



Crisis intervention service model ; for mental health care delivery in a rural setting  
by Wesley Rollen Davidson

A thesis submitted in partial FULFILLMENT of the requirements for the degree of MASTER OF  
SCIENCE in Psychology  
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**Abstract:**

The author has attempted here to review the historical development of a crisis intervention center. This review is hoped to serve as a model for those who wish to establish and develop such a service for delivery of needed mental health care services. The 24 hour crisis intervention model consists of three main service modalities (telephone, walk-in, and outreach) and is staffed by volunteers under the supervision of community mental health professionals. An analysis of statistical data compiled by the center is offered as a measure of the center's success. Also offered as support for such a model is a review of the general community reaction and support throughout the history of the center. It is concluded that the model presented is a viable system for improving the delivery of mental health care services through better use of available manpower (volunteers, paraprofessionals, and professionals).

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*August 5, 1974*

CRISIS INTERVENTION SERVICE MODEL: FOR MENTAL  
HEALTH CARE DELIVERY IN A RURAL SETTING

by

WESLEY ROLLEN DAVIDSON

A thesis submitted in partial fulfillment  
of the requirements for the degree

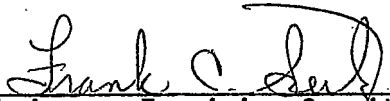
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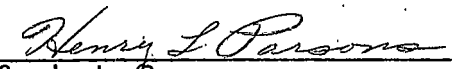
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## Abstract

The author has attempted here to review the historical development of a crisis intervention center. This review is hoped to serve as a model for those who wish to establish and develop such a service for delivery of needed mental health care services. The 24 hour crisis intervention model consists of three main service modalities (telephone, walk-in, and outreach) and is staffed by volunteers under the supervision of community mental health professionals. An analysis of statistical data compiled by the center is offered as a measure of the center's success. Also offered as support for such a model is a review of the general community reaction and support throughout the history of the center. It is concluded that the model presented is a viable system for improving the delivery of mental health care services through better use of available manpower (volunteers, paraprofessionals, and professionals).



## Chapter I

### Mental Health Care Delivery Dilemma

Traditional mental health care delivery systems are at present under serious question. The systems thus far advanced appear to be falling short of their goal to provide services to all in need. There are essentially two main reasons: (a) a shortage of manpower and (b) inaccessibility due to confusion on the part of those needing service. Many are confused about where and how to contact the needed service, while others are unaware of which services they require. Both of these factors can and must be overcome if we are to develop effective and efficient mental health care delivery systems.

#### Possible Answer to Manpower Problem

The emphasis at this point in time is on the development of volunteer and paraprofessional workers to strengthen and support the present system. Elford (1970) has pointed out that volunteers and paraprofessionals have been utilized in the past but only recently has serious consideration been given to their possible role in therapy. Trapp & Spanier (1973) state that the third revolution of mental health has been characterized by involving volunteer and paraprofessional workers directly in the treatment of emotional problems. They further indicate that this is an extremely important trend in that it begins to: (a) make better use of "professional talent", (b) increase mental health care delivery capacity, and (c) reduce the cost of providing service. Gurney

(1969 as cited by Trapp et al., 1973) points to the rapidly developing use of volunteers as telephonists in crisis centers across the nation as an indication of an intense movement in the direction of utilization of volunteers and paraprofessionals to strengthen the delivery systems.

Gruver (1971) has reported that current research data lends positive support to the value of volunteer programs in terms of (a) personal growth of volunteers, and (b) volunteers effectiveness in working with clients. In the study conducted by Trapp et al., (1973) volunteer crisis intervention workers were compared to college students. Their findings compared to other such studies by Delworth, Rudow, and Taub (1972), Hersch, Kulick, and Schiebe (1969) indicate that volunteers are generally more altruistic and possess characteristics (as outlined by Clarkhuff & Berenson, 1967) similar to those found to be most desirable in a constructive therapist. It is therefore concluded, that volunteers can serve as valuable role models for their clients. Further, Gothesfeld, Rhee, & Parker (1970) as cited by Poovathumkal (1973) have reported that mental health care professionals have rated the value of volunteers in mental health care delivery as essential 70%, highly desirable 22%, and unnecessary 0%.

#### Possible Answer to Inaccessability Problem

The suicide prevention movement during the past decade has given rise to the development of crisis intervention centers which are

cropping up all across the United States as well as other countries (Nelson 1972; Decell 1972). These centers frequently have their beginning in a direct response to a specific need. However, as Decell points out, the centers have generally moved to respond to callers needs. That is, they have moved from a specific target problem approach to a broad scope approach in which they respond to any and all problem areas brought to their attention. Decell further states that the wide range of problems reported by these centers points to a need for "total multipurpose mental health services" within the community.

Pasewark & Albers (1972) has stated that "crisis intervention theory can revitalize the mental health field and offer hope for primary prevention of mental health disorders." He has further noted that crisis intervention theory itself creates much doubt as to the effectiveness of the traditional mental health care model for service delivery. Pasewark et al., views crisis intervention theory, along with Erikson (1968) and Caplan (1964), as a means through which we can increase the effectiveness and efficiency of our mental health care system. He states: "Crisis intervention is a theory in search of a program."

Nelson (1972) reviewing the Crisis Call Center in Nashville, Tennessee concluded in a three phase study that the center was a viable mental health care delivery service. The center was found to be (a) aware of the new developments and changing needs in the community, (b)

perceived as a highly active agency compared to related agencies, (c) perceived as an effective and efficient referral source, and (d) a coordinating service which helped to integrate existing community resources for optimal use. Nelson further concluded that the center played an important role in breaking down communication barriers in the community. This supports the position advanced by Decell (1972) that crisis intervention services can bridge the gap between the "activist sociological emphasis in mental health care delivery and the more traditional internally oriented approach." Pederson & Babigian (1972) point out that few crisis centers have realized their potential to become an integral and central mental health resource by offering general mental health information and coordination between agencies. He further states that crisis centers are capable of performing at least four functions beyond that of crisis intervention. These four functions are seen as emphasizing prevention aspects of community health and are as follows: (a) providing information to various related agencies and professional people regarding availability of services, (b) assisting callers with pre-crisis problems through counseling and referral to proper available resources, (c) direct referral to needed service for early intervention treatment and (d) aid in coordination of various mental health services provided in the community.

The current literature as previously cited, reveals that mental health professionals for the most part, acknowledge and accept the

role volunteers and paraprofessionals can play in the field of mental health. This along with the previously indicated support for the potential of crisis centers as a means of employing volunteers and paraprofessionals to effectively alleviate the current mental health service delivery dilemma, brings us to the purpose of this thesis. A recent survey conducted by Decell (1972) has resulted in a prediction of continued growth in the area of crisis centers and has indicated that there appears to be a national crisis intervention service personality emerging and with it a need and a demand for national non-compulsory guidelines. It has been this author's experience through visits to other centers as well as national conventions and visits made to our facility by other professionals, that there is indeed a great similarity between centers. If one retraces their historical development, the difference between centers can usually be identified and attributed to differences in the given communities. This of course, merely strengthens the previously noted observation that said centers tend to be consumer oriented, quite sensitive to reading the total community and flexible enough to conform to those needs as they arise. Generally speaking, such centers share a basic concept or philosophy which places a high premium on individual dignity and responsibility as observed by Decell. This serves as a basis for an approach which is basically non-judgemental, and person centered.

### Statement of Purpose

With these similarities in mind and the stated need for guidelines, this author will present what he considers to be an effective model of implementation which can be employed and adapted to fit any situation, by sensitive and well-meaning professionals. The model presented does not assume that it will answer all questions, but it will provide the reader with information regarding some common pitfalls and suggestions for avoiding or handling such situations.

This presentation will involve first a historical review of the development and implementation of the center. Secondly, the model will be evaluated by reviewing the statistical data compiled by the center. Thirdly, the author will present summary and conclusions based on the model presented. These remarks will have primary emphasis on implementation in a rural setting which is described as an area having a population of less than 50,000 as noted by Decell (1972) in his review of crisis intervention services. The model presented here was implemented in Gallatin County which had a population of 32,505. The HELP Center was located in the county's major population center, Bozeman, with a population of 18,670.

## Chapter II

### Establishment and Development of HELP Center

The purpose of this chapter is to present a historical overview of why and how the HELP Center was established and developed.

#### Purpose and Need

The original HELP Center grew out of the concern of a small group of parents who had discovered that their children had become involved in drugs. It was apparent to them that there was a need for a place where both parents and children could go or call for help. The parents and children together formed a group called Parents and Children (PAC), whose sole purpose was to try to find a way and the means to provide help to people needing it, specifically where drugs were concerned. As a result of the PAC meetings, a twenty-four hour crisis intervention center was opened. The idea of a crisis center was borrowed from the concept which had been implemented in many other communities across the nation. The people immediately responsible for the center were armed only with a genuine concern for people, an idea, and a great deal of courage.

#### Formation of the Gallatin Council on Health and Drugs

Prior to the opening of the HELP Center, the PAC group had been advised to incorporate as a non-profit corporation. This recommendation fell on deaf ears, however, as the idea smacked of the establishment. The individual responsible for the recommendation was extremely concerned

about the apparent drug problem and, being a person with political and business savvy, moved to bring together a concerned group of politically powerful and influential people in Bozeman and formed the Gallatin Council on Health and Drugs (GCHD), a non-profit corporation, in March of 1971. The main objective of the group was to act as a legitimatizing body for the HELP Center and to develop financial support. It was comprised of a Board of Directors (members who signed the Articles of Incorporation) and an Advisory Committee whose function it was to advise the HELP Center and report to the Board on the progress and problems of the center.

#### Review of the Original HELP Center

The original center opened in February of 1971 in the heart of the downtown business district and provided the following services and objectives.

#### Services and Objectives

The HELP Center offered 24 hour telephone, walk-in, and outreach service so that people of all ages could either come in or call for help. The HELP Center volunteer was to handle any crisis which might arise and refer to the professional community when necessary.

#### Objective Support

Support for the center was evidenced through donations by private citizens offering time, money, needed goods, and space.

Also, as previously mentioned, the GCHD was formed for the purpose



of receiving monies to support the HELP Center and a community awareness and education program in an effort to combat the drug problem.

#### Political and Communication Problems Encountered Within the Community

The HELP Center ran head-on into a great deal of opposition from the outset. It was clear that many existing agencies, private individuals, as well as the GCHD, had several misconceptions about the purposes and function of the HELP Center.

The center was located in the downtown business district which paved the way for a great deal of misunderstanding between the center and the business community. The walk-in center was viewed by many in the community as a hang-out for anti-establishment types. In fact, the walk-in was used primarily by young people who wore liberal costumes and long hair. The business community began to feel the center's presence in their pocket books as business in the area, by their report, began to drop off. In essence, the majority of the people in the community saw the center as a dividing force and as such, a symbol of youth's disrespect for all that the community held in esteem.

Due to the lack of meaningful communication between the representatives of the center and other helping agencies, the atmosphere and political climate that developed within the community was one of confusion and mistrust.

#### Political and Communication Problems Within the Center

It is important to note that confusion and mistrust was seen not

only as coming from outside the center, but also from volunteers working within the center. The leadership of the center was unable to demonstrate to the community at large, or the volunteers, how the center would achieve its vaguely stated goals and objectives. Volunteers for the most part, were not screened, trained, or given direction. In short, there was minimal organization and a lack of meaningful leadership.

A group of seven volunteers, calling themselves the Magnificent Seven and feeling the need for constructive leadership and direction, started holding private meetings in an effort to formulate a program which could meet the objectives and goals of the center. It was their intent to take over the center and build it into a more constructive and meaningful service and thus provide the service that was originally intended. Progress along these lines was in fact being accomplished when the HELP Center was forced to close.

#### Role of the Gallatin Council on Health and Drugs

The role that the GCHD played at this point in time would have to be described as fragmented in the sense that only one or two of its approximately twenty members were active. The GCHD, on paper, consisted of an executive body (Board of Directors) and an Advisory Board as previously described. In actuality, however, the executive body had met only for the purpose of incorporation, and did not meet again until after the original center was closed. The Advisory Board, whose main function was

to keep a direct line of communication between the center and the executive body of the Council, never held a meeting until approximately two weeks prior to the center's being closed. In essence, both the HELP Center and the GCHD were remarkably disorganized.

#### Closing of the Original HELP Center

The end result of this general misunderstanding, lack of pre-planning and meaningful communication was that in May of 1971 the chief of the local fire department closed the center's walk-in service on the grounds that it was unsafe for the number of people using it. At that time, there was on the average some 50 young people making use of the walk-in service during any given evening with only one exit from the second floor where the HELP Center was located. The landlord who donated the space where the center was located asked that the center move to a new location immediately.

#### General Comments

It is interesting to note that most centers of this nature, especially those offering walk-in services, usually encounter somewhat hostile reactions from their given community when they open. Such centers pose a threat to the existing community. The center is in actuality a symbol which says to the community that it has problems. In addition, it symbolizes rejection of the community's way of life. Rejection in the sense that people responding to such a center are outwardly stating through their actions that they disagree with society's values and

ethics. The very fact that such centers do pose a threat to the community should point out the need for effective and honest communication between the people proposing such a center and the community. Emphasis should be placed on the existing helping agencies and the conservative segment of the community. The conservative segment of the community is usually in fact the politically powerful group and without their support such projects are doomed to failure.

It is suggested that the original HELP Center would have met with success instead of failure if its representatives had properly laid the foundation for establishing such a service before actually opening the center. The dynamics involved in laying such a foundation will be presented in detail as the approach used in re-establishing the HELP Center is reviewed.

#### Development of the New HELP Center

During a period of approximately 30 days following the close of the original center, the following steps were taken to establish support for another attempt at developing a crisis center.

#### Re-establishing Need and Support

Private and public meetings were held with agency representatives and influential people throughout Bozeman to establish the need for action to be taken in alleviating the drug problem. A proposal for meeting this need was also presented.

Presentation of Proposal for the HELP Center

During the month following the close of the original center, this author presented a brief proposal (See Appendix A) for the operation of the new HELP Center as prepared by eighteen active HELP Center volunteers and himself. A brief comment regarding the outline format for the proposal presented is of importance here. A tentative proposal should take the form which will best accomplish its purpose. In this instance a lengthy proposal in the traditional written form was not judged as necessary. The reasons supporting the decision to merely present an outline form proposal included: (a) the individuals being asked to review the proposal were extremely busy and were unlikely to take the time necessary to review a more formal proposal; (b) this particular format lent itself more graciously to being incorporated into a brief personal meeting with the individuals reviewing it and acted as a catalyst for discussion of points they individually placed importance on; (c) this format also enhanced the feelings on the part of the people reviewing the proposal that they were really being involved in the decision making process and the actual development of the center. When a formally written proposal is submitted people are more apt to regard it as an already developed plan of action and either accept or reject it, thereby creating more communication and review problems.

The outline format was adopted because it was seen as facilitating

more open and informal discussion regarding the development of a generally acceptable structure by which the HELP Center could be implemented successfully in the community of Bozeman.

The proposal was hand carried and presented to the local police chief, school administrators and counselors, representatives of existing helping agencies, physicians and members of the GCHD. The proposal was also presented to various service and church groups, as well as at a number of public meetings. In every instance people were asked for suggestions and alternatives to the proposed program, and last, but not least, for support for such a program.

It is extremely important when one sets out in this fashion that he have a clear picture of what the needs of the community are, and that he have a well thought out proposal for meeting the needs. He must be ready for any and all possible questions. This is not to say that he must have all the answers, but he should be able to demonstrate that he has given the question some thought. The proposal being presented must be clear, easy to understand, and flexible in the sense that its supporters are open to suggestions offered by the various segments of the community. Suggestions should be welcomed and used wherever possible, as it gives the people making the suggestions a feeling of being involved and a part of the program. It is not recommended however, that suggestions be accepted which do not strengthen the program.

The end result of this type of communication was that the people contacted, for the most part, were willing to lend their support and provide an opportunity for the implementation of the proposed program.

#### Objective Support

Support for the new center was illustrated by the Circle K Club at Montana State University, which held a "Walk for Mankind", and contributed approximately \$2,900.00.

A local radio station donated three hours of radio time to hold a radio marathon. Approximately \$1,000.00 was pledged by primarily junior and senior high school students, and \$849.00 was actually received.

As a result of the support outlined above, the GCHD appointed a subcommittee to secure an abandoned house owned by the county. The county agreed to rent the house with the agreement that any materials used to renovate the building could be applied toward the rent. The Council also sent representatives to Washington D. C. to meet with officials of the Office of Education to review a community awareness proposal submitted by the GCHD. Again, as a result of demonstrated support for the center and visits to Bozeman by review committee members, the grant was awarded to the GCHD.

#### Review of the New HELP Center

The new HELP Center opened in June of 1971 and was primarily a referral and crisis intervention service which provided to people in

need (no matter what the problem) 24 hour telephone, walk-in, and outreach services. As pointed out by Decell (1972) the wide range of problem areas received by crisis centers underscores the need for "total multipurpose mental health" services. In view of the fact that Bozeman did not have a mental health center, and recognizing the drug problem as a symptom and not the problem itself, the HELP Center moved immediately to provide services to all no matter what the problem area.

#### Goals of the Center

1. The new HELP Center was to provide helping services to those in need.

2. The center was to provide well-trained volunteers who could respond to any crisis or problem situation which might present itself and then refer to the proper referral person or agency in the professional community when needed.

In keeping with Goal One, the services offered by the center were restricted to only those individuals seeking help. Help was defined as a crisis situation or a clearly defined problem where on-going counseling may have been of use. This clearly differentiated the new center from the previous one in that the original HELP Center doubled as a crisis center and a youth recreation center. The original center offered such activities as card playing, a dart board, music controlled by the youth, and reading material of the Hot Rod, Field & Stream, and True Confessions variety.



These types of activities were banned at the new center in that our experience from the original center had taught us that such activities actually provided escapes for both the people using the center as well as the volunteers working at the center. People simply didn't have to deal with problems when they had the alternative of becoming involved in the various activities mentioned.

Objectives established to meet stated goals.

1. Develop a screening process for the selection of volunteers.
2. Develop an in-depth training program for the volunteers. This objective carried with it a sub-objective which simply stated was that: each referral would be tailor-made to best meet the needs of the client. The implications of this sub-objective will be discussed later.
3. Establish direct communication between agency representatives, professional people and the volunteers.

Selection of Volunteers

In keeping with Goal Two to provide meaningful help to the people contacting the center, all volunteers within the program (the 18 support volunteers previously mentioned) were reviewed, and new volunteer applicants were interviewed by the director of the center. Volunteers were accepted or rejected on the basis of the subjective evaluation of their: (a) motivation for volunteering, (b) ability to keep confidences, (c) attitude toward the HELP Center and the people they would be coming in contact with as volunteers, and (d) whether or

not they presented themselves as well integrated persons.

In September of 1971 a selection committee was formed and it was their task to interview all volunteer applicants. The committee was comprised of representatives of the various segments of the community, such as the schools, police, clergy, students, GCHD, and the HELP Center. In actuality, two selection committees functioned, each interviewing half of the volunteer applicants available at a given time. The creation of two screening committees accomplished two important objectives: (a) stimulated more community involvement, (b) lessened the time commitment necessary to serve on the committees.

The primary reason behind the formation of the selection committee was to allow more people from the various segments of the community to become involved with the program. A second reason for the selection committee was to create a buffer zone for negative feelings toward the HELP Center when certain prominent citizens were rejected as volunteers. This proved to be an extremely important political move. It is very important to build in safeguards against negative public relations.

The criterion for selection of the volunteers remained the same as previously described. When the director turned the selection of volunteers over to the selection committees, however, he reserved the right to reject anyone they had selected.

### Training of Volunteers

A thirty hour training program was designed and implemented. (See Appendix B) Members of the professional community volunteered time to present information regarding various problem areas which were frequently encountered by the center. The training program, as designed, performed two important functions: (a) volunteers received valid and up-to-date information on how to best handle various problem areas which they might encounter, (b) it also provided an opportunity for the volunteers and representatives from the professional community to get to know each other. The latter function is of considerable importance, in that the volunteers were more apt to refer clients if they knew the person to whom they were referring. At the same time, the professional community began to look at the center in a more positive light, largely because they were involved and were part of the program.

A very important aspect of this approach to training is timing. It is important to bring certain trainers together with the volunteer staff when each is ready. The volunteers must have obtained a certain level of professionalism and understanding of how professionals function before coming in contact with some trainers. The professional trainer is evaluating and judging the volunteers and will base his support or non-support of the project on the encounter. At the same time, the volunteers are judging and evaluating the professional trainer and

deciding whether or not they are going to use him as a referral in the future.

Due to this mutual evaluation process, timing is extremely important. In the beginning, less judgemental, but competent, professionals should be used as trainers. Such professionals generally provide an acceptance of the volunteers' role and are able to create a non-threatening atmosphere which will establish a foundation from which the volunteers may begin to better understand the role of the professional.

Modification of the volunteer training program. The same format for initial training of volunteers was utilized throughout the remainder of the first year from June 1971, through May of 1972. The only change was that the training program was reduced to 15 hours from 30 hours. It was felt that one hour per problem area was sufficient as opposed to the two hours per area in the original design. A variety of professional people from the same fields were utilized where possible to increase the exposure and ideas the volunteers would receive as well as increase the number of qualified and competent people involved in the HELP Center program.

New training program implemented. In June of 1972, a new initial training program was designed and implemented. During the previous year, it had come to the director's attention that new volunteers, although having received pertinent information from the initial training

were unable to communicate effectively with someone who was in need of help until they had taken part in the in-service training program (to be discussed later) where they could try out various communication skills. In general, volunteers were frequently mechanical in the manner in which they were receiving and referring clients. This was unacceptable in that one of the center's objectives was to tailor-make referrals which would be most beneficial to the client as well as the person or agency referred to. Some important aspects of a tailor-made referral which must be taken into consideration are: (a) severity of problem, (b) general stability of the client, and (c) flexibility of the person or agency referred to. The three factors listed are of vital importance and require that the volunteer become involved with the client on a humanistic person-to-person level. Volunteers operating out of strict referral set will not become involved enough to assess these factors. A machine could do as well. Therefore, a 16 hour initial training program was designed which focused on interpersonal communication. The volunteers first received a training packet (see Appendix C for description of contents) which contained materials on the procedures of the center and the two most serious problem areas encountered at the center: (a) suicide prevention, and (b) handling of a drug crisis.

After reading through the training packet, the new volunteers entered training. The first four hours were spent in orientation.

Volunteers were first introduced to the procedures and component programs of the center. Volunteers were then introduced to basic communication skills which would aid them in their work. Approximately six hours were spent on interpersonal communication in face-to-face contact situations, and another six hours on communication over the phone. The volunteers role played the various help situations they might encounter in both of these settings. The initial training was now being provided by the director and experienced volunteers instead of members of the professional community in an effort to better introduce new volunteers to the feeling of the center and the work they would be doing. Communication between the volunteers and members of the professional community was achieved during the in-service training.

In-service training program. In-service training of the volunteers was introduced in September of 1971. This took the form of role playing in small groups of five. It proved to be effective in that volunteers were able to try out their skills, using the information made available to them on the various problem areas. This procedure was very time consuming, however, in that the volunteer staff numbered 60. Thus, it was replaced by a new in-service training program implemented in November of 1971.

The new program consisted of a two hour meeting every other week in which the first half hour was spent as a business meeting. The next half hour, to an hour, was allotted for a formal presentation, by a

professional person, on a problem area where more training was needed. The volunteers were placed in six groups of ten for the role playing sessions. Each group was lead by a professional person which allowed for further communication development between themselves and the volunteers. Response on the part of the volunteers was favorable. In general, they felt that it was very worthwhile and added to their experience as a volunteer.

#### Detailed Explanation of Services Offered by the HELP Center

The center strived from its inception to offer diverse modalities by which it could reach people in need of service. Each of these service modalities are reviewed here.

Twenty-four hour telephone service. This service was used primarily by the adult population (19 years and over). It served people throughout Gallatin County, giving individuals who could not or did not want to come to the center an opportunity to reach out for help. As Berman, Davis, & Phillips (1973) point out, a major attraction of crisis centers is the availability of volunteers or paraprofessionals on an anonymous and confidential basis, especially after most other related agencies are closed. This might account for the popularity (based on usage) of this particular modality over other components of the center.

Twenty-four hour walk-in service. This service was used primarily by young people (18 years and under) when the center first opened.

However, during the summer of 1972 more and more adults began to use this service also.

The priority in the walk-in facility was to handle any crisis or problem situation which might present itself. However, the walk-in service was expanded to include other activities, such as open and closed rap sessions, and alternative programs such as arts and crafts in the fall of 1972.

Twenty-four hour outreach service. This service was extended to the entire Gallatin County, and was aimed at those people who could not or did not wish to come to the center but required personal contact. The outreach teams responded primarily to cases of attempted suicide or drug crisis. The service was offered via teams comprised of one male and one female with the director of the HELP Center acting as their back-up person. All volunteers serving on these teams carried advanced first-aid cards, and while on a call had direct lines of communication with one of three medical doctors.

Other programs offered within the center. As stated previously, in the beginning the walk-in service was open only for crisis intervention. However, in the fall of 1971 open and closed rap groups, and alternative activities were introduced.

1. The objective of the open raps was to allow individuals to come to the center and take part in discussions which might offer help in an indirect manner. They also allowed a person the opportunity to



come in without having to state his problem immediately. If he had a problem he was able to pick out someone he decided he wanted to talk with. Although this concept had some positive features, for the most part, it led to problems. It became easy for a person with problems to hide, and it was also an invitation for people to just "hang around". As a result, the idea of open raps at unspecified times was dropped in June of 1972. Open raps offered after June 1972 at the center met at specified times and lasted approximately one hour.

2. Closed raps were introduced to the center in late November of 1971. The purpose and objective of the closed groups was to encourage young people, who were coming to the HELP Center on a regular basis, to make a commitment to a discussion group where problems facing them could be dealt with either directly or indirectly. A second objective of the closed rap sessions was to establish more meaningful communications between people from the various segments of the community that were somewhat isolated from each other. These closed rap sessions were discussion groups, and the participants selected topics they wanted to discuss. Representatives from the professional community having expertise in a given area of interest were invited to rap with them. Topics discussed in some sessions, for example, were law enforcement, sex, parent-child relationships, etc.

The closed groups were suspended in June of 1972 so that volunteers

interested in becoming rap group leaders could receive group leadership training during the summer months. The training involved an evaluation of the center's experience with closed groups during the previous year, as well as more intense training in group processes. Again, people from the professional community well-versed in the dynamics of group process were employed as trainers.

Open and closed rap sessions continue to be offered at the HELP Center in the form of parent-child raps, parent raps, adult raps, teenage raps, etc.

3. The arts and crafts program was seen as a preventive program which offered alternative activities to a wide range of people, some of who were involved with drugs. The program's objective was to offer, to those who could not otherwise afford it, an opportunity to pursue interests in any arts and crafts area that they might wish, such as leather, jewelry, painting, macrame, etc. The assumption here was that the participants might find and develop an interest that would provide them with (a) an outlet for self-expression or (b) an activity which they would find more rewarding than becoming, or continuing to be, involved with illicit drugs. Another more important consideration was that this program might provide HELP Center staff a vehicle through which they might be able to reach and establish rapport with hard to reach youth.

Participants were encouraged to turn in goods or money received for their wares, back to the program so that any profits derived from the sale of such items might be used to support the program.

#### Cooperative Programs Offered by the HELP Center and Other Agencies

Pederson et al., (1973), taking the point of view that crisis centers have the potential to apply a wide range of community mental health principles, have indicated that few centers have realized their potential in becoming a community mental health resource through offering general information and aid in coordination between agencies. The following programs demonstrate that cooperation and coordination between agencies can be a reality as Pederson et al., suggest.

Youth employment service. This service was a cooperative venture between the Montana State Employment Office, the GCHD Alternative Program, and the HELP Center. The program was designed to help youth find summer employment. The Employment Office generated the jobs and placed the youth, while the HELP Center performed a follow-up program (see Appendix D) in an effort to measure the effectiveness of the program. The questions in the follow-up data sheet were also geared to provide the center and the GCHD Alternatives Program with information useful in setting up workshops to help young people learn how to succeed on the job. The assumption was that if young people could become more aware of the dynamics of the system from which they were alienated, that they would learn to manipulate that system more effectively, thereby reducing their

alienation. Based on the success of the program to date, this assumption appears to be valid.

Volunteer drug counseling program. This program involved the cooperation of the 18th Judicial District Court, 18th District Parole Office, County Sheriff's Office, Probation Office, Bozeman City Police Office, and the HELP Center. It was directed at convicted drug offenders under the age of 21 who, by law, were to be given a deferred imposition of sentence. Under this program volunteers from the HELP Center were allowed to enter the jails to talk with the convicted drug offender. The District Court extended to the volunteer the same rights of confidentiality as those extended to lawyers. The objective was to establish a relationship with the person that would aid him in identifying with a new peer group, and help him obtain professional help if needed upon his release from incarceration.

Bozeman Problem Drinking Center (BPDC). The HELP Center established a cooperative relationship with the BPDC upon its opening in November of 1972. This relationship remains intact at this writing, and consists of telephone answering and outreach back-up services. The 24 hour answering service, via a telephone jack system located at the HELP Center, allowed the staff at the BPDC greater flexibility and freedom of movement. If they had to be away from their offices, they simply would notify the HELP Center and the center would receive and handle their calls.

The outreach and back-up services offered to the BPDC served to

strengthen their delivery of services to alcoholics when the BPDC staff was unable to respond immediately. Further, this arrangement served to strengthen the services of both the BPDC and the HELP Center by reducing unnecessary duplication of services.

Dorm supervisors training. The office of On-Campus Living at Montana State University requested that the HELP Center provide the crisis intervention and drug-related training for their resident advisors for the 1972-73 and 1973-74 school years.

18th Judicial Parole Office. During the winter of 1974 the HELP Center entered into a cooperative agreement with the 18th Judicial Parole Office which established a referral network. The parole officer referred all parolees assigned to Gallatin County to the HELP Center for mobilization of community resources. The HELP Center provided the parole officer with a monthly narrative review of which resources had been brought to bear on the individual parolees case. The HELP Center also coordinated staffings between the parole officer and other helping agencies as needed. See Appendix E for presentation of the formal agreement between the Parole Office and the Help Center.

#### Objective Support For the New Help Center

Support for the HELP Center has been demonstrated in a variety of ways such as (a) donated materials, time and service, (b) support from private and agency professionals, (c) volunteer support and (d) financial support.

Donated materials, time, and service. Necessary renovation of the Center facility would not have been possible without the special buying privileges and donations of time, services, and materials from the labor unions, independent contractors and business community.

Support from private and agency professionals. Further, the high quality of service could not have been achieved and maintained without the continued support and sharing of knowledge by private and agency professionals such as physicians, psychologists, social workers, counselors, lawyers, policemen and school officials.

Volunteer support. Another major aspect of community support which must not be overlooked is that of the volunteers who unselfishly give of their time to jump over rigorous hurdles to participate in the program. Their contribution can never be overstated for without them the program would cease to exist.

Financial support. The HELP Center conducted its first major fund drive in the spring of 1973 and received \$11,640.00 in contributions from the residents of the city of Bozeman and Gallatin County. This is viewed as a major indication of success when compared with the community's response to the original center.

## Chapter III

### Evaluation Of The HELP Center

This chapter will deal specifically with the issue of evaluation of the HELP Center model. In assessing the program, emphasis will be placed on the goals and objectives presented in Chapter II (pages 15 and 16). The two main goals were: (a) to provide help to those individuals needing and wanting help and (b) to provide well-trained volunteers to handle problem situations. The three primary objectives were: (a) develop a screening process for the selection of volunteers, (b) develop an indepth training program for volunteers, and (c) establish direct communication between agency representatives, professional people and the volunteers.

The evaluation will be based on four sources of data: (a) a review of HELP Center statistics compiled over the past three years (June 1971-May 1974), (b) pertinent findings from a program evaluation (September 1973) conducted by the General Research Corporation (GRC) for the United States Office of Education (USOE), (c) relevant outcomes of a sociometric study currently (Spring and Summer 1974) being conducted by the Washington, Alaska, Montana and Idaho Medical Program (WAMI) and (d) financial support from the community of Bozeman and Gallatin County.

For ease of reading and conceptual clarity, evaluation will be presented as outlined above and related to the goals and objectives as applicable.

### HELP Center Statistics

The statistical review presented here is descriptive rather than inferential in nature. The analysis of the presented data will be based primarily on subjective experience and observations. The author feels somewhat apologetic for employing this approach. However, time, manpower, and available financial resources did not allow for a more sophisticated approach to evaluation. This need is recognized, however, and it is hoped that in future years more sophisticated research might be conducted.

Frequency of help situations. As one reviews the monthly statistical records, it is readily apparent that the center has grown with respect to the number of people making use of the service. Figure 1 demonstrates the stability of the HELP Center's growth through a comparison of the total number of help situations responded to during the same time periods for 1971, 1972, and 1973.

The first year of operation illustrates the most dramatic growth period, with 40 help situations in June of 1971 as compared to 206 help situations during the month of May 1972. The last two years presented indicate stabilization, as well as, continued growth. Comparing the first year's (1971) total of 1,593 help situations to the second year's (1972) total of 2,142 help situations, there is an observed increase of 549 help situations for the year or 45.8 more help situations per month were received by the HELP Center. Looking at the third year (1973) of



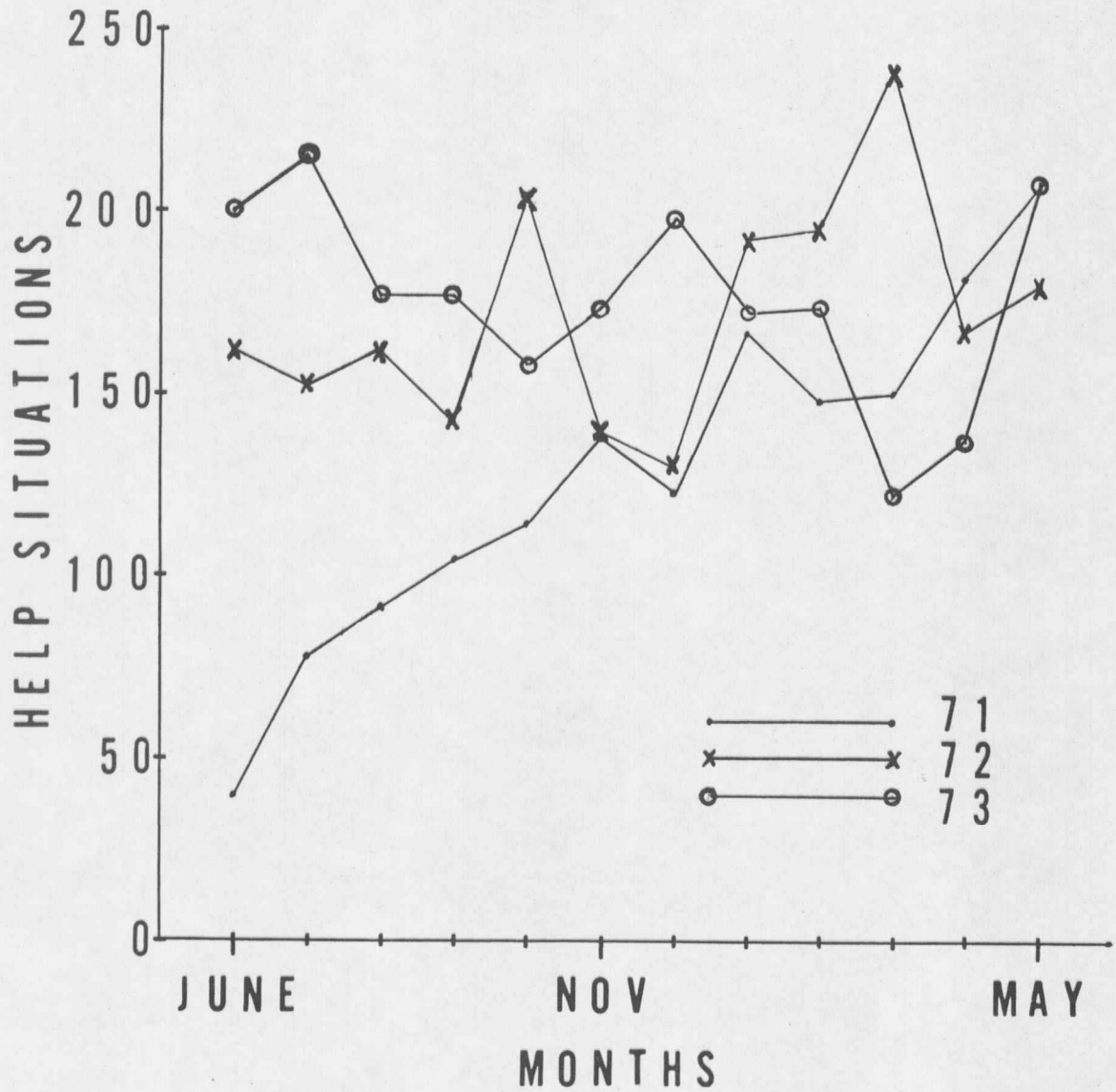


Fig. 1. Yearly comparison of help situations responded to in 1971, 1972 and 1973.

































































































