"NOT IN VAIN"
A STUDY OF THE
CRISIS INTERVENTION CENTER
OF MUNCIE, INDIANA

A SENIOR HONORS THESIS
SUBMITTED TO THE HONORS PROGRAM
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PREFACE

This paper is designed to help anyone who has a desire to set up a crisis hotline in his community. Although it does not cover every aspect of starting a hotline, the major steps in organizing such a service are explained. As I have stressed throughout the paper, every hotline is different, so this paper is merely a guideline to provide a foundation for people unfamiliar with the way hotlines function.

This paper also serves an historical interest in that it traces the development of a particular hotline, the Crisis Intervention Center of Muncie, Indiana. I personally worked there for three months, and I think that it is a great service to the community and to those people who volunteer their assistance.

I am greatly indebted to my adviser, Kenneth Nunnelly, for his encouragement and patience with me throughout the writing of this paper. I also want to thank Dorothea Bump, Darrell Dobbs, Dorothy Fisher, Don Hendrickson and Debbie Bartrom for their kind assistance in providing me with information for this paper. I hope that it will help them, and all the people who work with the CIC, in their efforts to help others help themselves.

M.E.M.

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INTRODUCTION

A middle-aged woman takes too many sleeping pills but changes her mind... A young girl thinks she might be pregnant but doesn't know how to find out... A small boy can't decide between the two little girls who say they love him... A college freshman is lonely and wants someone to talk to. These situations appear to be very different. The people involved vary greatly in age and their problems cover a wide spectrum of gravity from a pre-pubescent love triangle to a possible suicide. There is one element, however, which ties these situations together--each person is undergoing a personal crisis. Chances are that they will manage to get through these various traumas unaided, but it is equally likely that at least one of them will lose her life. For centuries man has been trying to deal with the problem of how to help those unfortunate people who are facing crises--how to get those who need help and those who want to give it together.

In recent years, a new approach to this problem has been put into practice. Stemming from the concept of Suicide Prevention Centers, crisis hotlines have been set up all over the country. Their basic purpose is to provide help to people with personal problems or crises, via a free telephone service. Unlike the Suicide Prevention Centers, the crisis
hotlines deal with a variety of minor problems as well as potential self-destruction. Although these hotlines have been successful in many communities, many places do not have this service yet. It is the purpose of this paper to illustrate the necessary steps toward developing a hotline by tracing the history of the Crisis Intervention Center of Muncie, Indiana.
I. UNITING INTERESTED PEOPLE

The first step in organizing a hotline—as with most organizations—is getting the interested people together. Perhaps the best place to begin is asking oneself the question, "What kind of people are really interested in helping others with their problems?" Naturally, one of the first answers would be psychiatrists and psychological counselors. Others would most likely be social workers, ministers, doctors, lawyers, people involved in volunteer work, teachers, and many others. Another significant source, particularly among young people, are persons who have been involved in social reform movements such as civil rights, ecology, and anti-war activities. The categories mentioned, however, are only primary sources; others, such as housewives, businessmen, and mailmen, will volunteer as things start rolling.

Youth Involvement

In the case of the CIC (Crisis Intervention Center of Muncie, Inc.), there were two radically different groups involved in its conception. One consisted of several young people who were interested in helping society in a constructive manner. Four of them had been involved in the Vietnam Moratorium Committee at Ball State University the previous
year, and the fifth one was a resident of Indianapolis who had been involved in a heavy drug scene and wanted to prevent others from "freaking out." These five youths worked on the Emmanuel Hotline in Indianapolis during the summer of 1970. In June of that year, they came up with a plan of their own. Their original scheme was to go around the country in a Greyhound scenic cruiser and start hotlines wherever they went. After talking to a businessman about getting a research grant from Eli Lily, however, they realized that they needed to prove themselves first. Since four of them were Ball State students, they decided to begin by setting up a hotline in Muncie.

**Adult Involvement**

Meanwhile, a group of adults in Muncie had been working on a similar idea for several years. Darrell Dobbs, Director of Counseling and Psychological Services at Ball State University, was one of them. After arriving at Ball State in the summer of 1967, he discussed the mental health problems of the community with Pat Jones, the executive director of the Mental Health Association of Delaware County. According to Dr. Dobbs, "one of the things that we were struck by was that it was/mentally unhealthy community. People waited until the last moment to deal with their emotional problems." They also agreed that the people of Delaware County were very unknowledgeable about mental health programs, drugs, and
alcohol. Dr. Dobbs, who had been interested in suicidology for a long time, discovered that "the rates were alarming in this county" and he stated "there was no reason for it to be so high." He and Mrs. Jones decided that a Crisis Intervention Center, coupled with a Public Health Program, was the answer to this undesirable situation. As a result, Dr. Dobbs took the organization of the hotline on as a personal project. This was in 1967—three years before the group from Indianapolis merged with the one in Muncie.

As stated earlier, the first step in starting a hotline is getting people together, and this was exactly what Dr. Dobbs attempted to do. One of the first people he contacted was Bill Sutton, a professor at Ball State and a member of the Kiwanis. Dr. Sutton had been interested in a suicide prevention center since 1964, and he was a real community man who knew the pulse of the community. He agreed with Dr. Dobbs that it was a great idea. The Muncie community, however, did not seem to be ready for it. Dr. Dobbs' next step was to try to set up a Community Network Referral System. The purpose of this was to set up some means whereby people in need of assistance could contact the proper agency. Dr. Dobbs went to the various agencies and tossed the idea around, but the project soon became a "community football." Everyone wanted it housed in their own facility. In addition to these diplomatic problems, Dr. Dobbs only raised ten dollars in two years. Despite his ideas and know-how, he was extremely discouraged.
Increased Interest

Throughout the time of Dr. Dobbs' futile attempts to start a hotline in Muncie, however, there was a change in the community's attitude toward such problems. Stemming from a rash of glue-sniffing accidents, the Mayor's Drug Commission was set up in the fall of 1968. Since drugs were a major problem which the hotline was intended to deal with, the people on the Drug Commission later became interested in helping Darrell Dobbs set up the Crisis Intervention Center. Another source of interest sprang from Don Keller of the Bethel Boys' Home. He was interested in reaching people between the ages of seventeen and 35, and he thought a 24-hour telephone service would make that possible. The culmination of these forces came in 1969 when David Schramm, representing the United Campus Ministries, made a pledge of $1000 in order to get things moving.

Shortly after this turning point, Dr. Dobbs left for Europe, but a training session for interested people was set up in his absence. It was held on two Saturdays during the spring of 1970, but only twenty ministers showed up for it. Since this attempt was so unsuccessful, the idea for a hotline was temporarily forgotten.

In June, Dr. Dobbs returned to Muncie and tried to pull things together again. A board was formed consisting of fifteen people with a wide range of interests and professions. It included public relations people, ministers,
counselors, social services workers, nurses, representatives from the Drug Commission, Jaycees, and other community people. The first official board meeting was held July 22, 1970.
II. SELECTING A DIRECTOR

The first step of getting interested people together had been accomplished by the CIC of Muncie, but a second important hurdle had to be overcome. As in any organization, a hotline needs a strong leader to pull things together and give it some direction. In other words, the next step in developing a hotline is locating a person to act as coordinator or director of the entire operation. Since this choice is so important, a discussion of the qualities helpful to a person in this position follows. Although all of these qualities are not absolutely necessary, they can contribute a great deal to the success of the hotline.

First of all, the director should have a knowledge of the workings of the community--its structure, power forces, agencies and service clubs. A person who has lived in the community for several years and "knows which buttons to push" could be invaluable in making contacts, raising funds, coordinating referral agencies, and gaining the public's confidence in the hotline.

Secondly, the director should have an abundance of spare time. Setting up and coordinating a hotline is not an easy task. Since it is a 24-hour service, the hours are demanding and the director should be available around the
clock. Thus a person with a full time or part time job, a
mother with children at home, or someone who has already com-
mitted much of his or her time to another project, would not
be a good choice for the position.

Third, a person must be a good organizer to serve in
this capacity. Schedules must be worked out, forms made a-
vailable, statistics figured out, and bills paid on time.
Hundreds of things must be planned, worked out, and done
properly in order to ensure the smooth operation of the hot-
line.

Fourth, the director must be able to get along well
with people. He should set an example for the other volun-
teers through his ability to listen to problems and offer
advice. He should also be able to inspire the confidence of
potential referrals, contributors and community people in
general. It is the director's enthusiasm, energy and empa-
thy with others that holds the hotline together.

Finally, the person chosen must be charitable. The
job of director is a difficult one which demands boundless
energy and long hours of hard work. Most hotlines cannot
guarantee a salary for the director when they first start, so
there is no financial reward involved. Although it is an ex-
citing and rewarding position, few people can afford to as-
sume such a responsibility.

After such a demanding list of qualifications, one
would think it impossible to find a person who could meet
all of the requirements for the position of director. The Muncie CIC was lucky, however, because Dorothea Bump was just the right person. She was elected director at the first board meeting, and she gave the hotline the impetus it so badly needed. She had a thorough knowledge of the Muncie community because she had lived there all her life. Her family, in fact, had resided there for generations. She extended this knowledge by working as a newspaper reporter during World War II and later for the local CBS station and then an advertising agency. Since her son was a grown man, and she no longer worked, she also had plenty of time to devote to the hotline. Her husband was employed as a teacher, so she did not need to depend on the hotline for an income. She was particularly interested in the CIC because she had covered the Mental Health chapter as a newspaper reporter and was a member of its board at the time of her election. She was also a member of the State Mental Health Advisory Council. Her interest in mental health, combined with her enthusiasm, charity, and willingness to work, made her a perfect choice for director of the CIC.
III. OFFICE SPACE AND FURNISHINGS

One of the first obstacles the director of a hotline must overcome is finding a place to operate from. With the assistance of Mike Tevis, a probation officer in Muncie, the CIC was able to rent an office, which was formerly part of the Probation Department, for only $30 a month. It was located downtown above a florist shop, and it consisted of two large rooms with one small one in between. This is about the minimum space needed to operate effectively.

After the office space was leased, it had to be furnished and equipped for use as a hotline. One room was set aside as the phone room and three phones were installed. The small room was reserved for the director's office, and the other large room was set up as a lounge and conference room. Mrs. Bump's first move was to ask for donated furniture over the radio, but most of it turned out to be junk which the CIC had to pay to get rid of. Her advice to other hotlines is "to look at the furniture before you accept it." Ultimately, most of the furniture was given by friends, and an upholstering class at the YMCA fixed much of it.

When all the rooms were finally furnished (long after the CIC actually opened), they were very functional as well as comfortable. To give the reader some idea of what is
necessary to achieve this, a description of each of the three rooms follows. The phone room is large enough to accommodate four people comfortably. (Only four people are allowed in this room at a time.) There are two desks with chairs, one sofa bed (people on the night shift need some sleep), one easy chair, a two-drawer file cabinet, two straight-back chairs, one phone table, two bulletin boards, and a radio. The phones are arranged so that each volunteer has some distance from the other workers. The phones are also equipped with special attachments to filter sounds. Books and magazines are available for reading between calls, and playing cards and other amusements are kept in the desks. Some important references which are kept in the phone room at all times are the PDR (Physicians' Desk Reference to Pharmaceutical Specialties and Biologicals), a dictionary, the World Almanac, a City Directory and a telephone directory.

The director's office is very small, and it contains an office desk and chair, book shelves, a four-drawer file cabinet, a straight-back chair, a typewriter, a table, a lamp, and a coffee-maker. The walls are papered with cheap paper so that the volunteers can contribute their own graffiti.

The lounge and conference room is the largest of the three. It has a coke machine, a sofa, a section, two easy chairs, a conference table with six chairs, a coffee table, an end table, a large bulletin board and three lamps. Lava- tory facilities are located down the hall, and keys are kept
in the phone room. During the day, the door to the CIC is kept open, but it is locked at night. Volunteers must press a buzzer and a fellow worker unlocks the door. This is a safety precaution to protect the volunteers.

This description is not necessarily a recommendation. Most beginning hotlines will have to work with what they get. It is important, however, to make the phone room as livable as possible because the volunteers spend at least four hours there at a time. It is also desirable to place the phones as far away from each other as possible so that each caller will have the volunteer's full attention. It might even be advisable to install panels between the phones so the workers will not be distracted during calls. Probably the best advice is to be flexible--experimentation with different arrangements will lead to a comfortable and functional hotline headquarters.
IV. FUND RAISING AND BUDGETING

Although locating office space is important, even that step is impossible unless some funds are raised. This is a difficult problem for most hotlines, because many possible donors do not understand what the hotlines are trying to do. To begin with, it is probably best to approach charitable organizations and agencies for contributions. Before the first contribution can be collected, however, the hotline must be incorporated. Donations are easier to get when they are tax deductible.

The CIC received almost $2000 during its first four months. Mrs. Bump approached groups like the United Fund, the Council of Social Agencies, the Delaware County Council of Churches, the Mental Health Association, and other likely organizations. The United Campus Ministries, of course, had already pledged $1000. The money came in slowly at first, but as the number of calls to the hotline increased, and more was done on publicity, the contributions increased. Hotlines should not be discouraged if their finances are low, because donations will come forth once they have proven their worth. Eventually, most of the contributions to the CIC were from individuals in small amounts.

The major expenditure in running a hotline is the
telephone bill. In the case of the CIC, it is about $100 a month for three phones with four outside lines. Other expenses include rent ($30 a month), training programs, office supplies, travel, and other miscellaneous items. If the director is paid a small salary ($5000 a year), the total amount necessary to run a hotline is about $8000 a year. Since it would be very difficult to raise such a large sum from small contributions, the CIC hopes to get some kind of grant from Ball Corporation and the Ball State Foundation. Eventually, it may be funded through the Department of Mental Health or possibly the state legislature. Hotlines interested in obtaining these kinds of funds must keep records and statistics so that they can present evidence of their worth. Methods for keeping track of this information will be discussed later.
V. ORGANIZING REFERRALS

Contacting Resource Agencies

One of the basic functions of a hotline is to help the caller use the available resources in the community which are applicable to his particular situation. Locating these resources, convincing them to help the hotline, and compiling a referral handbook for the volunteers, is a major organizational task. Mrs. Bump, the director of the CIC, used her own resources and knowledge to accomplish this task. She developed the referrals through phone calls and personal visits. Her previous contact with various social agencies paid off in their cooperation with the CIC. The only problem Mrs. Bump encountered with them was their reluctance to share territory in regard to various resources. As a group, the medical professions were very uncooperative, but Mrs. Bump was able to find a few doctors who were well enough established that their status would not be harmed if they provided birth control and abortion advice. As far as legal service, only young lawyers were willing to help, because their practices were not large enough to take up all their time. By using her own acquaintances and those of the other people involved in the CIC, Mrs. Bump was eventually able to
compile a thorough referral handbook for use at the CIC.

The Referral Handbook

The Referral Handbook is an integral part of the hotline office. At the CIC, it is kept by the phone at all times so that the volunteers will have immediate access to information concerning emergencies and other resources. Each volunteer is given a handbook during his training so that he can become familiar with the usual referrals and who should be referred to whom. Phone numbers, office hours, and other pertinent information are included along with the names of the various services.

The handbook itself is divided into seven major categories: emergency, depression, suicide, drugs, family, health, and miscellaneous. This is done to help the volunteers find the appropriate referral as quickly as possible. The emergency section includes information on when a physician is needed, and the telephone numbers of the ambulance service, hospital, police department, and fire department. The section on depression has references for psychological, family, and marriage counselors. It also gives a referral for dating problems. Under the heading of suicide, a check list for assessment of suicidal potentiality is given. If the worker pays close attention to the categories listed, he should be able to tell how serious the caller is actually contemplating suicide.
The glossary of drug terms, which is also a part of the training manual (see Appendix II), is included in the section on drugs. There is also a list of pharmacists who can be called to identify drugs and to recommend antidotes. The CIC also has a special service called "trip sitting," whereby a volunteer will "baby sit" for someone who is doing acid alone. This service has recently been assumed by the Aquarius House, which specializes in drug problems. Other numbers listed under drugs are Drugs Anonymous, doctors who give methadone, Alcoholics Anonymous, Al-Anon, and the Muncie Mission (shelter for men trying to withdraw from alcoholism).

The section entitled "family" lists a variety of resources. A subsection on adolescents includes family counseling, draft counseling, homosexual counseling, the Job Corps, the Neighborhood Youth Corps, and the Vocational Rehabilitation Division. Another section on children lists the Child Guidance Clinic, the Juvenile Aid Department (police), the Children's Home, Day Care Homes, Day Nurseries, and a tutoring service. The last subsection, financial assistance, gives information on the Salvation Army, the Red Cross, Muncie Goodfellows, the Township Trustees, and the Welfare Department. Most of these deal with emergency situations.

Birth control, pregnancy, and venereal disease are the main topics of the section dealing with health. General physicians, obstetricians and gynecologists, who are cooperative in regard to birth control and abortion information, are listed here. There are also references to Planned
Parenthood and other sources of birth control counseling. Information on venereal disease is also available in this section.

All remaining referrals are naturally grouped under Miscellaneous. These include information on adoption, homes for the aged, aid for the blind, YMCA and YWCA, various employment agencies, housing for homeless and needy people, and various sources of legal aid. A group of lawyers have cooperated with the CIC by providing free legal counsel every Wednesday morning. The Police Department has assisted the CIC by agreeing not to arrest anyone on a drug charge whom they come in contact with through the CIC. This is important in gaining a caller's trust.

The Referral Handbook is undergoing constant revision as new agencies are formed and other agencies agree to cooperate. Probably the best system for organizing referrals would be an index file. It would be much easier to keep it up-to-date. It would also be quicker for a hurried volunteer to find a reference if he could flip through a file instead of paging through a manual. Once again, each hotline should use whatever system suits it best. In any case, some kind of referral system is an absolute necessity.
VI. OPENING THE HOTLINE

Once a group of interested people are united, a director is elected, funds are raised, a headquarters is furnished, and referrals are contacted, it is possible to open a hotline on a limited basis. In order to operate around the clock, more volunteers must be recruited, a training program planned, and a structure set up. Originally the CIC planned to open in October. This was before the group from Indianapolis found out about the CIC. The "freaks" (the name the young group assumed for themselves) had been trying to make contacts in Muncie all summer and finally met with some people from the CIC. At first, they believed that the older group was strictly a professional organization for people with degrees. The "freaks" also thought that the CIC would fold because they did not think that people would trust professionals. After several meetings with some members of the CIC however, the younger group found that the CIC welcomed all types of people as volunteers. Since it would be almost impossible to maintain two separate hotlines in Muncie, the two groups decided to merge in August. The only disagreement between the two groups concerned the opening date. The younger group wanted to start as soon as Ball State University resumed classes, feeling being that more interest would be generated on the
part of volunteers and callers if they started the hotline with the beginning of the school year. Since the "freaks" also volunteered to staff the hotline at all times, it was finally decided to open on weekends as soon as school started.

Thus no one was really trained when the CIC opened, and there was very little publicity. In fact, a few newspaper articles and hundreds of dittoes plastered all over the Ball State campus were the only advertisements whatsoever. The "freaks," who had worked at the Emmanuel Hotline in Indianapolis, staffed the CIC most of the time. No structure, procedure, or record-keeping had been set up. As can easily be seen, the Muncie hotline got off to a shaky start; but even at first, callers were given the help they needed. There were only a few calls, but one of them happened to be a man who was suffering from an overdose of drugs combined with alcohol. Two of the male volunteers took the call. They learned that the hospital had told the man not to come back because of numerous suicide attempts. The man stated, however, that he had not really intended to kill himself. The two volunteers asked the man to come up to the CIC, and they immediately called an ambulance. He got to the hospital on time and is now working and making plans to go West. Without the help of the hotline, he would only have lived for nine more minutes (according to the emergency room staff). The CIC had already proven how important their service could be.

Actually, it is not advisable to open a hotline with so many things yet to be worked out. Although it is possible
to work with few volunteers, it is best to set up training programs and recruit volunteers before the opening date. There will always be mistakes made at first, and many things can only be learned from experience; but with proper planning, a hotline can start out with some organization and smooth operating procedure.
VII. RECRUITING AND TRAINING VOLUNTEERS

Recruiting

Approximately 80 volunteers are needed in order for a hotline to operate on a 24-hour basis. It takes a long time to recruit that many willing people and train them. The CIC recruited its volunteers from two main sources. One of them was Ball State University. By means of flyers, advertisements in the campus newspaper, and a table in the Student Center, the hotline was able to interest many students. Most of the other volunteers were obtained by handing out flyers at churches and speaking to church groups. The CIC did not train enough volunteers to staff the hotline during its first training program, but after two programs it had over 80 well-trained people. Once the initial 80 people are gathered together, it is usually easy to get additional volunteers through their friends and other people to whom the original workers speak.

One of Dorothea Bump's fears concerning the recruiting of volunteers is that the CIC could be a good set-up for drug pushers or homosexuals desiring contacts. Because of this, each trainee must fill out an application (including references and reasons for volunteering) at the beginning of
the training program. These are screened carefully by the
director and group leaders, and volunteers recommended ac-
cordingly.

The Training Program

The purpose of the training program is twofold. First
of all, the trainees need to learn certain factual informa-
tion such as how to use the Referral Handbook and the City
Directory. Secondly, they need to develop their empathic
skills so that they can identify problems and hear what the
caller is really saying. Both of these elements are equally
important, so a training program should incorporate a good
balance of both types of training.

The CIC held its first training session on three con-
secutive Saturdays during September and October of 1970.
According to Don Hendrickson, the director of the training
program, it was heavily didactic in form and content.
Rather than letting the trainees learn through role-playing
and empathy training, most of the information was transmitted
through lectures and panel discussions. Psychologists, so-
ciologists, policemen, lawyers, and physicians were called
upon to relay information concerning what their particular
services could offer the Center. This first session also
used tape recordings of suicide calls made to other hotlines,
followed by discussions of the way the volunteers had handled
the calls. The group discussions were led by professional
counselors who had experience in group dynamics. There was no training manual at this time and little was said about referrals and other useful information. Although the actual training lasted 40 hours, many of the volunteers were not really prepared to work on the hotline after the training. At the end of the program, the volunteers were asked to work on the telephones, work at the Center in some other capacity, work on a probationary basis or not work at all. Since a volunteer's actions could mean life or death for a caller, such evaluation is an extremely important part of the training program.

The second training session was very different from the first in that it emphasized experiential rather than didactic training. The lectures and panel discussions which had been the main part of the first session were tape recorded, and the information was printed and used in the training manual handed out in November (see Appendix II). The time which had formerly been spent in passive listening was made available for more group activity. Once again professional counselors led the groups (about ten to a group), but a new dimension was added. Trained volunteers participated in some of the discussion in order to give the trainees some idea of what to expect when they became workers. The rest of each group's time was spent in empathy training and role-playing. Trainees took turns playing volunteer and caller, and the rest of the group criticized the way each of them handled his role.
This gave the trainees the opportunity to see how they functioned in various situations and it also gave them, as well as the group leader, a chance to evaluate each other's ability to handle calls.

Most of the factual information was transmitted by requiring each volunteer to read the training manual which is included in Appendix II. The trainees were also required to study the Referral Handbook carefully so that they would know whom to refer to whom almost immediately. Another requirement was for each trainee to visit the CIC for at least four hours during the training period. This was rather difficult since only four people are allowed in the phone room at one time. Since three of these people were always workers, only one trainee could observe at a time. This caused a great deal of turmoil at the Center and among the trainees. Many of them did not observe for the required amount of time, and those who did often had to sit in the phone room without even being told what was going on. It was evident that a more efficient method for providing on-the-spot training would have to be worked out.

This session lasted only 30 hours since much of the training was gained through reading materials. The trainees from this session were perhaps a little more empathetic than the previous group, but they were not quite so confident about factual information. A balance of didactic and experiential training had not yet been achieved.
In April many improvements were made and the training fulfilled its purpose as closely as possible. Instead of using professional counselors, each of the groups was led by two volunteers from the CIC itself. Since they had worked on the hotline already, their information was more relevant than an outside counselor could give. The group leaders were given certain tasks to accomplish such as role-playing and discussing referrals. Didactic lectures were placed between these group sessions so that a good balance was achieved.

The time and space difficulties encountered in having the trainees observe the CIC in action were countered by having each group go down with its co-leaders sometime during the week between Saturday sessions.

The training program had finally been worked out to fulfill its purpose of training and evaluating good volunteers. It took several attempts, but the CIC learned from its mistakes. In the future, Dr. Hendrickson hopes to make the training program even better by developing "crisis tapes" to guide discussion leaders. Each group leader would have a programmed tape which would explain the purpose of role-playing, how much time to spend on each kind of experience, and other helpful guidelines. Through this method, each trainee would be assured of getting the necessary information and training. Improvements will probably be made in other aspects of the program, but the basic structure will remain the same.
VIII. PROVIDING STRUCTURE

A hotline can be a very unwieldy enterprise if it is not given some type of structure. The director must be able to participate in board meetings, ensure that three volunteers are on duty at all times, and keep statistical records for multiple purposes. Although each hotline will have a different method of accomplishing these things, the following suggestions may prove helpful.

The Board

The director of a hotline, no matter how competent, cannot take care of every detail. He needs a competent group of people behind him who know their duties and attend to them without prodding or reminders. The Board of Directors fulfills that role in the case of the CIC. It consists of the four standard officers (president, vice-president, secretary and treasurer) plus several committee chairmen. These committees include, but are not limited to, the following: Advisory Committee, Clinical Training Committee, Volunteer Services, Finance Committee, Fund Raising, Publicity, Physical Facilities, and Evaluation Committee. The CIC encountered some difficulty in getting the committees to work properly, but many of the problems were ironed out with
time and experience. Mrs. Bump confessed that they "had great plans and great theories. This was fine but it just didn't work out that way." This is one area where no advice or theory is very valuable because every group of people works best under a slightly different structure. Experimentation and planning are the best way to deal with this aspect of a hotline.

**Shifts**

Following the example of "The Listening Ear" in Lansing, Michigan, the CIC is organized on a system of five shifts: A (8 a.m.-12 noon); B (12 noon-4 p.m.); C (4 p.m.-8 p.m.); D (8 p.m.-12 midnight); and E (12 midnight-8 a.m.). The shift length of four hours is working out well, and most volunteers find it neither stressful nor boring. The E shift is eight hours long because of the awkwardness of changing shifts at 4 a.m. Since there are three volunteers on call, it is usually possible for them to take turns napping. Although it is best to have a volunteer on duty for each of the three lines, slow shifts can suffice with two. It is best to wait for statistical reports to show which shifts have the fewest calls before the number of volunteers is trimmed down. At the CIC, workers normally volunteer for a particular shift for a period of at least three months. This gives the workers an opportunity to get to know their co-workers on the shift and relieves the director of the
burden of working out a new schedule for each week. It is advisable for the director to have extra volunteers in case of sickness or an emergency.

Records

Statistics can be an invaluable aid in many areas of the hotline operation. First of all, they are needed for presentations to public and private organizations which might offer grants. Secondly, they can assist the hotline in developing more referrals, scheduling volunteers, and training workers to handle the major problems encountered. Working out an accurate and meaningful system of recording such statistics was a major problem of the CIC, but a workable format was eventually established.

Appendix III is a sample of the form which every volunteer must fill out after each call. It may seem like too much information for a worker to recall, but the volunteer usually fills it out during the telephone call itself. After the call, the worker also records the nature of the call in a log book under the time of the call. He then files the form in his own folder unless the caller is a frequent one. In that case, the caller has his own folder filed under his first name. This is done so that any volunteer will be able to find a convenient history if he receives a call from someone who had called several times before.

Many valuable facts can be gleaned from a compilation
of the forms or a look at the log book. At a glance, one can see which shifts are busiest, which volunteers take the most calls, what kind of referrals are made most often, which race, sex and age uses the hotline most frequently (usually discovered during the conversation, but not always), and what problems are presented most often. More specifically, other volunteers can read what kind of action is taken for specific requests and how other workers handle calls. The director can improve community relations by thanking various referral agencies for help in specific cases. These forms can be used for various other purposes, but the information is always kept confidential and no one outside of the CIC volunteers has access to them.

The categories of problems presented, as shown in Appendix I, were very general at first but became more specific as time went on. These divisions are very arbitrary; each hotline can make its own decisions on this matter. Regardless of what forms, categories or filing system is used, the volunteers must be well-trained so that the statistics will be reliable. If one volunteer fails to record his calls, the entire picture can be thrown off. If the forms are handy, and their use is strongly emphasized, this should not be a problem, however.

Rules and Regulations

Rules and regulations should be kept at a minimum so
that the volunteers can remember them with ease. Appendix IV contains a list of the "Do's and Don'ts" of the CIC. Once again, this is an area which each hotline must work out for itself.
IX. LEGAL PROTECTION

Since the C.I.C., as well as most other hotlines, is a para-professional organization, it is not eligible for legal protection or the benefits of an insurance policy. Because of the kind of service it offers, however, the possibility of a legal suit against it exists. Therefore certain precautions should be taken. According to Judge Alva Cox of Muncie, there really should not be any problem since the CIC is a social service agency, and the volunteers are working there out of a concern for the welfare of others. In his opinion, it is unlikely that a court judgment would go against a hotline in case of a suit. Since this is only tenuous protection, the CIC protects itself further by the following policies. Volunteers avoid giving advice about matters that should be handled by professionals. For example, a worker would not recommend an antidote for an overdose without consulting a physician or pharmacist. The privacy of the callers is protected, and all information is kept confidential. A strict set of ground rules is followed in the case of direct intervention. Volunteers are kept informed about laws affecting situations they might encounter such as runaways, abortions, drug information, etc. Finally, the volunteers are carefully screened and trained so that they can and will
cooperate with these policies. In the case where they are in doubt, competent supervision is always available through legal services and the Board of Directors. If the people involved in a hotline are knowledgeable and responsible, no legal problems should arise.
CONCLUSION

The Crisis Intervention Center opened officially October 2, 1970. It handled 1100 calls in its first three months and established a good working relationship with community agencies. Darrell Dobbs, the main person responsible for its inception, feels that "if publicity were out, we'd be swamped." He thinks that the CIC has really proven itself and has more than established its worth. Besides helping specific individuals, it has forced the community to face up to the drug issue. Dr. Dobbs also feels that the CIC has "illustrated the gross inadequacy of mental health care in the community."

The CIC, as well as hotlines all over the country, has extended a helping hand to people from all walks of life with a variety of problems and situations. It has established a bond between individuals through which they can share their humanity. The volunteers gain as much from giving as the callers from receiving. In a society where people often ignore each other's lives and concern themselves only with their own problems, this is a healthy sign. Hopefully, hotlines will continue to spread a message of caring and receptiveness. For those who wish to extend their hands to those who need them, perhaps this paper can be a helpful guideline.
in their attempt. Perhaps it will carry out the ideal which Emily Dickinson expressed in her oft-quoted poem.

If I can stop one heart from breaking,
I shall not live in vain;
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin
Unto his nest again,
I shall not live in vain.
APPENDIX I

CRISIS INTERVENTION CENTER STATISTICAL SUMMARY

First 90 Days - 10/30/70 to 12/31/70

TABLE I

PROBLEMS PRESENTED

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drugs</td>
<td>136</td>
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<tr>
<td>2</td>
<td>Dating</td>
<td>131</td>
</tr>
<tr>
<td>3</td>
<td>Loneliness/Depression</td>
<td>121</td>
</tr>
<tr>
<td>4</td>
<td>Psychological</td>
<td>70</td>
</tr>
<tr>
<td>5</td>
<td>Problem Pregnancy</td>
<td>62</td>
</tr>
<tr>
<td>6</td>
<td>Marital</td>
<td>51</td>
</tr>
<tr>
<td>7</td>
<td>Suicide</td>
<td>50</td>
</tr>
<tr>
<td>8</td>
<td>Alcohol</td>
<td>41</td>
</tr>
<tr>
<td>9</td>
<td>Family</td>
<td>41</td>
</tr>
<tr>
<td>10</td>
<td>Financial</td>
<td>37</td>
</tr>
<tr>
<td>11</td>
<td>Legal</td>
<td>34</td>
</tr>
<tr>
<td>12</td>
<td>Academic/School</td>
<td>34</td>
</tr>
<tr>
<td>13</td>
<td>Prank</td>
<td>30</td>
</tr>
<tr>
<td>14</td>
<td>Parent/Child</td>
<td>29</td>
</tr>
<tr>
<td>15</td>
<td>Employment</td>
<td>28</td>
</tr>
<tr>
<td>16</td>
<td>Sexual</td>
<td>20</td>
</tr>
<tr>
<td>17</td>
<td>Homosexual Fears</td>
<td>14</td>
</tr>
<tr>
<td>18</td>
<td>Medical</td>
<td>11</td>
</tr>
<tr>
<td>19</td>
<td>Obscene</td>
<td>10</td>
</tr>
<tr>
<td>20</td>
<td>Venereal Disease</td>
<td>10</td>
</tr>
<tr>
<td>21</td>
<td>Draft Counseling</td>
<td>6</td>
</tr>
<tr>
<td>22</td>
<td>Transportation</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>Housing</td>
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<tr>
<td>24</td>
<td>Miscellaneous/General Information</td>
<td>83</td>
</tr>
<tr>
<td>25</td>
<td>Unknown Reason</td>
<td>28</td>
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Total  1,086

TABLE II

REFERRALS

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Psychologists</td>
<td>59</td>
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<tr>
<td>Aquarius House (Drug Squad)</td>
<td>57</td>
</tr>
<tr>
<td>Physicians</td>
<td>51</td>
</tr>
<tr>
<td>Hospital and Clinics</td>
<td>20</td>
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<tr>
<td>United Fund Agencies</td>
<td>49</td>
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<tr>
<td>Tax Supported Agencies</td>
<td>38</td>
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<tr>
<td>Ministers</td>
<td>32</td>
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<tr>
<td>Lawyers</td>
<td>25</td>
</tr>
<tr>
<td>Indiana Agencies</td>
<td>15</td>
</tr>
<tr>
<td>Business Firms</td>
<td>8</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>9</td>
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Total  363

Note: These were made to different sources of help.
### TABLE III
**CURRENT TELEPHONE STAFF**

<table>
<thead>
<tr>
<th>Men Volunteers</th>
<th>30</th>
<th>Ball State University Students</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women Volunteers</td>
<td>50</td>
<td>Townspeople</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
<td>BSU Faculty/Staff</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>80</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE IV
**WHO MADE THE CALLS?**

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-17 yrs.</td>
<td>81</td>
<td>128</td>
<td></td>
</tr>
<tr>
<td>18-23 yrs.</td>
<td>144</td>
<td>120</td>
<td></td>
</tr>
<tr>
<td>Over 23</td>
<td>116</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Unknown Age</td>
<td>147</td>
<td>170</td>
<td>46</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>488</td>
<td>496</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>From:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Muncie Area</td>
<td>763</td>
</tr>
<tr>
<td></td>
<td>Out-of-County</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Ball State Students</td>
<td>199</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1,030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>When:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>A Shift (8 A.M. - noon)</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>B Shift (noon - 4 P.M.)</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>C Shift (4 P.M. - 8 P.M.)</td>
<td>194</td>
</tr>
<tr>
<td></td>
<td>D Shift (8 P.M. - midnight)</td>
<td>293</td>
</tr>
<tr>
<td></td>
<td>E Shift (midnight - 8 A.M.)</td>
<td>232</td>
</tr>
<tr>
<td></td>
<td>Unknown Shift</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1,030</td>
</tr>
</tbody>
</table>
APPENDIX II

THE TRAINING HANDBOOK OF THE
CRISIS INTERVENTION CENTER
OF MUNCIE, INDIANA

Note: Except for marginal and spacing differences, this is an exact copy of the original training manual.
INDEX

- PROGRAM INTRODUCTION, PURPOSE, AND INFORMATION
- SUICIDIOLOGY
- DRUG PROBLEMS
- DEPRESSION AND LONELINESS
- PROBLEM PREGNANCIES AND SEX INFORMATION
CRISIS INTERVENTION CENTER OF
DELAW ARE COUNTY, INC.

Statement of Purpose

The purposes of this corporation shall be:

(a) to provide a free telephone service to persons desiring help with personal problems or crises; a limited walk-in service will also be available (service shall be 24-hours a day, seven days a week);

(b) to contract for the services of agencies or persons to whom callers may be referred when professional help is needed or when the services of existing agencies are needed;

(c) to provide necessary training for voluntary consultants who shall be members of the corporation;

(d) to raise funds to implement the above functions;

(e) to initiate such community service educational projects as deemed necessary by the Board of Directors;

(f) to promote programs that have for their objective prevention of crisis situations;

(g) to promote and carry out research in the area of crisis prevention; and

(h) to do everything necessary, proper, advisable or convenient for the accomplishment of the purposes hereinabove set forth, and to do all other things incidental thereto or connected therewith, which are not forbidden by law or by these Articles of Incorporation.

Board of Directors

President: D. Schramm
Vice President: D. Fisher
Secretary: Lorena McConnell
Treasurer: Inez Shafer

Chairman, Advisory Committee: D. Fisher
Coordinator, Clinical Training Committee: D. Hendrickson
Chairman, Planning Committee for Clinical Training: P. Mitchell
Coordinator, Direct Services: H. McDonald
Chairman, Volunteer Services: H. Todd
Chairman, Functional Committee: A. Ziegler
Chairman, Finance Committee: I. Shafer
Chairmen, Fund Raising: M. F. Abel
Co-Chairmen, Publicity: J. Demaree
Co-Chairmen, Physical Facilities: L. Shores
Chairman, Evaluation Committee: R. Winters

L. Foster
M. Trevis
D. Dobbs

Terms of Board Members

<table>
<thead>
<tr>
<th>Three Years</th>
<th>Two Years</th>
<th>One Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Bump</td>
<td>M. Abel</td>
<td>J. Demeree</td>
</tr>
<tr>
<td>D. Dobbs</td>
<td>J. Cannon</td>
<td>C. Griffen</td>
</tr>
<tr>
<td>D. Fisher</td>
<td>L. Foster</td>
<td>D. Schramm</td>
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<tr>
<td>D. Hendrickson</td>
<td>H. McDonald</td>
<td>M. Trevis</td>
</tr>
<tr>
<td>L. McConnell</td>
<td>P. Mitchell</td>
<td>H. Todd</td>
</tr>
<tr>
<td>R. Winters</td>
<td>I. Shaffer</td>
<td>A. Ziegler</td>
</tr>
<tr>
<td></td>
<td>L. Shores</td>
<td></td>
</tr>
</tbody>
</table>
GENERAL INFORMATION ABOUT THE TRAINING PROGRAM

Attendance

Volunteers are urged to attend all training sessions. It would be unlikely that a volunteer who is absent for more than one session will be prepared to work at the Center. In the event that an absence is required, it is requested that the coordinator of training or the president of the board be contacted. Make-up will be difficult to accomplish, because of the nature of the schedule, and therefore attendance will be regarded as mandatory.

Personal Problems

If, during the course of your training or work at the Center, you have personal problems which are of concern to you, contact Peter Mitchell, Donald Hendrickson, David Schramm, Darrel Dobbs, or Dorothea Bump. (Phone numbers have been omitted)

Additional Training Requirements

Once the Center is in operation, an integral part of training will involve on-the-job experience. Since this is not possible except on weekends until October 2, it will be difficult to provide this dimension of experience. Nonetheless, if this sort of experience is desirable, contact the Center during the weekend and make arrangements to visit and observe.

Training Program Issues

This training program consists of five segments: lectures, group exercises, empathy training, problem orientation role playing, and growth orientation feedback. All segments are vital, and none should be minimized or avoided.

You will find that our training format is rather rigid, and we hope that you will bear with us in our rigidity. After studying several training programs in other communities, we feel that the structure which we have developed will facilitate fairly rapid learning. You will be asked to meet in small groups during a significant portion of the training period with experienced professionals who are designated
trainers. These trainers have specific instructions to perform their tasks along certain lines. For example, trainers will demonstrate empathy training in an early session, but will not continue such participation in every session.

Another issue in the training which may lead to some concern is that every member of each group, including trainers, will be making empathy and role-playing ratings on the helper-halpee roles. Again, we ask that you bear with us in this, because we have found it to be quite effective in facilitating learning which is useful in helping relationships.