

# Evaluation of a crisis support training programme for helpline volunteers in New Zealand by adapting Kirkpatrick's evaluation model

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## Abstract

Lifeline Aotearoa provides a 24/7 telephone counselling service for New Zealanders requiring immediate crisis counselling and support. The training for the helpline volunteers is called One Model Foundation Training, and in this study it was evaluated using Kirkpatrick's Four Levels evaluation model. The study showed that the trainees were satisfied with the effectiveness and the quality of the programme. The training was effective in improving the trainees' knowledge and awareness in helpline interventions. The evaluation also found that most trainees were able to apply their learning in practice, although a few difficulties were identified when working on the phones. Finally, no change was evident in any of the call centre Key Performance Indicators as a result of the training.

**Keywords:** Training evaluation, Kirkpatrick, crisis support, helpline services, One Model

Lifeline Aotearoa provides a 24/7 telephone counselling service for New Zealanders requiring immediate crisis counselling and support. The team at Lifeline is made up of more than 300 volunteers, staff, and supervisors, with six Lifeline centres across the country. The individuals from Lifeline are dedicated to providing a safe and effective

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service to support the mental and emotional well-being of New Zealanders. While the helpline volunteers have a range of different backgrounds and experiences, they all have a common goal: to help make a difference in people's lives (Lifeline Aotearoa, 2014).

### **One Model/Crisis Support Model training programme for helpline volunteers**

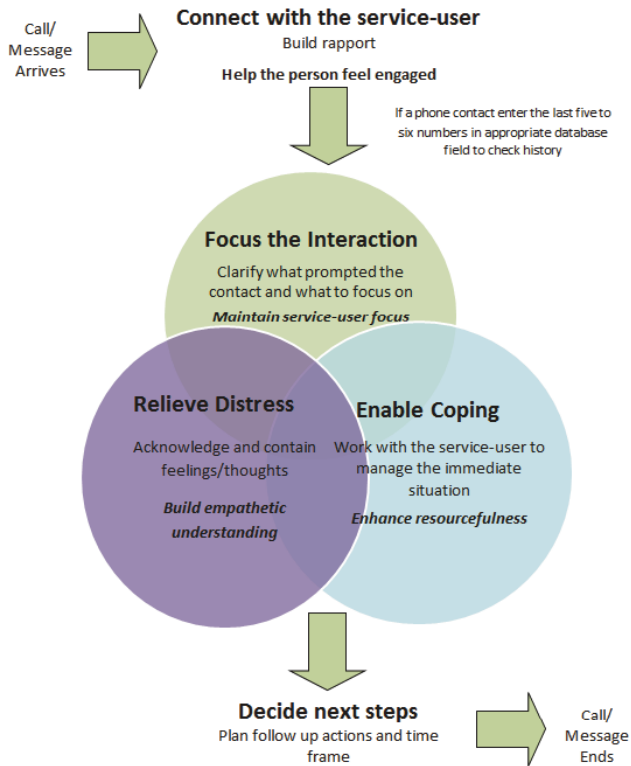
The two-week training for Lifeline 24/7 helpline volunteers is called One Model (also known as the Crisis Support Model) foundation training (see Figure 1). This training programme was originally developed by Lifeline Australia based on best-practice evidence (Kitchingman, Wilson, Caputi, Woodward, & Hunt, 2015), and was modified by Lifeline Aotearoa to fit the nature of the service in New Zealand. The New Zealand version of the One Model training contains six modules in total and is followed by the two-day Applied Suicide Intervention Skills Training (ASIST).

The first module is called “Whakawhanaungatanga” or “Connecting with the service user.” This module looks at a number of components, including understanding the role of a helpline operator; values, attitudes, and beliefs; and reflections and self-awareness. The second module, “Whakaoho mauri” or “Focusing the interaction,” addresses the interactions in the form of listening, paraphrasing, and building rapport. Module three, “Nga pataitai” or “Relieving the distress,” includes the differences between empathy and sympathy, as well as the risk continuum, current and imminent risk, and self-care strategies. Module four, “Whakariterite” or “Enabling coping,” develops strategies for enabling coping, and includes the mental health first aid kit. This kit is made up of affirming, reframing, normalising, and challenging. Module five, “Whakawhiriwhiri” or “Deciding the next steps,” focuses on how to “signpost,” how to end a call, and how to deal with unrealistic expectations. Lastly, module six is called “Taute” or “Pulling it all together.” Utilising games and quizzes, it summarises the whole training, and focuses on different counselling scenarios. Delivery of all of the modules includes group activities, group discussions, and role plays.

### **The current training evaluation study**

The training was evaluated using Kirkpatrick's renowned Four Levels of training evaluation model, where Level 1 represents reaction, Level 2 investigates learning, Level 3 gathers data on behaviour, and Level 4 examines the results (Kirkpatrick & Kirkpatrick, 2007). Level 1 measured how the trainees perceived the training—for instance, how satisfied the trainees were with it. Level 2 measured what the trainees learnt from the training, specifically, how much they believed their knowledge, skills,

**Figure 1:** One Model Foundation training



and attributes had improved as a result of the training. Level 3 evaluated the extent to which trainees had applied what they had learnt during the training to their role, i.e., the effects of the training on the job. Lastly, Level 4 analysed the final results of the training, including the effects of the training on the organisation.

This evaluation model is simple to apply and is widely used in different fields. Praslova (2010), for example, discussed the adaptation of the model in higher education; Carliner (1997) used the model in a technical communication product and services context; Hamtini (2008) adapted the model to evaluate an e-learning programme; and Griesbach, Russell, Dolev, and Lardner (2008) used the model to evaluate ASIST. However, to the best of our knowledge, this model had not previously been adapted to evaluate a telephone counselling training programme and, in fact, little

research has been undertaken to evaluate telephone counselling training programmes for volunteer counsellors. West, Plant, Cleave, and Spice (2015) evaluated the pilot training programme for Lifeline Australia counsellors; however, this study was based on a different approach, and the main focus was not on the usefulness of the content of the training and its application. Additionally, Kitchingman et al. (2015) developed a 23-item telephone crisis support skills scale to evaluate the intention to use recommended skills from the Crisis Support/One Model training. However, the actual application of the support model was not included in their research.

The current project aimed to evaluate the effectiveness and application of the One Model (Crisis Support Model) foundation training programme for 24/7 helpline volunteers at Lifeline Aotearoa. Specifically, the study set out to answer the following questions:

1. How did trainees react to the training (e.g., their satisfaction, experiences, and suggestions)?
2. Was the training effective in enhancing the trainees' knowledge of and level of confidence in telephone interventions?
3. Were the trainees able to apply what they had learnt during the training when they worked on the phones? How well did they apply their learning?
4. Was there a need for additional ongoing support or training in order to help the trainees do their jobs better?
5. Was there any significant impact on the organisation's key performance indicators (KPIs) as a result of the training?

## **Method**

### *Sample and tool development*

A scheduled new intake for Lifeline 24/7 occurred in October 2014, and 25 new volunteers were recruited in total. However, only 24 completed the training and were included in this evaluation. Further, a month after the training, one trainee withdrew from the role due to other commitments within the organisation; therefore only 23 trainees were assessed in Levels 3 and 4 of this training evaluation. The overall satisfaction survey used in Level 1 was based on the New World Level 1 Reaction Sheet by Kirkpatrick (2008) with modifications. All other evaluative tools used were designed by the research team, with help from the training team and the clinical manager. The tools were tested for validity through a pilot with co-workers, and slight modifications were made accordingly.

### *Evaluation Level 1: Reaction*

Two different tools were used. The first was a paper mini-survey distributed to trainees after each training module. This included two open-ended questions examining the most and the least useful items in the content of the training, as perceived by participants. The second tool was an overall training satisfaction online survey sent out to the trainees via SurveyMonkey after the completion of the entire training in three mail-outs (the initial one plus two reminders). This questionnaire included 13 closed questions on a 4-point scale, where 4 was “strongly agree” and 1 was “strongly disagree,” and which enquired about the trainees’ satisfaction with different aspects of the training programme, and two open-ended questions on general suggestions for improvement and acknowledgement. Both surveys were anonymous.

### *Evaluation Level 2: Learning*

An assessment consisting of 10 questions was conducted pre- and post-training to test the trainees’ knowledge and confidence level in telephone intervention (five questions each). This assessment form was not anonymous (i.e., the trainees were asked to write down their names) in order to match pre- and post-training assessments.

### *Evaluation Level 3: Behaviour*

This level consisted of three items: 1) trainers’ interviews; 2) listening to calls to audit the counsellors’ effectiveness; and 3) trainees’ follow-up survey. The trainers’ interview was undertaken three months after the training. The interview was semi-structured, with 10 prepared questions around trainers’ satisfaction, trainers’ observations on the effectiveness and application of the training, and their recommendations for future training programmes. The two trainers were interviewed together. Two researchers were involved in conducting the interview with one facilitating the interview and the other taking the notes, and it was audio-taped and transcribed.

In order to listen to and audit real calls, one call by each trainee was randomly selected from the database of calls answered between January and March 2015, with the exception of those who did not answer any calls within this period. If a trainee only answered one call, then that one call was selected for the audit. Only the researchers had access to the call files. Ten audit questions were chosen to assess whether the trainees had applied different aspects of the training when they answered real calls (two questions each for the first three modules, one question for Module 4, and three questions for Module 5 of the One Model). For each assessment question, performance

was rated as either 1, which meant it met the expected standard, or 0, which meant it was below the expected standard. If certain questions were not applicable to the call, it was rated as expectations met. Two researchers completed each call audit independently, and the assessment results were compared. If any inconsistencies appeared in the audit results, a third person's (one of the trainers) opinion was sought in making the final judgement.

Finally, in the trainees' follow-up survey, 10 questions were asked about the practicability and application of the training to their work on the telephones, and their confidence level in dealing with different types of calls (the same as the Level 2 survey questions). The survey was conducted approximately three months after the trainees started work on the phones, with three mail-outs in total (the initial one plus two reminders).

#### *Evaluation Level 4: Results*

For Level 4, two components were involved: 1) commitment evaluation, and 2) key performance indicators (KPIs) of the calls. For commitment evaluation, the number of completed shifts for each trainee between January and March 2015 was examined. For the KPIs for Lifeline 24/7 calls, the trends for abandoned rate (the proportion of calls that were offered to the helpline but not answered), the average length of calls and length of after-call work (e.g., writing up call notes), and the service level rate (proportion of calls answered within 30 seconds out of all answered calls) were explored for the months September 2014 (three months prior to when the trainees started working) to March 2015 (four months after the trainees began working on the phones). The data were extracted from Lifeline's electronic databases.

#### **Data management and analysis**

All data were entered and cleaned by the researchers in predesigned standardised databases for this project. Thematic analysis was used for qualitative data, with at least two researchers working on the questions independently before identifying and discussing the common themes. Descriptive analysis, with appropriate statistical tests, was undertaken for quantitative data.

#### **Results of evaluation Level 1: Reaction**

##### *Mini-surveys for contents of each module*

The response rate for the first three modules was 100%, and the response rate for the last three modules was 91.7%. Tables 1 to 6 summarise the findings for each training

module. Overall, four themes were identified from the responses to the question regarding the most useful items for the contents of the training for all six training modules. They were: phone skills and knowledge; perception and awareness; activities during the training; and general positive feedback. In particular, phone skills and knowledge was the most commonly identified theme, which included any knowledge or skills related to helpline or telephone intervention (e.g., active/reflective listening skills, risk management and assessment, mental health first aid kit, and analysing and problem solving). The next most common theme was theme three, activities during the training—in particular, trainees enjoyed all the group discussions, activities/exercises, and role plays.

Overall, three themes were identified from the responses to the question regarding the less useful items across all six training modules. They were (in order): nothing/positive comments; theories and course materials; and exercises. A large proportion of trainees suggested that nothing was less useful than anything else, or responded to this question with positive comments. However, a small proportion of trainees would have liked to have more explanation of and examples related to certain theories (e.g., empathetic statements, the mental health first aid kit, and risks) or would have liked a booklet of handouts for future reference. With regard to the third theme, there was a reasonable number of trainees who asked for more real-life practice and more role play so they could build their confidence a bit more.

#### *Overall training satisfaction survey*

Twenty-three people responded to the online satisfaction survey out of the 24 trainees who completed the training, a response rate of 95.8%. Table 7 presents the findings of the survey for the closed questions. Overall, all of the trainees were satisfied with the quality or the usefulness of the training. Specifically, 100% (n=23) of the trainees strongly agreed/agreed that the training objectives were well explained and the materials were well organised. However, four trainees (17%) disagreed that the new knowledge would be immediately put into practice. Additionally, everyone strongly agreed/agreed (with more than 80% of the trainees strongly agreeing) that their learning was enhanced by the knowledge of the facilitator and that they were given ample opportunities to ask questions. With regard to facilitator delivery, almost everyone (22 out of 23) strongly agreed/agreed that the facilitator's delivery was easy to get involved with, and the duration of the programme was comfortable. Everyone strongly agreed/agreed that the pace of the programme was comfortable. Further, the majority

**Table 1.** Thematic analysis of mini-survey about the “useful” and “less useful” contents of Module 1, “Connecting with the service user”

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Phone skills and knowledge</b>	<b>15</b>	
1.1. Active/reflective listening	5	“Active listening and what qualities are useful...”
1.2. Paraphrasing	1	“I liked learning about the importance of reflective listening and paraphrasing”
1.3. One Model	3	“Learning about the one model and the steps of how to have a ‘good’ phone call”
1.4. Stages of change	7	“The processes of pre-contemplation, contemplation, preparation, action, maintenance [were most useful]”
1.5. Recognition of importance of calls to callers	2	“The idea of how much the call might mean to the caller”
<b>Theme 2: Perception and awareness</b>	<b>12</b>	
2.1. Self-awareness/ biases	7	“Putting your own biases/judgements aside when listening to someone’s problems”
2.2. Being non-judgemental	6	“That it is not always easy to be non-judgemental but in this job very important”
2.3. Importance of service	3	“What mostly stood out for me was that a caller might have been thinking about making that call for a very long time. This just highlights the importance of the work that I will be doing on the phone and that... the caller feels that he/she can open up and feel comfortable”
2.4. Empathy	3	“Empathy is better than sympathy (balance)”
<b>Theme 3: Activities during the training</b>	<b>10</b>	
3.1. Activities/exercises	8	“Doing the exercises and understanding the purpose behind them helped me to better understand both the concept and what it means”
3.2. Discussions/group work	3	“Talking and discussing it in groups [was useful]”
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>20</b>	
1.1. Positive	12	“This was very useful and [some] nice material to think further about”
1.2. Blank	8	

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**Table 1.** *continued from previous page*

Theme/Subtheme	N	Quotes
<b>Theme 2: Clarity of contents</b>	2	
2.1. One Model not explained (contents)	1	"I feel like the One Model wasn't fully explained..."
2.2. Elaborate on pictures	1	"Maybe best to elaborate on the pictures chosen or ask people if they have more precise ways of showing how they feel"
<b>Theme 3: Activities and exercises</b>	2	
3.1. Activities in smaller groups	1	"Maybe more activities in a smaller group [would be useful]"
3.2. Less activities	1	"I would've liked to 'jump in' a bit more into the course content rather than have so many exercises..."

of the trainees also strongly agreed/agreed that the facility was comfortable. However, 13% (n=3) of the trainees were not very satisfied with the room atmosphere or the training room set-up.

In response to the open-ended question inviting suggestions for acknowledgement of training activities, both the trainers and the training programme were commented upon. Trainers attracted the largest number of positive comments. Specifically, trainees appreciated the trainers' helpfulness and their experience, as well as their style of delivering the training. The trainees also valued the usefulness of all the activities, such as role play during the training programme, and two trainees mentioned that the training programme was well-organised and well-structured. In response to the question asking for suggestions for improvement, two aspects were identified: training activities (trainees would like to have more real-life examples/role plays) and training materials/facilities (trainees would like to have a bigger and better room set-up and booklet of course notes).

### **Results of evaluation Level 2: Learning**

Overall, the average total scores for the questions on telephone intervention knowledge improved by 45 marks ( $p < 0.0001$ ; see Table 8). Out of the five questions, the individual scores for three questions improved substantially post-training as compared to pre-training (McNemar or Wilcoxon Signed Rank Test  $p < 0.05$ ).

In addition, the average total scores for confidence level in telephone intervention skills increased significantly by 13 marks post-training compared to pre-training

**Table 2.** Thematic analysis for Module 2, "Focusing the interaction" (helpful and unhelpful)

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Essential phone skills</b>	<b>17</b>	
1.1. Active/reflective listening	7	"[The] most useful about focusing the interaction model that I found is active listening"
1.2. Differentiate genuine vs. non-genuine callers"	2	"Identifying genuine callers, frequent service users and non-genuine"
1.3. Evaluating main points/summarising	9	"Identifying...the core issue as the questions will help focus the conversation"
1.4. Focusing interaction	5	"Learning to focus in on an interaction [was useful]"
1.5. Ask open-ended questions	1	"...open-ended questions are valuable for the volunteer..."
<b>Theme 2: Perception and awareness</b>	<b>9</b>	
2.1. Empathy	3	"Showing empathy and not sympathy [was useful]"
2.2. Creating boundaries/ethical judgement	6	"Learning what to expect from a caller. Creating boundaries [was useful]"
<b>Theme 3: Activities during training</b>	<b>6</b>	
3.1. Activities/exercises	3	"The training exercises and activities are very helpful"
3.2. Group discussions	2	"Listening to each other"
3.3. Role play	2	"Role play provided good insight"
3.4. Video exercises	2	"When we are practising to take notes of the you-tube video"
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>21</b>	
1.1. Positive	10	"All very interesting. Thank you to the trainers. Superb"
1.2. Blank	11	
<b>Theme 2: Contents</b>	<b>2</b>	
2.1. Understanding empathetic statements	1	"Understanding what is meant by an 'empathetic statement' [is difficult]"
2.2. More examples of real situations	1	"Maybe to share more examples (real situations). The more, the better knowledge we will have"
<b>Theme 3: Activities and exercises</b>	<b>2</b>	
3.1. Exercises difficult to understand (verbal instructions too long)	1	"One exercise was difficult to understand as the instructions were long (and verbal), perhaps a sheet of instructions would have been good"
3.2. Exercises about telling the story	1	"The pair of exercise telling a story"

**Table 3.** Thematic analysis for Module 3, “Relieving the distress”  
(helpful and unhelpful)

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Phone skills</b>	<b>20</b>	
1.1. Identifying prank calls	1	“...identifying prank calls [and] how to deal with the more extreme call [was useful]”
1.2. Risk management	5	“Understanding the potential risk factors involved in taking a call. Where a person could be at risk as well as the tools to use to elicit what we are feeling [was useful]”
1.3. Risk assessment	15	“Knowing about the levels of risk and the exploration needed to find out the real risk or immediate risk [was useful]”
1.4. General communication	2	“Being aware of the various reasons why people may call”
<b>Theme 2: Perception/awareness</b>	<b>4</b>	
2.1. Empathy	1	“The difference between empathy and sympathy [was useful]”
2.2. Identifying boundaries	3	“Identifying boundaries for yourself [was useful]”
<b>Theme 3: Activities during the training</b>	<b>5</b>	
3.1. Group work/discussions	4	“Group discussions [were useful]”
3.2. Exercises/examples	6	“The cases were good (looking at real-life situations)”
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>25</b>	
1.1. Positive	10	“Thank you to the trainers. Brilliant”
1.2. Blank	15	
<b>Theme 2: Contents</b>	<b>5</b>	
2.1. Hand-outs	1	“Nothing less useful. However, would’ve liked to have received module notes or a hand-out”
2.2. Clarity of risk	1	“Many people were giving reasons why things may not be a risk, but I think...it was not really clear to most that we shouldn’t assume”
2.3. More real-life situations	1	“Not that there was anything less useful but more real-life situation [would help us]”
2.4. Identification of issues	1	“I put the ‘5 months ago’ suicidal one at the bottom, genuinely believing that this person is better, but now came to know that it might be just a ‘cover up’”
2.5. Guidelines and policy	1	“I like to learn more on the guidelines and policy of Lifeline and helpline counselling”

**Table 4.** Thematic analysis for Module 4, “Enabling coping” (helpful and unhelpful)

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Phone skills and knowledge</b>	<b>16</b>	
1.1. Mental health first aid kit	10	“...how to apply the mental health first aid kit”
1.2. Challenging the caller	2	“Learning good ways to give challenges”
1.3. Listening/de-escalation	2	“De-escalating the caller [in stressful] situation”
1.4. Analysing/problem-solving	4	“...being able to problem-solve”
1.5. Not offering advice	1	“The difficulty of not offering advice”
1.6. Referral	1	“Analysing the situation thoroughly and determine if situation needs referral”
<b>Theme 2: Activities during the training</b>	<b>10</b>	
2.1. Reading statements	4	“The interactive aspect of reading statements and discussing responses puts you directly in the situation and prepares you more holistically for actual calls”
2.2. Activities/group discussions	7	“Working in group to discuss different scenarios”
2.3. Hand-outs	2	“The handout material prepared was very useful”
2.4. Examples	1	“The examples of the different situations...”
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>20</b>	
1.1. Positive	5	“Very useful!”
1.2. Blank	15	
<b>Theme 2: Contents</b>	<b>1</b>	
2.1. More explanation of mental health first aid kit	1	“Maybe more explanation with regard to the 4 different ways of helping (affirming, challenges, normalising...)”
<b>Theme 3: Activities and exercises</b>	<b>3</b>	
3.1. Combining brainstorming and discussion	1	“Maybe brainstorming and the group discussion can be conducted together instead of separately”
3.2. Smaller groups	1	“Sometimes I find it easier to talk within a small group, rather than large. I can get more thoughts and ideas out”
3.3. More examples	1	“Feel we need more real examples to feel more confident...”

**Table 5.** Thematic analysis for Module 5, “Deciding the next steps” (helpful and unhelpful)

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Phone skills and knowledge</b>	<b>13</b>	
1.1. One Model	2	“One-model techniques [were useful]”
1.2. Self-care skills	2	“...self-care skills taught are useful in terms of coping with any situation and being prepared professionally”
1.3. How to end calls	2	“Practically learning how to end calls [was useful]” “Brief interaction skills (all of them)[were useful]”
1.4. Interaction skills	1	“Learning about signposting and the website available to find services [was useful]”
1.5. Signposting/referrals	5	“Trying to find the main issues to focus [on] if caller is rambling or has many issues”
1.6. Identifying/responding	2	“[the training pointed out] How important [it is] to be mindful”
1.7. Awareness of being mindful	1	“How to explore different options with a person to help them deal with their distress [was useful]”
1.8. Awareness of complexity and knowledge of providing support	3	“...the skills learned are really useful in terms of empowering callers...”
1.9. Empowering the caller	1	“...Empowering the caller was useful.”
<b>Theme 2: Activities during the training</b>	<b>11</b>	
2.1. Role plays	10	“The role play was challenging but great”
2.2. Exercises/examples/group discussions/teamwork/group activities	6	“Exercises, e.g. the voice call... were extremely helpful. [So were] examples and real-life responses”
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>21</b>	
1.1. Positive	5	“It was all useful”
1.2. Blank	16	
<b>Theme 2: Evaluation form</b>	<b>1</b>	
2.1. Evaluation form after 2 modules	1	“I think I’d prefer to complete these evaluation forms after each specific module. [Rather than] doing two after the last one, as it’s difficult to remember

**Table 6.** Thematic analysis for Module 6, “Pulling it all together” (helpful and unhelpful)

Q1 Useful items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Phone skills and knowledge</b>	<b>4</b>	
1.1. How to end call	1	“How to end a call for different types of users, e.g., abusive/non-genuine/genuine caller [was useful]”
1.2. Signposting/referrals	3	“Learning about the services available to signpost to and how to find them [was useful]”
1.3. One Model techniques	1	“Overview of one model modules [was useful]”
1.4. Support—beginning to end	1	“Provided support on how it’s all connected from beginning to the end of a call [was useful]”
<b>Theme 2: Activities during the training</b>	<b>16</b>	
2.1. Role plays/example calls	11	“The role playing was very helpful in knowing what level we were at”
2.2. Games/quizzes	4	“Jeopardy game—answering questions and really what you’ve learnt”
2.3. Group discussions/group work	2	“Group discussions [were useful]”
<b>Theme 3: General positive feedback</b>	<b>4</b>	
3.1. Everything is useful	1	“Everything that I’ve learned is useful for me”
3.2. Summarising/bringing all together	2	“Nice way to summarise and bring it all together. Enjoyed it”
3.3. Everything	1	“Everything”
Q2 Less useful/hard to understand items in the contents of this module		
Theme/Subtheme	N	Quotes
<b>Theme 1: Nothing</b>	<b>20</b>	
1.1. Positive	15	“Nothing I can think of [was less useful]. It has been very good! Thank you”
1.2. Blank	5	
<b>Theme 2: Actual activities</b>	<b>2</b>	
2.1. Live calls	1	“Would have liked to have listened to some live calls in a group setting and discuss”
2.2. Familiarise with technological system	1	“Would have liked to have sat at a PC to familiarise myself with the process of taking a call and seeing the notes appear on the screen”

**Table 7.** Summary of participants' overall training experiences according to the training objectives (N=23 respondents)

Questions	n (%)			
	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Group 1. Training Objects, Course Materials and Content Relevance</b>				
I understood the learning objectives.	12 (52.2%)	11 (47.8%)	0 (0%)	0 (0%)
I was able to relate each of the learning objectives to the learning I achieved.	13 (56.5%)	10 (43.5%)	0 (0%)	0 (0%)
I found the course materials easy to navigate.	12 (52.2%)	11 (47.8%)	0 (0%)	0 (0%)
I will be able to immediately apply what I learned.	7 (30.4%)	12 (52.2%)	4 (17.4%)	0 (0%)
<b>Group 2. Facilitator Knowledge and Style</b>				
My learning was enhanced by the knowledge of the facilitator.	21 (91.3%)	2 (8.7%)	0 (0%)	0 (0%)
I was given ample opportunity to ask questions during the training.	19 (82.6%)	4 (17.4%)	0 (0%)	0 (0%)
<b>Group 3. Facilitator Delivery</b>				
It was easy for me to get actively involved during the session.	19 (82.6%)	3 (13.0%)	1 (4.3%)	0 (0%)
I was comfortable with the pace of the program.	13 (56.5%)	10 (43.5%)	0 (0%)	0 (0%)
I was comfortable with the duration of the session.	13 (56.5%)	9 (39.1%)	1 (39.1%)	0 (0%)
<b>Group 4. Facility</b>				
I found the room atmosphere to be comfortable.	13 (56.5%)	7 (30.4%)	3 (13.0%)	0 (0%)
I was pleased with the training room set-up.	10 (43.5%)	10 (43.5%)	3 (13.0%)	0 (0%)
<b>Group 5. Quality and Usefulness of Training</b>				
Overall, I was satisfied with the quality of training.	18 (78.3%)	5 (21.7%)	0 (0%)	0 (0%)
Overall, I was satisfied with the usefulness of the training.	16 (69.6%)	7 (30.4%)	0 (0%)	0 (0%)

**Table 8.** Paired analysis of knowledge and confidence level on telephone intervention skills pre- and post-training

	Pre-training M (SD)	Post-training M (SD)	M of the difference (SD of the difference)	95% CI of the difference	P-value
Knowledge	40.91 (19.23)	85.91 (16.28)	45.0 (23.13)	(34.18, 55.82)	<.0001
Confidence	50.00 (17.78)	63.00 (18.16)	13 (17.23)	(21.07, 4.93)	0.003

( $p=0.003$ ). Specifically, the improvement in confidence level was most substantial in risk assessment and the category “challenge service users when needed.” However, no improvement in confidence level was apparent in dealing with distressed callers, dealing with grief and loss callers, and listening and paraphrasing skills. In fact, the confidence level decreased for a small number of trainees post-training compared to pre-training in these areas.

### Results of evaluation Level 3: Behaviour

#### *Trainers' interviews*

When asking trainers about their observations of post-training behavioural changes in the trainees, they asserted that the knowledge acquired during training allowed the trainees to better understand the role of a helpline operator and equipped them with the essential tools to deal with different types of calls. In turn, their level of confidence in answering calls increased in general. The trainers expressed no concerns regarding the trainees' practical capabilities, and felt that many of them could start taking calls after their first call experience.

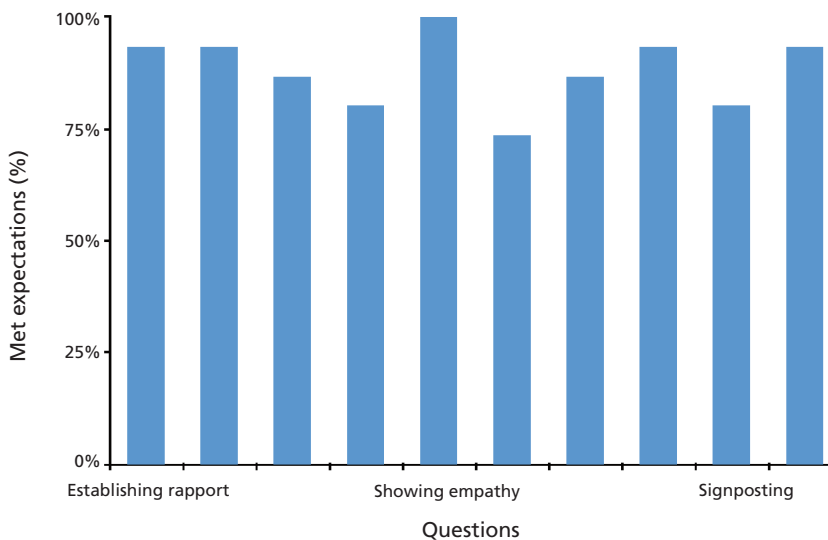
*When they were on the phones they were ticking areas that we covered.*

*We were all very impressed with the calls, and felt that many of them could have actually just started taking calls after their first one.*

Trainers were also asked if they had noticed any challenges that the trainees faced when working on the real calls. The trainers stated that, from what they had observed,



**Figure 2:** Percentage of trainees who met the expectation per question



there were generally no major difficulties, although ending a call could be difficult for some trainees.

*Ending of the call is very difficult...but I have noticed, with this intake compared to other intakes, that they have done the ending of the calls better.*

### *Listening to the calls audit*

Of the 23 trainees who completed the training and remained in the role, only 15 trainees answered at least one call during the three-month audit period. Figure 2 shows the percentage of these trainees who met the expectations for each audit question. The average score of the 15-call audit was 8.8 (out of 10), and nine of the operators received full marks.

On showing empathy, all trainees were rated as having met expectations. Other skills, of which 93% of the calls met expectations, were establishing rapport with a caller, assessing harm, finding positive solutions, and facilitating a reasonable call duration.

The call audit showed that trainees may need more support in three areas: guiding the caller to talk about a current crisis issue, applying a mental health “first aid kit,” and signposting. Between 70% and 80% of the calls met expectations for these skills.

### *Trainees' survey*

Only six trainees responded to the follow-up survey, a response rate of 26.1%. This low response rate could be due to the fact that a large number of trainees may not have attended any shifts during the evaluation period, and therefore felt unable to answer the questions in the survey. The results cannot therefore be seen as representative of all trainees, but as indicative of the perceptions and opinions of some.

In terms of level of confidence, the majority of the respondents (83.3%) agreed that they were confident about working with distressed callers. However, they did not feel confident in working with callers who were experiencing loss and grief. The majority of respondents (83.3%) also strongly agreed/agreed that they had good active listening and paraphrasing skills, and all respondents agreed they knew how to assess a caller's level of risk during a call. Tables 9 and 10 summarise these findings.

In terms of the trainees applying the skills they had developed through their training in practice, the majority of respondents (83.3%) agreed that the training provided them with the necessary skills to answer real calls, and all respondents strongly agreed/agreed that they had applied what they had learnt from the training in practice. In particular, trainees felt they were able to apply counselling skills, which included paraphrasing and empathising skills, mental health first-aid kit, signposting, and the skills learned from the ASIST training. Likewise, the scripts and role-playing activities aided them when working on the phones. However, trainees indicated there were also some challenges and difficulties when putting learning into practice. Specifically, there were some call difficulties, such as dealing with callers who had mental health issues, reflecting, and not acting instinctively. The other common difficulty related to technical issues such as accessing notes on the computer system.

Trainees were also asked about ongoing support and further training. They acknowledged the support they had received from the Lifeline management team, which included the trainers and shift managers. They also found the peer support from experienced volunteers and the supervision meetings to be particularly useful. However, a few trainees felt that they needed additional training in certain areas, such as dealing with callers with mental health issues or dealing with different types of callers, and they also needed more technical support, guidance, and buddy support.

Lastly, when respondents were asked what improvements could be made to the training to make it more practical, two themes were identified: more training and support, and activities. Specifically, the respondents wanted more training on using

**Table 9.** Summary of results of trainees' follow-up survey three months after the training (quantitative questions)

Questions	n (%)			
	Strongly Agree	Agree	Disagree	Strongly Disagree
In general, I feel that the helpline training provided to me earlier equipped me with the necessary skills to answer the calls	0 (0%)	5 (83.3%)	1 (16.7%)	0 (0%)
In general, I am able to apply what I have learnt from the training into the practice (i.e. answer the real calls)	1 (16.7%)	5 (83.3%)	0 (0%)	0 (0%)
I feel very confident in working with a service user who is experiencing distress.	0 (0%)	5 (83.3%)	1 (16.7%)	0 (0%)
I feel very confident in working with a service user who is experiencing grief and loss.	0 (0%)	1 (16.7%)	5 (83.3%)	0 (0%)
I have good active listening and paraphrasing skills.	1 (16.7%)	4 (66.7%)	1 (16.7%)	0 (0%)
I know how to assess someone's level of risk during a call conversation.	0 (0%)	6 (100.0%)	0 (0%)	0 (0%)

the computer, and would like to have heard about the experiences of senior volunteers. Additionally, more role-playing activities and listening to calls involving callers with different issues and risk levels were also suggested.

#### Results of evaluation Level 4: Results

##### *Commitment*

Overall, during the three-month evaluation period, only 31% of the 23 new trainees met expectations in terms of commitment. On average, 2.2 shifts were completed by the 23 new trainees during these three months, and an average of 0.7 shifts were completed per month. Specifically, 15 out of the 23 trainees (62%) completed at least one shift during the three-month period. This indicated that eight trainees (35%) did not complete a shift between January and March 2015. A further eight trainees (35%) only completed one shift during the three months, a level of involvement that fell below the commitment expectations set by Lifeline (i.e., at least one shift per month). One trainee (4%) just met the commitment by completing three shifts during the three months, and six trainees (26%) exceeded the commitment by completing four shifts or more during the three-month period.

**Table 10.** Summary of results of trainees' follow-up survey three months after the training (qualitative questions)

<b>Q1 What are the main components of your training that you are able to apply well when answering the real calls? (Please list a few examples):</b>		
<b>Theme/Subtheme</b>	<b>N</b>	<b>Quotes</b>
<b>Theme 1: Counselling skills</b>	<b>4</b>	
1.1. Assessing and responding	1	"Assessing and responding appropriately"
1.2. Focusing the call and empathising	3	"Counselling skills—empathy, paraphrasing"
1.3. Components of modules 4 (Enabling coping) and 5 (Deciding the next steps)	1	"Reframing, normalising, challenging...signposting"
1.4. Suicide prevention training	1	"Suicide prevention training"
<b>Theme 2: Activities</b>	<b>1</b>	
2.1. Scripts and role play	1	"Possible scripts to respond; role play on phone calls"
<b>Q2 What are the main challenges and difficulties when putting what you have learnt from the training into practice (i.e., when you are working with real calls)?</b>		
<b>Theme/Subtheme</b>	<b>N</b>	<b>Quotes</b>
<b>Theme 1: Technical issues</b>	<b>2</b>	
1.1. Accessing notes	2	"Many times the notes do not appear when the call comes through"
<b>Theme 2: Call difficulties</b>	<b>5</b>	
2.1. Reflecting back	1	"Reflecting back"
2.2. Mental health related calls	3	"Some of the callers have a mental illness... difficult to get a word in or know the best course of action on these calls"
2.3. Applying the theories to practice	1	"To remember what I was taught versus acting instinctively"
<b>Q3 What kind of support have you received that has helped you to apply what you learned?</b>		
<b>Theme/Subtheme</b>	<b>N</b>	<b>Quotes</b>
<b>Theme 1: Lifeline management support</b>	<b>5</b>	
1.1. Trainers	2	"Great support from trainers"
1.2. Shift managers	4	"The Shift Managers have been very supportive and have helped in giving other advice"

*continued on following page*

**Table 10.** *continued from previous page*

Theme 2: Peer support		3
2.1. Experienced volunteers	3	"...listening to senior operators"
2.2. Supervision meeting	1	"Supervision meeting and overhearing what other counsellors said on the phone"
<b>Q4 What kind of additional training or support do you need in order to do your job better?</b>		
<b>Theme/Subtheme</b>	<b>N</b>	<b>Quotes</b>
<b>Theme 1: Additional content training</b>	<b>3</b>	
1.1. Different situations/ callers	2	"Ongoing trainings for different types of callers"
1.2. Mental health issues	1	"...more training sessions focusing on specific mental health issues"
<b>Theme 2: Technical support</b>	<b>2</b>	
2.1. Technology	2	"Clear instructions about how to access call records and basic navigation around the computer system"
<b>Theme 3: Call support</b>	<b>2</b>	
3.1. More guidance	1	"I wish to have more guidance..."
3.2. Buddy support	1	"Buddy with a senior counsellor and/or a peer counsellor"
<b>Q5 Now when you think back on the training programme, what could be improved in order to make the training more practical and useful to you?</b>		
<b>Theme/Subtheme</b>	<b>N</b>	<b>Quotes</b>
<b>Theme 1: More training and support</b>	<b>3</b>	
1.1. Technical training with software	2	"Maybe we should all use the system & take calls with the trainer a few times before going solo"
1.2. Experiences from senior counsellor	1	"Sharing experiences by senior counsellor (to hear both good and bad being a counsellor)"
<b>Theme 2: Activities</b>	<b>4</b>	
2.1. More role playing and practice with different type of callers/ level of risk	3	"...more role playing of calls with different types of callers, more practice with callers demonstrating different levels of risk"
2.2. Theory with practical learning	1	"Get on the phones and start answering calls, then have more theory-based learning interspersed with more call-taking"
2.3. Listening to more calls	2	"Listening to more real life examples would have helped...range of scenarios and also the range of responses would help to alleviate the nervousness"

### *Influence on call statistics*

Among all the call statistics that were included in the evaluation (e.g., call abandoned rate, average length of calls), no significant trends differentiated between before and after the new trainees came on board. In another words, the KPIs neither improved not worsened.

### **Discussion**

Some useful implications arise from the findings of this study, and these can potentially be applicable to similar training programmes. First, the study indicates that the overall level of trainee satisfaction with the One Model foundation training was very high, and two key factors contributed to this: the trainers, and practical activities. In the satisfaction survey, most trainees mentioned their appreciation of the trainers' knowledge and style, and the way they delivered the training, rather than the actual content of the training. This indicated that the trainees highly valued, and were very impressed by, the quality of the trainers, and this influenced how they rated their overall satisfaction with the training programme.

Furthermore, contrary to expectations that people would dislike role play during training, our findings suggested that most trainees highly valued the practical exercises and activities during the training. They particularly enjoyed doing role plays and listening to real calls, and would like to have had more of such activities. Since this programme prepares people for working on helplines, it is important to make the training as practical as possible, and perhaps more weight should be given to the application of skills rather than theories. This corresponds with the findings of an earlier study by Cross, Matthieu, Cerel, and Knox (2007) which showed that participants who engaged in some role play practice of gatekeeper skills demonstrated gains following training in their knowledge about suicide and their attitudes (self-efficacy) towards intervening with suicidal individuals.

Second, our findings immediately after the training suggested that the trainees had picked up new knowledge, but their confidence levels in dealing with a range of different situations showed no significant improvement, and even decreased for some. One explanation could be that, for adults, the more they learn, the more they realise that there are yet many more things they have not thought of. Thus, at pre-training, trainees might have thought they were capable of dealing with a particular situation, but after attending the training they may have realised that they were not as capable as they had thought. Another possible explanation for these findings is that the trainees

had not had any chance to answer real calls at this point in the process; thus, they might have felt unsure about what they were capable of. In fact, the findings from the follow-up survey suggested that most trainees started to build their confidence after they had been working on the phones for a while. This suggested that when interpreting the change in confidence pre- and immediate post-training scores, these circumstances need to be considered. As well, a decrease in confidence level may not be an indication of ineffective training but of limited or no opportunity to put their learning into practice. This highlights the importance of real-life experiences for trainees in order to gain confidence at work, regardless of the quality of the professional training.

Third, findings from the trainers' interview, the follow-up survey of trainees, and the audit of calls all indicate that the One Model (Crisis Support Model) was reasonably easy to apply when trainees started working on the real phones after the training. Kitchingman et al. (2015) found that, on average, telephone crisis support workers reported that they were highly committed to using the skills recommended in the training model, and our study provides supporting evidence that trainees were, in fact, able to apply different skills quite well even in their first call, especially skills such as connecting with the service users and showing empathy. These are important skills, especially if a caller is distressed and vulnerable. Helpline volunteers need to be able to assess the immediate risk/harm and calm the caller by acknowledging their feelings without indulging in sympathetic responses.

On the other hand, focusing the call and signposting can be challenging sometimes. Many of the callers brought up multiple issues, and as a result trainees might have had difficulty asking the right questions to focus on the current crisis or issue. Subsequently they were unable to identify whether or not a caller would have benefited from ongoing support, and thus did not suggest appropriate services when they could have done. It is therefore recommended that more thought be given to strengthening the training in the application of these skills, in order to enhance trainees' skills, confidence, and effectiveness in responding to the needs of callers to the helpline services.

This relates to a fourth finding: the indication of a need for additional training or ongoing support in order to help the trainees work more effectively on the phones. Trainees were struggling particularly when answering calls from people with mental health issues, or those who were experiencing loss and grief. This suggests that the current training needs to expand in these areas, and the trainees need more practice or supervision before they can answer the phones independently. Technical issues appeared to be another common concern that arose after the trainees had worked on

the phones. This suggests that it is very important to make sure that trainees know how to use the computer and the telephone systems before they start to pick up real calls, and this knowledge should be incorporated into the training programme.

Lastly, the evidence that the trainees were not fulfilling their commitment to the service needs to be investigated further and this aspect improved. Less than one-third of the new trainees met the committed hours and another one-third of the new trainees did not do any shifts at all during the evaluation period. This finding implies some problems with the cost-effectiveness of the training, and the reasons for trainees' failure to meet their commitment are worth further investigation. It is possible that some trainees found answering real calls difficult in their first shifts or there was insufficient support available to them, and as a result they decided to discontinue as volunteers on the Lifeline telephone service. For trainees who fail to sign up or turn up for shifts, formal follow-up procedures should be instituted, and all volunteers who decided to leave the service should be asked to complete an exit form. In this way, the reasons for helpline volunteers failing to meet their commitments can be explored. It is also recommended that the entry criteria for intakes of new helpline volunteers might be reviewed, as these may need to be improved as well so that only the most suitable candidates can attend the training.

### *Strengths and limitations of the study*

There are several unique strengths of this study. First, this is the first comprehensive evaluation of the One Model foundation training for helpline volunteers. All four levels of the Kirkpatrick model were adapted in this study. Second, the response rates for most parts of the evaluation were high, which meant that the findings of all of these aspects are representative of the total sample. Third, this project includes the views and experiences of both the trainees and the trainers, and objective assessments from listening to the calls as well as pre- and post-assessments; hence it gives as full a picture as possible of the quality and effectiveness of the training programme. Lastly, this study introduces new evaluation tools for the One Model foundation training. These tools were carefully designed by the research team, the training team, and the clinical team at Lifeline Aotearoa. Thus, they can be used by other organisations that deliver the same counselling model.

Although great efforts have been made by the researchers, there are limitations to this study. The first is the low response rate for the Level 3 follow-up trainees' survey. As discussed, this could be due to the fact that many trainees had already left the



organisation. Second, this project only included trainees from one intake, so the sample size is relatively small. There would be considerable value in conducting the evaluation procedures with subsequent intakes to gather further data over time and to assess the effect of changes made as a result of the recommendations from this study.

## Conclusion

This study provided a comprehensive evaluation of the One Model (or Crisis Support Model) foundation training for the first time. The study showed that the trainees were very satisfied with the overall effectiveness and the quality of the training programme. In particular, trainees appreciated the helpfulness and the delivery style of the trainers as well as all the practical skills they had learnt during the training. Role plays, group discussions, and listening to real calls were found to be most useful to their learning. The training was effective in improving the trainees' knowledge and awareness of helpline interventions. The trainees' confidence levels in dealing with different situations did not improve significantly immediately after the training, but improved further after they started working on real calls. The evaluation also found that most trainees who continued to work on the helpline were able to apply their learning in practice although there were a few difficulties identified when working on the phones. Finally, the training did not seem to influence any of the call centre's KPIs. However, the study revealed that the proportion of trainees who seemed to be fulfilling their commitment as helpline volunteers was relatively low, and the reasons for this need to be investigated further in order for the training to be as cost-effective and practically effective as possible.

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