacy for handling caller problems, experience, gender, and general counseling skills efficacy as independent variables. The results failed to yield any significant predictors.

A multiple regression analysis, conducted with efficacy for caller problems as the dependent variable and stress, experience, gender, and general counseling skills efficacy as independent variables, was significant, $F(4,27) = 5.62$, $p = .002$). General counseling skills efficacy was a significant predictor; as general efficacy increases, efficacy for caller problems increases.

A multiple regression analysis, conducted with total number of reasons for stress as the dependent variable and gender, experience, stress, efficacy for caller problems, and general counseling skills efficacy as independent variables, was not significant. Three separate regression analyses were conducted using the same independent variables and breaking reasons down into categories. Only the equation with lack of knowledge as the dependent variable was significant, $F(5,26) = 2.70$, $p < .04$. However, none of the variables alone significantly predicted the variance in endorsement of lack of knowledge.

Finally, a multiple regression analysis, conducted with general counseling skills efficacy as the dependent variable and stress, efficacy for caller problems, gender, and experience as the independent variables, was significant, $F(4,27) = 5.37$, $p < .003$. Experience and efficacy for caller problems were significant predictors; as experience and efficacy for problems increases, general counseling skills efficacy increases.

Discussion

Some authors have related volunteer stress to burnout, dissatisfaction, and a high drop-out rate (Cyr & Dowrick, 1989; Soto & Jones, 1981). Stress may be related to problem severity and complexity (Bradshaw & Amato, 1985; Shonkoff & Jones, 1981); volunteer efficacy (Shonkoff & Jones, 1981); and experience (Margolis, Edwards, Shrier, & Cramer, 1975).

The present results suggest that, as hypothesized, volunteers perceive different caller problems as differentially stressful. The most stressful appear to be life-threatening (e.g., suicide). Failure to be helpful with these callers could have serious consequences, and thus volunteer stress would be expected to be higher. Across problem type and experience level, average reported stress was moderately high (3.18 on a 7-point scale). Females reported greater stress than males for some problems, while the reverse was not true. The most frequently endorsed reasons for stress were knowledge/skill deficits and problem complexity. A less frequently checked reason was that a problem was a current issue in the volunteer's personal life.

In accordance with hypotheses, volunteers reported differential self-efficacy specific to problem type and as a function of gender. Volunteers felt least efficacious for Problem Callers (e.g., crank calls, obscene calls). These are calls for which volunteers have difficulty determining legitimacy and feel angry over abuse of the agency. Males reported higher efficacy than females across problem type. Research should be done to determine whether they <u>are</u> more skilled or are overestimating their abilities. Average efficacy for the whole sample across problem type was only moderately high (M = 65.37

on a 100-point scale). Efficacy for general counseling skills was very high (M = 76.72 on a 100-point scale) and was positively related to high efficacy for dealing with caller problems. Solid basic skills probably increase volunteer confidence in their "on-the-job" performance. Perhaps the somewhat lower efficacy ratings for caller problems are due to lack of "hands-on" experience with some problems and to their complexity. Future research should assess these issues and relate them to volunteer efficacy. Furthermore, some volunteers may define helpfulness as arriving at a solution. Because problems vary in their ease of resolution (e.g., chronic mental illness vs. loneliness), they may decrease volunteer efficacy ratings. Future research should examine this hypothesis.

Length of time at the agency (the experience variable) was positively related to general counseling skills efficacy. This suggests that experience builds skills which lead to greater confidence in one's general helping abilities.

These findings have implications for the training and retention of volunteers. Persistent stress and low efficacy may lead to burnout and drop out (cf. Cyr & Dowrick, 1989; Soto & Jones, 1981). Crisis intervention training programs should continue to stress knowledge about dealing with specific caller problems. Supervisor feedback should be used to increase volunteer efficacy for handling caller problems as well as to increase confidence in overall helping skills. It should be specific and given as volunteers deal with actual calls. Volunteers might also benefit from training in stress-management techniques.

In addition to their effects on burnout and drop out, volunteer stress

and efficacy levels may also impact callers. Stiles and Snow (1984) found that counselor comfort in sessions was moderately predictive of client perceptions of the depth and value of sessions. Future research should assess whether this is the case for crisis interveners.

Limits to the present study suggest caution in drawing conclusions from the findings. Because the sample was small, self-selected, and from or crisis intervention agency, results may have limited generalizability. Another limit is that single-item measures were used to assess stress and efficacy strength. Single items may provide less reliable measures than multiple-item scales. The results are based on self-report which raises questions about the accuracy of subject responses.

Future research should examine the relationships among efficacy, stress, problem type, gender, and experience for larger samples of crisis interveners from different agencies. Multiple-item measures should be used in studies that assess both crisis intervener perceptions and actual behaviors during interventions for various types of caller problems. Hopefully research of this type will contribute to the crisis intervention training programs and to increased knowledge about the impact of crisis intervention work on volunteers.

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Table 1

Mean Stress and Efficacy Ratings for Caller Problems

Problem	Stress[a] M	Stress[a] SD	Efficacy[b] M	Efficacy[b] SD
Self-Harm				
Suicide	4.82	1.76	70.64	19.81
Self-Mutilator	4.64	1.61	50.00	26.26
Chemical Abuse	3.16	1.46	70.79	19.51
Eating Disorder	2.61	1.29	64.62	21.26
Runaway	3.71	1.54	65.41	18.50
Abuse				
Child Abuse Perpetrator	4.51	1.49	57.18	24.92
Sexual Assault	4.36	1.51	56.41	25.29
Child Abuse Victim	4.12	1.51	67.57	19.06
Domestic Violence Perpetrator	3.95	1.56	63.33	22.75
Domestic Violence Victim	3.92	1.46	71.80	17.30
Vulnerable Adult Abuse	3.77	1.44	55.39	23.71
Incest	3.47	.48	70.00	18.41
Problem Caller				
Psychiatric Emergency	4.26	1.59	53.59	26.41
Obscene Call	3.08	1.79	58.03	39.45
Chronic Caller	2.72	1.32	62.82	29.55
Crank Call	2.62	1.71	59.49	39.53
Therapy Issues	2.31	1.28	65.64	21.98
Chronic Mental Illness	3.29	1.45	53.68	30.26

Table 1 (continued)

Problem	Stress[a] M	Stress[a] SD	Efficacy[b] M	Efficacy[b] SD
Emotional/Identity				
Anger	3.74	1.29	61.80	25.74
Grief	3.72	1.65	68.97	22.69
Anxiety	2.92	1.22	66.15	24.45
Depression	2.80	1.32	69.74	22.30
Self-Esteem	1.97	1.04	78.46	16.31
Sex Issues				
AIDS	3.62	1.70	62.82	23.51
Sexuality	2.90	1.54	58.72	29.57
Sexual Harassment	2.77	1.29	64.40	22.80
Infidelity	2.51	1.23	69.23	17.97
Sexual Preference	2.39	1.50	73.08	21.29
Pregnancy	2.36	1.04	72.28	22.62
Difficult Relationships				
Parenting	2.62	1.46	73.46	16.75
Family Relationships	2.51	1.07	75.13	13.93
Relationship Breakup	2.42	1.18	78.16	14.31
Loneliness	2.31	1.36	68.46	25.08
Interpersonal Relations	2.23	1.09	74.36	14.47
Making Friends	1.92	1.19	76.76	17.49

[a]Means are based on a 7-point scale; 1 = Mildly Stressed, 7 = Very Stressed.

[b]Means are based on a 100-point scale; 0 = Great Uncertainty, 100 = Complete Certainty.