Counselling Young People by Telephone:
Piloting an Outcome-focused Evaluation Framework

Final Report

November 2012
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Project Team: Counsellors - Aren Van Delden & Gayle Browne; Counselling management - Alain Johnson & Spencer Spratley; Revenue development – Jennifer Duchesne; Internal evaluation consultant & statistician – Dilys Haner; Project lead – Tina Wilson.

Volunteer Research Assistants: Mikaela Lefaive, Muriam Salman, Sandra Dammizio, Nicole Cosentino, Bess Jarvis, Natasha Park, Hrishov Sarker, Mehrnaz Peikarnegar, Jessica Jeong, Yukari Seko, Claire Anne Banga, Kristina Belskaya, Stephanie Gouthro & Sylvie Bourdenet.

Data analysis was carried out by Tina Wilson and Dilys Haner. The project team and many of our counsellors interpreted the clinical significance of the findings.

This report was written by:

Tina Wilson, MSW
Research & Evaluation Analyst

Dilys Haner, MA
Evaluation Consultant & Statistician

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Introduction

Between October 2011 and October 2012, Kids Help Phone developed and then pilot-tested an outcome-focused evaluation framework for our telephone counselling service. Partially supported by a Planning Evaluation Grant from the Ontario Centre of Excellence for Child and Youth Mental Health, this research project was carried out by an inter-departmental project team comprised of counselling, fund development and knowledge mobilization staff. The team met for five hours each month, collectively developing the service logic model, determining the scope of the evaluation, designing the methods and data collection questionnaire, and interpreting the findings. Many counsellors from both the Montréal and Toronto Counselling Centres helped interpret the clinical significance of the results. This report presents the major findings from this, our very first telephone counselling service evaluation.

Service Description

Started in 1989, Kids Help Phone’s telephone-based counselling service provides support to young people aged 5-20 in Canada. Open 24 hours a day, 365 days a year, our telephone service offers on-demand, single-session counselling support in both official languages for any issue or concern. Anonymity and confidentiality are central to our understanding of the accessibility of our support services.

Staffed by an interdisciplinary team of professional counsellors, our service is grounded in client-centred and strengths-focused principles, and combines elements from crisis intervention, Solution-Focused Brief Therapy (SFBT), Narrative Therapy, and Cognitive-Behavioural Therapy (CBT) to provide individualized support to each caller. To support young people in accessing help in their local context, our referral database contains more than 37,000 health, mental health, social service, legal and advocacy resources. All Kids Help Phone counsellors have three to five years’ work experience prior to being hired, as well as credentials in social work, psychology or child and youth work. Our orientation of new counsellors spans two weeks, including training in our counselling framework, key issue areas and protocols (e.g., suicide, reporting child abuse), role-playing and counselling observation. Counsellors receive regular supervision and periodic professional development trainings (most recently, working with trauma survivors and vicarious trauma for helping professionals).

Our counsellors’ work is supported by a knowledge management database containing the latest evidence-base for a wide range of counselling-related issue areas (e.g., suicide crisis, anxiety, PTSD, disordered eating). Drawn from the academic and clinical research literature and converted by our Knowledge Mobilization team into best-practice guidelines and solution-focused counselling question scaffolds, this database content can be quickly accessed and scanned while on a call. These counsellor “tipsheets” are drawn from larger “source documents” that contain more detailed information, statistics, trends and counselling tools. These source documents inform the training of new staff and our internally facilitated staff development sessions.

The telephone counselling service logic model created as part of this project can be found on the next page. The French language logic model is included in Appendix A.
Introduction | Telephone Counselling Evaluation

**Kids Help Phone’s Mission:** To support child and youth mental health and well-being.

**Telephone Counselling Service Objectives:**
1. Provide young people with safe, immediate, anonymous, client-centred and strengths-focused professional counselling support on a wide range of issues affecting their lives.
2. Establish a safe space in which young people can explore, learn, express, practice, think, plan, test-out, develop and process what their lives hold.
3. Foster young people’s capacity to understand, engage with and respond to life’s challenges.

**Outputs & Client Population:** Our telephone counselling service provides age-appropriate professional counselling, information and referrals to children and youth, ages 5-20, in Canada, no matter the question or concern.
Evaluation Purpose

The aim of this first evaluation of our telephone service was to establish preliminary client demographic, user satisfaction, and outcome benchmarks beyond what we already understood from our existing service output data. We also wanted to gain a sense of the staff time and technology costs associated with service evaluation projects. Last, we were interested in the group process aspects of working collaboratively across departments to clearly articulate the purpose and intended outcomes of our longest running support service. The project team decided on the following five questions to help guide data collection for the project:

1. Who accesses our telephone counselling service?
2. Are our telephone clients satisfied with the service they receive?
3. Do telephone counselling clients experience positive changes in feelings and attitudes (specifically a reduction in distress and a reduction in isolation)?
4. Do telephone counselling clients experience positive changes in awareness and knowledge (specifically an increased awareness of their personal strengths and resources)?
5. Do telephone counselling clients experience positive skills development (specifically an increase in problem solving)?

As illustrated by these questions, this project focused on measuring four of our 19 intended service outcomes: reduced distress, reduced isolation, increased awareness of personal strengths and resources, and increased problem solving skills. Please see Appendix B for the full evaluation framework. With the scope of our project defined, we turned to the peer-reviewed academic literature to see what kinds of research had already been carried out in child helpline settings.

Literature Review

There is currently a dearth of peer-reviewed research on telephone counselling in the academic literature. Searching broadly for the topic “telephone counselling” or “telephone therapy,” in PsychINFO (an academic database housing publications from psychology, social work and humanities journals, as well as journals dealing with psychological medicine) returned 306 unique peer-reviewed journal articles.

The majority of telephone counselling studies in the literature focused on adult hotlines and telephone support for adults dealing with physical health issues. For example, the majority of the 306 studies reviewed examined the effectiveness of smoking cessation hotlines (e.g., Wong et al., 2011; Hovel et al., 2009; Boyle et al., 2008) and outgoing telephone-based support by nurses attempting to gain mammography adherence from those at risk of breast cancer (e.g., Badger, Segrin, Meek, Lopez, & Bonham, 2008; Bloom, Stewart, Chang & You, 2006; Bowen & Powers, 2010) or offering support to those dealing with other medical conditions (e.g., VanWormer, Martinez, Benson, Crain, Martinson et al., 2009; Plotnikoff, Johnson, Luchak, Pollock, Holt et al., 2010). The smallest category of telephone counselling reported on is general distress lines, which were sometimes called “hotlines,” or “crisis lines.” Ten of the 306 studies pertained specifically to child and adolescent telephone counselling helplines.
Ney, Johnston & Herron (1985) reported on Child Help Line in Christchurch, New Zealand. At a time in history when child help lines were not common, these authors argued for the importance of setting up such a line to make it easier for children to report to the authorities when they were being abused or neglected. This line (established in 1982) was staffed by trained volunteers and was seen to be helpful in the absence of mandatory child abuse reporting in the country at this time. The line was found to be helpful in bringing critical child and family situations to the attention of helping professionals. Ney and colleagues also note considerable ambivalence expressed by children, parents, counsellors and the community, as well as the legal issues that were raised by the service.

Preliminary research has been conducted on Kids Help Line in Australia. In 2003, King and colleagues investigated the impact of telephone counselling by trained counsellors to this on-demand child help-line. This study was the first to investigate the impact of telephone counselling with professional counsellors for suicide prevention with young people (Child Helpline International, 2010). They found this form of counselling to be effective in significantly decreasing suicidality while improving overall mental state and creating a positive immediate impact on their sample of 100 adolescents. There was also a substantial decrease in the proportion of cases rated as “imminent risk” for suicide from the beginning of calls (47.5%) to the end (7%). There was a similar decrease in the proportion of callers rated as “no suicide urgency risk” from beginning (2%) to end of calls (58.5%). The data suggest that the intervention had a substantial impact on suicidality. Methodological considerations, however, temper the interpretation of results. The study was neither randomized nor controlled to ensure service quality was not negatively impacted. Kids Help Line also holds their service to the high standards of anonymity and confidentiality, which are central to the operation of the service. Therefore, the researchers were limited to coding audiotapes using a pool of items extracted from the Mini International Neuropsychiatric Interview (Sheehan et al., 1998) and could only rate suicidality at the beginning and end of each call; there was no ability to take data at a follow-up timepoint.

In 2006, King, Bambling, Reid & Thomas conducted a naturalistic comparison of session outcome, session impact and therapeutic alliance between telephone and chat counselling at the same help-line. In this study, the researchers did not limit themselves to calls involving suicidal ideation; calls on any topic were included. Session impact was operationalized as the difference between client distress measured by the General Health Questionnaire (Goldberg et al., 1996) at the beginning and end of client contact. Session impact and therapeutic alliance were measured at the end of client contact by the Session Impact Scale (Elliott & Wexler, 1994) and Therapeutic Alliance Scale (Bickman et al., 2004) respectively. Telephone counselling was associated with higher session impact, stronger counselling alliance, and better counselling outcomes than online counselling. The researchers thought these outcomes to be related to the greater communication efficacy of telephone counselling as it allows more work to be accomplished in the time available. As in the previous study, the ability to draw conclusions regarding impact of the intervention was limited by the naturalistic design inherent in intervention research as well as by the helpline’s commitment to confidentiality and anonymity – there was no possibility to collect follow-up data.

When Fukkink and Hermanns (2009) conducted a similar study at Kindertelefoon in The Netherlands, the results were slightly more favourable for chat in supporting feelings of well-being and reducing
problem burdensomeness. Well-being and perceived burden were measured using Cantrill ladders (Cantrill, 1965) adapted to a 9-point scale for ease of use on the telephone. Satisfaction was also measured using a series of Cantrill ladders and the Strengths and Difficulties Questionnaire (Van Widenfelt, Goedhart, Treffers & Goodman, 2003). This scale was shown to have low reliability and its well-being subscale negatively correlated with the well-being Cantril ladder data. Measures were taken upon contact, immediately following contact, and at a one-month follow-up. Kindertelefoon anonymity policy allowed researchers to ask youth if they wanted to leave an email address to which only they had access, and to which the researchers sent a link to an online survey to gather follow-up data. Chatters at Kindertelefoon reported higher user-satisfaction than callers. This is particularly interesting as chatters were deemed to have more severe emotional problems than callers according to the Strengths and Difficulties Questionnaire.

In summary, few studies exist of child helplines. Available studies are preliminary and the focus varies from helpline to helpline. While there are similarities (e.g., attention to distress), there are important differences in study design and the tools used to collect data. Our literature search returned no outcome-focused child helpline studies in the North American context. With little direction provided by the peer-reviewed literature, we confirmed our four prioritized outcomes – reduced distress, reduced isolation, increased awareness of personal strengths and resources, and increased problem-solving skills – as the most fitting focus for our own evaluation research. Kids Help Phone’s counselling framework includes crisis intervention and Solution-focused Brief Therapy (SFBT) approaches. Both are founded on the premise that crisis impairs functioning. Reducing client distress/crisis is the first step that must occur before moving to solution finding or problem-solving work (Roberts & Ottens, 2005).

Reducing distress requires the establishment of rapport between counsellor and client as a means to reducing feelings of isolation in relation to the presenting concern. Once rapport is established and feelings of distress and isolation reduced, counsellors can work to identify with the client what they are already doing to address the concern, and then move on to building a practical, tangible plan of next steps (Iveson, 2002). While counselling work is typically fluid rather than linear, this scaffold of intended outcomes provides a useful framework for supporting young people.

With our service clearly described (our logic model), our evaluation purpose and scope clarified (our evaluation questions) and an awareness of the existing child helpline research (our literature review) all completed, the project team was prepared to design our own service evaluation research study.
Methodology

Kids Help Phone understands anonymity and confidentiality as central to the accessibility and relevance of our counselling services. Also, our telephone counselling service is an on-demand, single-session service. These two factors limited when and how we could collect data from our clients (e.g., we could not call former clients to see if they would be willing to provide us with feedback). They also explain both similarities and differences between our study design and data collection tools and those used by the few comparable studies included in our literature review (i.e., services that are/are not anonymous).

With these two constraints in mind, we decided on a non-experimental, single post-intervention test design, with counsellors inviting callers to provide us with feedback at the end of counselling calls. If the caller agreed, they were transferred to a research assistant (located in a different room) who took them through an informed consent process and, if consent was given, administered our questionnaire. The questionnaire took about 12 minutes to complete. Data was collected Wednesday to Saturday nights for six weeks, starting in mid-May and running until the end of June. Data collection hours were initially set at 8pm to midnight. After the first week we extended the hours to 6pm to midnight in an effort to increase our sample size. Completed paper questionnaires were inputted into SPSS (a quantitative data analysis program) for analysis. In August we brought the main findings back to Counselling Services and requested feedback on both the process aspects of the project and the clinical significance of the findings.

Questionnaire Development

In addition to the literature review focused on telephone counselling helplines, we also reviewed validated test measures to see if there were any existing instruments that we could use in whole or in part. We searched both the Centre of Excellence’s measures database\(^1\) and the APA PsychTest database in February of 2012. Please see appendix C for our search strategy. In total, 31 instruments were reviewed in closer detail. Most of the short-listed tests were global measures of client well-being/struggle (e.g., “in the past month, how often have you felt x...”) or for use in ongoing therapy (e.g., require repeated test points to measure change over time) rather than measuring change immediately post-intervention. While we did not find an existing tool that we could use as-is for our project, we did harvest individual questions from the following six measures for inclusion in our potential item pool:

2. Child Evaluation Inventory (Kazdin, Esveldt-Dawson, French & Unis, 1987)
4. The Helping Alliance Questionnaire (Haq) (Alexander et al., 1996)
5. Therapeutic Bond Scales (Saunders, Howard & Orlinsky, 1989)
6. Expectations About Counselling – Brief Form (Washington & Tinsley, 1982)

\(^1\) [http://www.excellenceforchildandyouth.ca/about-learning-organizations/measures-database](http://www.excellenceforchildandyouth.ca/about-learning-organizations/measures-database)
Our questionnaire items were drafted based on our new service logic model, our evaluation questions and outcome indicators (the full evaluation framework is included in Appendix B), along with the potential questions included in our test measures item pool. Ultimately, we only included an adaptation of two CYRM-28 questions in our 45-item questionnaire. One question related to self-identified racial group and one to self-identified cultural group; we combined these into a single question (question 39 in our questionnaire). The initial draft of our questionnaire was reviewed by the project team, counselling management, a number of counsellors, an in-house usability expert, and by our consultant from the Centre of Excellence. After revision, the questionnaire was administered to two high school students and assessed for length, clarity and validity. Once all feedback was incorporated and the questionnaire finalized, it was back-translated. First, one counsellor translated the English draft into French. A different counsellor then translated the French draft back into English to ensure the accuracy of the translation. Discrepancies were discussed and the French draft finalized. English and French questionnaires can be found in Appendix D.

Ethics

While no extra-agency ethics approval was sought for this project, the recruitment protocols and client questionnaire were both developed with and reviewed by counselling staff. Further, in preparation for our data collection period, we re-recorded the automated phone message young people hear when they call our helpline. The new message informed callers that their counsellor might ask them to participate in an evaluation survey. It also included a more detailed description of our privacy policy. In addition, we added expanded content to our teen websites explaining the different ways Kids Help Phone uses client information. Last, we developed an informed consent script that was read by the research assistants. All three – the advanced notice phone message, the new use of client data information and the formal informed consent script – were drafted in English and translated into French. Please see Appendix D for the informed consent script. While no identifying information was collected from participants, completed paper questionnaires were stored in a locked filing cabinet and the SPSS data files were password protected.

Implementation

The Evaluation Consultant coordinated the recruitment, interviewing, reference checks, training and supervision of our research assistants. In early April, a recruitment poster was sent to the social work and psychology departments of Ryerson University, York University and the University of Toronto. Research assistant interviews were carried out over the latter half of April. As we had difficulty finding fluent French speaking volunteers, we contacted a number of colleagues and ex-Kids Help Phone employees in an effort to extend our potential bilingual applicant pool. In total, we received 45 applications, interviewed 25 and hired 16 volunteer research assistants. Six of the research assistants were bilingual in both official languages.
The Evaluation Consultant developed a research assistant (RA) training manual that included general best practices around maintaining an energetic but emotionally neutral tone, notes pertaining to each section of our questionnaire, and protocols for handling a variety of possible situations (e.g., clients who become distressed, clients who attempt to continue counselling work with the RA). As a way of increasing the depth of the RA’s learning about social service evaluation projects, the team was also provided with the service logic model and evaluation framework, and with the three most relevant journal articles from our literature review. Research assistants received 4 hours of initial training as well as ongoing supervision and support during their data collection shifts. The initial training included an orientation to the organization from the President and CEO, an overview of the evaluation project itself, training on the technical aspects of handling and transferring calls within our call centre routing system, a review of the questionnaire tool and a chance to both observe and practise role-plays. All research assistants received letters of reference for their work on the project in recognition of their contribution.

Both the Evaluation Consultant and Project Lead were on site during data collection hours, supervising the research assistants, distributing and collecting the counsellor-inputted recruitment tracking paperwork, providing instructions to counsellors who had not attended one of the presentations, troubleshooting technology issues, and answering questions about the project.

**Sample**

While people call Kids Help Phone for a range of reasons (e.g., adults concerned about a child, media requests, young people working on school projects), our participants were recruited only from counselling calls. During our data collection period (mid-May to the end of June, Wednesdays to Saturday evenings) we received 1,159 calls from clients that fit our criteria (113 or 11.5% were French language calls). The average length of these calls was 14 to 15 minutes. Of these calls, counsellors invited 615 clients to participate. Our invitation rate was approximately 53%, with 380 callers not invited to provide us with feedback. Reasons for not extending an invitation included knowing the client did not meet our age criteria (i.e., adult parents or those under the age of 12), because the client hung-up too quickly, or because the counsellor assessed that the situation was too serious (e.g., recently been assaulted, currently in a dangerous situation). Of the 615 invited, 318 declined (reasons included not feeling like it, about to get on a subway, or no longer having enough privacy to talk) and 246 both accepted and met our inclusion criteria (including 21 French language clients or 8.5% of our sample). Six of our respondents completed more than one questionnaire. While our overall response rate was 40% (40% of invited callers agreed to participate), our sample of 246 makes up 21% of all telephone counselling sessions.

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2 CenterICE data: Line of Business By Queue Report, LOB for Surveyor Record.
4 Counsellor documented recruitment form.
5 Counsellor documented recruitment form/ CenterICE LOB for Surveyor Record.
6 Counsellor documented recruitment form.
7 While we completed 258 surveys, only 246 of these met our inclusion criteria (e.g., we excluded surveys from those under the age of 12).
provided during the data collection period.\(^8\) Please note that this 1,159 included clients who did not meet our inclusion criteria (i.e., were under age 12, or in acute crisis).

The voluntary nature of our study combined with the anonymity of the service means we do not know the exact representativeness of our sample – the extent to which our participants’ answers are likely to represent how all telephone counselling clients would answer. Clients may self-select into and out of this type of study for all sorts of reasons, and we intentionally excluded young people under the age of 12 and those in acute crisis. Using a z test for proportions, we were able to compare age and gender for our sample against all callers from our days/hours of data collection; we found no statistical differences.

**Limitations**

While essential to maintaining the clinical integrity of our telephone counselling service, our chosen research design and recruitment strategy carry limitations. Our non-experimental design restricts the extent to which we can assume change is a result of our intervention versus another variable. The lack of a pre-intervention baseline measure (e.g., how the client felt at the beginning of the call) against which to compare our post-intervention questionnaire responses means we must rely on young people’s retrospective recall. Also, as self-reported data, our findings are vulnerable to positive and negative responses bias (e.g., respondents may feel pressure to answer in particular ways). Last, we intentionally excluded both callers under the age of 12 and those in acute crisis. Of the 1,018 calls taken during our data collection period for which we have contact records,\(^9\) 50 calls were from young people under the age of 12 (5% of calls). 25 calls (2.5%) were serious enough to require an emergency services referral (i.e., child protection, police or emergency medical services). However, counsellors would have deemed more calls than this as “too acute a crisis” to be recruited for the project.

\(^8\) Number of surveys (246) divided by calls that fit our ‘more serious’ criteria (1,159).
\(^9\) Counsellor imputed Surveyor Contact Records for phone contacts handled during the data collection period.
Evaluation Results

The results from our 45 question survey are organized in the order of our five research questions. We first look at our respondent profile, their connection to other supports, and their relationship to Kids Help Phone (question one: Who accesses our telephone counselling service?). We will then discuss responses to questions that help us understand how satisfied our clients are with the support they received (question two: Are telephone clients satisfied with the service they received?). And finally, we will look at the questions that help us understand what changes for our clients because they accessed our telephone counselling service (questions three, four and five: Is client distress and isolation reduced, is awareness of personal strengths and resources increased, are problem solving skills increased?).

We had an overall sample size of 246. Please note the “n=” for each question as this indicates the number of respondents who answered that particular question (respondents were told they could skip any question they liked). Most of the following charts include both the number and percent for each response option. Qualitative feedback is used throughout to nuance the quantitative findings. These quotes are taken from the “other” response option included with many of our questions, and from our two open-ended questions: “Was there anything your counsellor did or said that was particularly helpful or unhelpful?” and “Is there anything else you would like to tell us about our telephone counselling service?” As our research assistants transcribed the responses there will be some variation between direct quotations and paraphrased themes.

Respondent Profile

Given the anonymous, confidential, on-demand and single-session nature of our telephone counselling service, our counsellors are only able to regularly collect limited demographic data, and only from some of our clients. Information gathered through this project helps us better understand who uses this support service. Along with age, gender and provincial data, which we have historically had good access to, this project provides us with important new information on place of residence (who the client lives with), sexual orientation, gender identity, culture/ethnicity, first language and religious affiliation.

Province or Territory (n= 213) & City/Town (n= 203): Similar to the provincial distribution for the whole telephone counselling service,10 respondents from Ontario made up more than half our sample (52%). Callers from Alberta and Quebec were each 11% of our sample, followed by British Columbia at 9%. 203 respondents also provided us with the name of their city or town.

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10 Data source 2011 telephone bill: 55% of incoming calls were from Ontario.
Place of Residence \((n=216)\): We also asked our respondents who they live with. While the majority reported they live with a parent or other family \((197 \text{ or } 91\%)\), 9\% either lived alone, with a partner or in another situation.

Age \((n=219)\): Acknowledging our intentional exclusion from the sample of callers under the age of 12, the majority of our respondents were between the ages of 13 and 17. This is proportionate with the age of all clients who used our telephone service during the days and hours we collected our data.

Gender Identity \((n=219)\) & Sexual Orientation \((n=207)\): Proportionate with their overall use of our telephone counselling service, the majority of our respondents were female \((73\%)\), followed by male clients \((23\%)\). Providing Kids Help Phone with new demographic information about who uses the telephone service, 8 or 4\% self-identified as Trans/Genderqueer.\(^{11}\) 33 or 16\% of our respondents self-identified as gay, lesbian, bisexual or questioning. While there are no comparable statistics for LGBTQ identification among the Canadian population, we can assume that this group is overrepresented among our respondents.

Self-Identified Racial, Ethnic or Cultural Affiliation: In an effort to better understand the racial, ethnic and cultural affiliation of our callers, we asked this broad, open-ended question: “People are often described as belonging to particular racial, ethnic or cultural group(s). For example, Filipino, Jamaican, English or Inuit. To which ethnic or cultural groups do you see yourself belonging?” Respondents could self-identify in any way they liked, and they could identify with as many groups as they liked. Our research assistants categorized all responses into 13 broad overlapping categories:

### Self-Identified Racial, Ethnic or Cultural Affiliation

\((n=212, \text{multiple choice})\)

- French (2\%): 5
- West Asian to Middle Eastern (Armenian, Egyptian, Iranian, Lebanese)... (8\%): 6
- Latin American (e.g., Mexican, South American, Central American) (3\%): 6
- South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)... (7\%): 8
- Asian (e.g., Korean, Chinese, Japanese) (4\%): 8
- Quebecois (4\%): 9
- South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) (5\%): 11
- British (5\%): 11
- Other: (7\%): 14
- Black (e.g., African or Caribbean descent) (8\%): 17
- First Nations, Aboriginal or Metis (10\%): 21
- Canadian (31\%): 65
- White, European or Caucasian (34\%): 73

\[^{11}\] One trans-identified respondents answered the evaluation survey a second time. This means we had seven unique trans/genderqueer clients, one of whom completed two surveys.
The top three non-Canadian and non-Caucasian affiliations were First Nations, Aboriginal or Métis (21 respondents, for 10% of respondents), African heritage (17 or 8% of respondents) and South Asian (11 or 5% of respondents).

We further condensed these 12 categories into three overarching groups: Dominant, non-dominant and mixed affiliation. Please note that while these loose groupings provide us with a general sense of the proportion of racialized and non-racialized young people who use our service, this type of broad categorization will miss important nuances (as one of many examples, Québécois-affiliated youth could be considered both a non-dominant group and a racialized group. This type of nuance is beyond the scope of this paper). For our purposes here, “dominant” includes responses from those young people who identified only as White/European/Caucasian, Canadian, British, French or Québécois. “Non-dominant” included First Nations, Asian, West Asian to Middle Eastern, etc. affiliated responses. “Mixed” included respondents who identified both a dominant and non-dominant group. This loose categorization shows us that 38% of our respondents identify with a non-dominant, racialized group (29% indicated only one non-dominant group and 9% both dominant and non-dominant).

**First Language:** Adding additional nuance to the previous question about racial, ethnic or cultural affiliation, we asked our respondents to state their first language. This question suggests the generational status of those callers whose first language is one other than English, French, or one of the First Nations languages (e.g., we will not be able to identify the number of newcomers from English or French speaking countries).

The majority of our sample (89%) identified one of Canada’s official languages as their first language; 80% or 174 of our sample indicated English and 9% or 19 indicated French as their first language (n= 217). 24 or 11% of our sample identified a language other than French or English as their first language. This number includes two respondents who identified First Nations languages.

**Religious Affiliation:** Providing us with new insight into the contexts of the young people who access our telephone counselling service, we asked respondents “Which religion, if any, do you or your family practice?” The majority of our respondents indicated Christianity (50%) followed by no religious practice (33%). 15% of
respondents indicated they or their family practiced a non-Christian religion. Two respondents identified affiliations with “First Nations” or “Mi’kmaq” traditions.

**Problem, Situation or Issue:** We asked our respondents: “What problem or situation did you call us about today?” Please recall that for ethical reasons, telephone counselling clients experiencing the most acute crisis were not recruited into this study (we did invite those experiencing more serious issues, just not those in current acute crisis). In the chart that follows, orange bars indicate more serious concerns including mental and emotional health struggles and interpersonal violence.

Providing important new information about our clients, this evaluation supplies Kids Help Phone with initial benchmarks for a range of new demographic variables. Possible next steps include exploring the ways in which the counsellor-inputted contact survey might be used to better query and document this type of client information, and developing counselling wise-practices that could help surface issues not directly identified and their contextual variables. As an organization, we can also begin to think through what these new findings mean for how we understand our relevance to young people, and where and how we might target our service outreach efforts.

“Stress. I felt like I wanted to run away and then I talked to a counsellor and he settled me down. I’m not going to run away now.”
Connection to Other Supports

To help us gain a better sense of the role Kids Help Phone’s telephone counselling service plays in the lives of young people, we asked our respondents a number of questions related to their previous help-seeking and the perceived accessibility of local supports.

**Issue-specific Help-seeking (n= 240):** We first asked our participants what issue or problem they had called us about, and then asked “did you talk to anyone about this problem or situation before you called us?” We followed up with those who had spoken with someone to see what role or level of expertise the confidant might have brought to the caller’s problem or concern (e.g., peers, supportive adults or professional mental health supports).

43% (102) of our respondents had not spoken with anyone else about their problem or situation before they called Kids Help Phone (n= 240). Of those who had talked with someone (n= 135), 50% (67) had spoken with a friend, peer or sibling (the green bars in the chart that follows).

41% (55) had spoken with an adult family member or other supportive adult (blue bars in chart below). 20% (27) spoke with a professional like a teacher, social or health service professional, or a doctor (purple bars). 5% (7) had spoken about their issue or concern with a formal mental health support professional (psychiatrist, psychologist, counsellor or therapist) (orange bars). There is no double counting among this last group (i.e., none of our respondents had spoken with multiple formal mental health supports).

![Who did you talk to before calling KHP?](chart)

<table>
<thead>
<tr>
<th>Who did you talk to before calling KHP? (n=135, multiple choice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faith-based support/leader</td>
</tr>
<tr>
<td>Psychiatrist (1%)</td>
</tr>
<tr>
<td>Other supportive adult (2%)</td>
</tr>
<tr>
<td>Psychologist (2%)</td>
</tr>
<tr>
<td>Family doctor (2%)</td>
</tr>
<tr>
<td>Counsellor/ therapist (3%)</td>
</tr>
<tr>
<td>Social or health service professional (social worker, public...</td>
</tr>
<tr>
<td>Other: (5%)</td>
</tr>
<tr>
<td>Sibling (5%)</td>
</tr>
<tr>
<td>Teacher/ school guidance counsellor (3%)</td>
</tr>
<tr>
<td>Parent/ guardian/ adult family member (44%)</td>
</tr>
<tr>
<td>Friend/peer (44%)</td>
</tr>
</tbody>
</table>

# of respondents
Kids Help Phone as a Complement to Local Supports (n=236): We also asked our respondents why it was that they called Kids Help Phone’s helpline instead of talking to someone else (n= 236, multiple choice). This broad question helps us better understand young peoples’ access to supports in their own local context, and, what it is about our unique counselling service that they find appealing or accessible. As we can see in the following chart, anonymity and confidentiality are major reasons for calling the helpline (30%), as is the perception that there is nobody else they can talk to (21%). A number of callers had the service suggested to them by a third party (12%).

Why call KHP instead of talking to someone else? (n=236, multiple choice)

- I wanted to practice talking about my issue (1%)
- I didn’t know of any services where I live that could help...
- A friend/peer had a good experience with KHP (3%)
- Other support services aren’t open right now (5%)
- I wanted help right away (8%)
- I’ve used Kids Help Phone before and found it helpful...
- Someone told me you could help (9%)
- Because your service is confidential (9%)
- I can’t talk to anyone around me (20%)
- Because your service is anonymous (21%)

In addition to the 10 answer options illustrated in the preceding chart, respondents also provided narrative responses that help nuance our understanding of why it is they called Kids Help Phone. Finding it easy to talk to a Kids Help Phone counsellor and trusting that counsellors will not judge them was most common. The professional, anonymous, and confidential nature of the service was also identified. Wanting an unbiased second opinion from someone who did not know them was also a reason for accessing Kids Help Phone instead of a local support.

“I was afraid to tell one of the counsellors at school ... I was afraid that she would tell the principal ... I just wanted to keep it confidential.”

“Because the staff here read my chart.”

“Wanted advice on a situation. Other people said to call the police. I wasn’t ready to take that step.”

“Wanted to clear my mind and not be judged.”

Needed reassurance - 10 pm and had no other third party to contact.

Counsellors could relate more and understand caller better than other adults or friends.
Formal Counselling Supports (n= 239) & Wait Lists (n= 215): Anecdotal reports from counselling staff have long indicated that a number of our clients access the telephone counselling service in addition to receiving ongoing, face-to-face professional mental health services. We asked our respondents “Have you ever gone to see a professional counsellor or therapist?”

41% (98) of our respondents stated they had seen a counsellor in the past, were currently seeing a counsellor, or both (n= 239). This is a remarkably high proportion of our respondents, and deserves attention in any subsequent research or evaluation projects.

Kids Help Phone has also suspected that the on-demand, 24/7 nature of our counselling service makes it a particularly good resource for those young people on wait lists for ongoing face-to-face counselling support. 11% (24) of our respondents stated they are currently on the wait list for counselling or therapy (n= 215). Of this 24, 9 have never seen a counsellor/therapist before, 5 were currently in therapy and 9 had seen a counsellor in the past. The majority of this group had been waiting for one month or less. 12

"Really great because a lot of individuals go to therapy...People like me are sensitive and we need people to talk to ...Good for emergencies can call in different environments (outside, during an event.)...Really helped me come very far..."  
"I think it’s a really great idea to have something like this [KHP] because...um, counselling can be really expensive and pricey and...(silence), getting help on the phone where these types of counselling services is available is really great, I think"

Reason for Accessing Face-to-face Counselling (thematic coding): Most respondents stated they were seeing a counsellor, or waiting to see a counsellor because of mental or emotional health issues: 59% (19) of those who are/have seen a counsellor (n= 32) and 53% (8) of those on a wait list (n= 14). This was followed by relationship issues at 19% (6) for those with counselling, and 34% (5) of those on a wait list for counselling. Reflecting the most commonly diagnosed mental disorders, our respondents most often identified depression or anxiety as their reason for accessing formal mental health supports (n= 27).

Mental & Emotional Health, Counselling & Wait List (n= 27, multiple responses)

<table>
<thead>
<tr>
<th>Reason</th>
<th># Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>8</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
<tr>
<td>Mental illness</td>
<td>4</td>
</tr>
<tr>
<td>Self-harm</td>
<td>4</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>3</td>
</tr>
<tr>
<td>Drug use</td>
<td>3</td>
</tr>
<tr>
<td>Anger</td>
<td>2</td>
</tr>
<tr>
<td>ADHD/ ADD</td>
<td>2</td>
</tr>
<tr>
<td>OCD</td>
<td>2</td>
</tr>
<tr>
<td>Suicide</td>
<td>2</td>
</tr>
<tr>
<td>Loss</td>
<td>2</td>
</tr>
<tr>
<td>behavioural problems</td>
<td>1</td>
</tr>
<tr>
<td>Autism</td>
<td>1</td>
</tr>
<tr>
<td>Treatment</td>
<td>1</td>
</tr>
<tr>
<td>Treatment</td>
<td>1</td>
</tr>
</tbody>
</table>

12 Please note that wait list data may be compromised as there was some uncertainty among our RAs as to when to ask or skip the question.
Relationship with Kids Help Phone

In addition to understanding client demographics and how our helpline complements other local face-to-face services and personal supports, we also wanted to get a better sense of our respondents’ relationship with Kids Help Phone, and with the telephone service in particular.

Length of Relationship (n= 233): The majority of our respondents (140 or 60%) were newer service users; they had first contacted Kids Help Phone in the last three months. A further 17% had first reached out in the last four months to one year. A significant number of our respondents first accessed the service one or more years ago (23%).

Number of Calls (n= 239): 39% of our respondents were first time callers and 61% were returning clients. While the majority of this second group had called the service 1-5 times, 19 of our respondents stated they had called us more than 20 times.

Use of Live Chat or Ask Us Online (n= 238): The majority of our respondents had never accessed our counselling support service through Live Chat or Ask Us Online counselling media (198 or 83%). 90% (37) of those who had used one of the other services still preferred to get in contact with Kids Help Phone using the telephone medium (n= 41). This was followed by Live Chat (7% or 3 respondents) and Ask Us Online (2% or 1 of our respondents).

We followed up by asking respondents “What made calling us a better option than chatting via Live Chat or posting a message through Ask Us Online?” (n= 229). Young people’s responses can be clustered into themes: not knowing about our other services (41%), preferring verbal communication (34%), the limited service hours or extended wait times of the other counselling media (17%), and not having access to the technology required for Live Chat or Ask Us Online (8%). A number of respondents indicated some sort of access issue as their reason for preferring the phone (orange bars in the chart below).

<table>
<thead>
<tr>
<th>What made calling a better option than Live Chat or Ask Us Online?</th>
<th>(n= 229, multiple choice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’ve called before and found it helpful (1%)</td>
<td>2</td>
</tr>
<tr>
<td>AUO isn’t open right now (2%)</td>
<td>4</td>
</tr>
<tr>
<td>Live Chat isn’t open right now (2%)</td>
<td>5</td>
</tr>
<tr>
<td>The wait for a Live Chat counsellor is too long (5%)</td>
<td>11</td>
</tr>
<tr>
<td>I don’t have access to a computer (8%)</td>
<td>19</td>
</tr>
<tr>
<td>The AUO response time is too long (8%)</td>
<td>19</td>
</tr>
<tr>
<td>I didn’t know I could post (20%)</td>
<td>46</td>
</tr>
<tr>
<td>I didn’t know I could chat (21%)</td>
<td>49</td>
</tr>
<tr>
<td>I prefer to talk about my problems rather than write (34%)</td>
<td>78</td>
</tr>
<tr>
<td>Other: (38%)</td>
<td>87</td>
</tr>
</tbody>
</table>

#
93 of our respondents provided additional narrative responses that illuminate additional themes. Many indicated the telephone service is more personal; they prefer being able to hearing the tone, reactions and emotions of their counsellor. Convenience and the speed of the response was also a popular reason for choosing the telephone medium over Live Chat or Ask Us Online. A few mentioned the urgency of their issue as a reason for calling, and two stated they had too much to say to try to fit it all into a post or chat session.

“Online isn’t confidential”
“Hearing the tone of someone’s voice and what they have to say just makes it better than reading it.”
Live chat - harder to type what you’re feeling & Ask Us Online - 1 question limit, no option for conversation and can’t talk about feelings.
Being on the phone distracts her from checking what friends are doing on Facebook especially when she is calling to speak about a fight they have been having.
“I felt I could actually get a real opinion from a real person and I would hear the person other than just going online and typing because I do that 24/7 on Facebook and I’m sick of it.”

Test Calling the Telephone Service (n= 214): While testing calls are a ubiquitous part of providing telephone counselling to young people – commonly understood as developmentally appropriate for the young person, an opportunity for the young person to get to know the service before asking for help outright, and a chance for counsellors to both establish rapport and encourage help-seeking among young people – we wanted to get a better sense of the number of prank callers who later access the telephone counselling service when they need help with a situation or problem. 19 or 9% of our respondents admitted they had either prank called themselves or been with a friend who prank called the helpline in the past.

Client Satisfaction

Understanding what young people expect from our telephone counselling service is useful for a number of reasons. If many clients have unrealistic expectations (e.g., that counsellors will tell them what to do) we can think about strategies to shift young people’s expectations towards something more realistic. A general sense of how young people balance their emotional and problem-oriented needs can also help us think through how various types of clinical work are emphasized within

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13 Kids Helpline Australia, (ND). Testing calls in Australia: Plague or Purpose? Prankster or Prank Star? Powerpoint presentation. As further context, a Toronto Star article (July 13, 2012) about a new subway suicide hotline’s call volumes reported 56% of calls were pranks, testing calls, or accidental calls.
a counselling call (e.g., establishing rapport and listening to the client’s story, or building an actionable plan of next steps).

**Client hopes/expectations of the service:** We asked respondents two questions. First, “*What did you hope would happen as a result of talking with a KHP counsellor today?*” and then read out a list of possible hopes (n= 235). Second, we asked clients if they strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following statement “*The counsellor helped me in the way that I had hoped they would*” (n= 227). The following chart is colour-coded to illustrate solution-focused hopes (purple bars), emotion-focused hopes (green bars) and process-focused hope (the blue bar).

![Chart showing client hopes and expectations](chart.png)

We can see from this chart that the tangible, solution-focused hopes are prioritized less highly by our respondents than the more emotion-focused hopes of feeling better and less alone.

Responses to our follow-up question were overwhelmingly positive; 91% (207) of our respondents indicated they received the help they had hoped they would get (n= 227).

**Would You Call Kids Help Phone Again? (n= 221):** In an effort to understand both overall client satisfaction with the support they received, and respondent’s relationship with Kids Help Phone, we asked, “*Would you call Kids Help Phone again if you needed help?*” 96% (211) of callers said yes, they would call us again.
Client Outcomes

To help us answer our three outcome-focused research questions (see page 3) we asked our respondents a series of scaling questions. We asked one paired question (which we will look at in the next section), and ten labelled scale questions. For the labelled scale questions, we asked the extent to which the caller agreed with a series of statements about their counselling experience. The available response options were: strongly agree = 5, agree = 4, neither agree nor disagree = 3, disagree = 2 or strongly disagree = 1. We will look at both the mean average (represented by M) and the actual response count for each of these questions. Averages have a maximum of five, with higher scores indicating a more positive rating.

Recalling the logic model and identified outcomes discussed at the beginning of this paper (see page 2), these questions are indicators for our short-term outcomes related to feelings, awareness and skills development. In the sections that follow, respondents’ answers to the question “was there something your counsellor did or said that was particularly helpful/unhelpful?” will be used to illustrate the importance of each outcome indicator.

Positive Changes in Feelings & Attitudes: Reducing Distress & Isolation

Measuring the extent to which telephone counselling reduces client distress: Our post-counselling test design means we do not have an established pre-counselling benchmark against which to measure any change that may have occurred over the course of a call (e.g., we do not have a rating of how the caller was feeling taken before they talked to a counsellor). To help us understand if client distress is reduced from the start of the call to the end of the call, we therefore asked our respondents a matched pair of scaling questions. One question asked them to reflect on how upset they felt about their problem or situation before working with a counsellor, and the following question asked them to rate how upset they felt about this same situation or problem now that they had worked with a counsellor.

233 respondents answered both of these questions. The average rating before receiving counselling support was 5.35 and the average rating after receiving support was 2.84 (were 7 was “really upset” and where 1 was “not at all upset”). The mean difference pre-to-post counselling was a reduction of 2.51 points on the 7-point scale.

Outcome Evaluation Question # 3
Do telephone counselling clients experience positive changes in feelings and attitudes (specifically a decrease in distress and isolation)?

On a scale of 1 to 7, where 1 is not at all upset and 7 is really upset, how were you feeling about this problem or situation at the beginning of your call today?

On this same scale, where 1 is not at all upset and 7 is really upset, how do you feel about this problem or situation not that you’ve finished talking with a counsellor?
This is a statistically significant reduction in distress \( t = -20.93, p < .0001 \): 95% of our respondents experienced a reduction of distress between 2.27 and 2.75 on the 7 point scale.\(^{14}\) This means the amount of the change was consistent for 95% of our clients (any difference between respondents was within .4 of a point on our scale). What this tells us is that our respondents consistently experienced a reduction in distress of approximately 2.5 points. The possibility of this reduction in distress being due to chance is less than one in 1,000; this positive change is due to the counselling support they received.

In addition to the statistical significance of this 2.51 point reduction in distress, our counsellors unanimously confirmed that this reduction is also clinically significant; it is a huge amount of positive change for our telephone clients. While statistical significance uses math calculations to determine if the change measured is due to chance or due to the intervention (in our case, the telephone counselling service), clinical significance based on counsellors assessment determines if this amount of change means young people will experience enough of a reduction in distress that it makes calling “worth it.” As one counsellor stated: “It’s definitely significant, we’re talking about emotions. The situation may be the same, it’s how they feel that they will take with them into that situation that will be helpful. To not feel so hopeless, that’s huge!”

**Reducing distress & isolation through the therapeutic relationship:** We also asked our respondents the extent to which they agreed or disagreed with six statements related to their assessment of the counselling relationship (strongly agree = 5, agree = 4, neither agree nor disagree = 3, disagree = 2 or strongly disagree = 1).

As illustrated in the preceding chart, the majority of respondents’ reported feeling respected, listened to, supported and understood; they felt like they had a good connection to their counsellor and found their call helpful. Respondent’s qualitative responses articulate the importance of each of these indicators:

\(^{14}\) t-test

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*Telephone Counselling Evaluation | Evaluation Results*
**Reducing Distress & Isolation: Helpful Things My Counsellor Did or Said**

“Just them listening. That’s all I really needed.”

“Felt like I was listened to and understood. Made me feel better.”

“He said to calm down and stop worrying so much and that was helpful because I feel like I need to do that; I need to be patient and live in the moment more and smell the roses more.”

“Encouragement.”

“He made me feel a lot better about myself and what I’m capable of doing.”

“Just that someone listened and didn’t judge.”

The conversation was warming and meaningful. Caller said that the counsellor was “perfect.”

“Wasn’t alone and that it’s normal for me to feel anxiety about what’s going on and that things will get better”

Counsellor told caller that she had the right to be angry and experience her negative emotions as long as she does not hurt anyone; this was very comforting to the caller.

**Positive Changes in Awareness & Knowledge: Highlighting Personal Strengths and Resources**

Along with the emotion and relationship-focused questions just discussed, we also asked two questions that have to do with our client-centred and strengths-focused approach to counselling: to what extent do young people feel meaningfully involved in the counselling call, and are they more aware of their own abilities and capacities by the end of the call? We can think of the first question as a prerequisite to the second—meaningful involvement can be expected to help callers become more aware of their own personal strengths and capacities.

**Outcome Evaluation Question #4**

Do telephone counselling clients experience positive changes in awareness and knowledge (specifically awareness of their own personal strengths and resources)?

**Highlighting Personal Strengths & Resources**

- I felt meaningfully involved in the conversation with my counsellor (n= 224, M= 4.11)
  - % chose 'agree' or 'strongly agree': 86

- My counsellor helped me become more aware of my personal strengths and abilities (n=224, M= 3.74)
  - % chose 'agree' or 'strongly agree': 68
As we can see in the preceding chart, while meaningful involvement was rated quite high, the more tangible awareness of personal strengths and abilities scored the lowest of all our 5-point labelled scale questions. Again, our respondents’ qualitative responses highlight the importance of each of these indicators:

**Highlighting Personal Strengths & Resources: Helpful Things My Counsellor Did or Said**

“They were helpful in that they made it clear that they were listening to me. Made me feel better that I was able to handle the problem.”

“We were talking about that I felt I couldn’t connect with my friends and the counsellor pointed out that we are always in competition and that I had to realize it wasn’t a competition, but to try my best at what I am.”

“I work in mental health sector, as part of my job, and this last call the counsellor was well-versed in motivational interviewing and I felt listened to and felt as though she respected what I had to say but also challenged me which was very useful.”

“Yeah, they told me I was very brave to call and I had to speak up for myself more.”

“My counsellor was able to pin-point my strengths and how I could use them in my situation.”

**Positive Changes in Skills Development: Increasing Problem Solving Skills**

**Solution-focused Counselling Work:** To assess the extent to which young people develop increased problem solving skills, we asked two labelled scale questions. While the bulk of our clients stated they had the opportunity to explore different options, a more modest majority indicated they ended their session with a plan to respond to or deal with their situation.

**Outcome Evaluation Question #5**

Do telephone counselling clients experience positive skills development (specifically an increase in problem solving skills)?

**Increasing Problem Solving Skills**

My counsellor and I talked about different options or strategies for responding to my problem or situation (n= 224, M= 4.11)

I now have a plan for how I will respond to or deal with my problem or situation (n= 225, M= 3.82)
Referrals Provided & Referral Follow-up: Following-up on a referral can be an important part of problem solving. While Kids Help Phone has always provided referrals to supportive adults (e.g., someone they know) and community agencies (e.g., professional supports), we have not known the proportion of counselling contacts that include a referral, or importantly, the proportion of callers who plan to actually follow up on the referral. Providing us with an initial first benchmark, 48% of all respondents stated their counsellor provided them with a referral. 49 (22%) were referred to a local adult for follow up, and 38 (17%) to a local agency. 20 respondents (9%) were referred to both an adult and an agency ($n=226$). 70-76% of those who were provided with a referral stated they planned to follow up. These findings were welcomed by counsellors as a few stated that at times they have wondered if callers find the referrals they provide useful.

Young people’s narrative responses illustrate what increasing problem solving skills – exploring options, ending the call with a plan, and receiving/following-up on a referral – sounds like in practice:

**Developing Problem Solving Skills: Helpful Things My Counsellor Did or Said**

"When she told me to take deep breaths, go to my doctor, attend my CMHA appointments regularly."

"The one thing he said that stood out was to write a note. It stuck out for me. You hear about it in movies and stuff, but it was cool that he said to actually do it."

"Being able to talk to you guys was helpful...and the counsellor saying if I can’t find shelter, just call back and... I thought that was helpful."

"He gave me a number for child support, listened to my problems, didn’t interrupt me, gave me really good advice, told me not to run away, told me to call child support, or go to my friend’s house."

"She helped me come up with a strategy to deal with my problem."

Clinical Significance Discussions: It made perfect sense to counsellors that respondents rated lowest the most tangible, solution-focused outcome indicators (awareness of personal strengths and ending the call with a plan); life is complicated and not every problem has a solution. Recalling our newly drafted logic model, emotion-focused outcomes are both the foundation and the prerequisite for developing new awareness, knowledge and skills. Moreover, helpline counselling supports are typically crisis supports. Accessible and on-demand, the priority is on reducing distress and establishing rapport before moving on to tackle higher order problem-solving.

Counsellor discussion of the clinical significance of these findings revolved around the diversity among callers and their presenting issues, and how callers are at different stages in the process of engaging with what their life holds. Counselling goals for callers just beginning to engage with particular issues will be different from goals for clients who have been coping for longer. As one counsellor put it, “not having a plan doesn’t mean there wasn’t really important counselling movement.” These two lower scores also bolstered counsellors’ belief in all the evaluations findings; lower scores show that respondents were carefully thinking through their answer to each question and not just quickly responding positively to everything.
In Their Own Words: “Is there anything else you would like to tell us about our telephone counselling service?”

Ninety-six of our respondents answered our final open-ended question; 78% expressed appreciation and 14% provided feedback related to something other than their counselling experience. 8 of our respondents provided critical feedback. Critical feedback included a request that we fix the hold music because it is “fuzzy and not clear,” and a critique of the length of the wait time for service, “what if there was a kid who desperately needed help and didn’t have time to wait?” Other non-session specific feedback and statements include:

Caller said that KHP should have a telephone counselling service for adults because she feels guilty that she is calling in at the age of 18 and feels bad because she “should not” be calling from next year onwards.

“I liked the message at KHP that said no problem is too big or too small, some other helplines are very specific and I’m unsure if my situation and problems fit with them.”

“I really think it was useful/helpful and I think the website has a lot of good information on it for helping kids with their problems.”

“Tried calling once but was too nervous and hung up.”

Expressed appreciation for the support they had received included many variations of “thank you” and “it really helped.” There is a high level of consensus among our respondents that “You guys are pretty kick-ass.” Other responses that help nuance our understanding of the telephone counselling service include:

Is there anything else you would like to tell us about our telephone counselling service?

“They listen even if you don’t have a lot to say, they listen to you.”

“It is helpful because I can call anytime but other lines you can’t call because it’s not 24 hours a day and that’s what I like and Kids Help Phone.”

“Um, that this is really helpful and that all kids that have trouble at home or any like trouble should call because it’s really helpful.”

“I honestly didn’t expect it to be as helpful as it was. It really exceeded my expectations and it was really amazing.”

“I can always count on them. If I want to talk to someone there’s no one else, they are always my first choice.”

“I just wanted to say thanks because it was really helpful and I don’t think I could have gotten the help from anywhere else.”

“It is a positive thing. I got some advice and I think I can work through my problems now.”

“You guys are doing great job! Now I got information and instruction and know what to do!”
Discussion

Findings from this evaluation provide Kids Help Phone with important new understanding of who uses our telephone counselling service, supplies evidence of some of the ways in which our unique support service both complements and fills gaps in the youth-serving sector, and provides client satisfaction and positive client outcome benchmarks. With our Live Chat evaluation piloting in 2012, this project also affords us the opportunity to begin to contrast and compare our longest running and newest service offerings, to better understand how they collectively allow us to meet our mission.

Kids Help Phone provides the largest volume of counselling service through our telephone counselling medium. Given fast-paced changes in the field of communication technology, our evaluation respondents provide us with a timely reminder of the value they place on the ear-to-ear and voice-to-voice human contact provided by our original counselling support medium. Young people struggling with family relationships, and with family and peer violence are more likely to access the telephone counselling medium over our chat or web counselling media. While all of our counselling support services are female dominated, male clients are most likely to contact Kids Help Phone through our telephone counselling line. Acknowledging our goal of continuing to improve our data collection mechanisms, counsellors provide the largest number of referrals through the phone medium, including importantly, the largest number of emergency services referrals (police, child protection, and ambulance).

Findings from this project show that our telephone service provides support to a particularly diverse group of young people, with racialized and sexual minority youth (38% and 16% respectively) represented at rates higher than that of the general population. Of particular note, 10% of our respondents identified with First Nations groups and 4% as Trans/Genderqueer. As a proxy for generational status, 11% of respondents stated their first language was neither English nor French.

43% of our respondents had not spoken with anyone else about their issue or concern before they called us. Of those that had spoken with someone else, most had spoken with a peer (50%), followed by a parent or other supportive adult (41%). Of note, the top reasons for accessing Kids Help Phone instead of a local support were related to our service promise of anonymity and confidentiality, and the perception that they cannot talk to the people they already know. Young people also clearly expressed their trust that our counsellors will not judge them. Kids Help Phone’s role as a source for professional “second opinions” suggests the service plays an intermediate, bridging role, as young people come to terms with what their lives hold and decide what they want to do about the issues and challenges they face.

At 41%, a significant number of our respondents stated they were currently, or had in the past, seen a professional mental health professional. While 11% of our total sample stated they were on the wait list for professional counselling or therapy supports, 13% of our Ontario respondents stated they were currently wait-listed for service. Interestingly, only 5% of our respondents stated they had spoken with a mental health professional about the issue or problem they had called us about. Those
accessing formal supports self-identified mental and emotional health struggles, followed by relationship struggles, as the main reasons for accessing professional help. While these findings help us better understand the essential role Kids Help Phone’s free, anonymous, confidential, and on-demand (24/7) telephone counselling service plays in complementing and filling gaps in the formal child and youth mental health sector, this area requires further exploration. Possible next steps include consulting with sector partners on when and in what circumstances they refer clients to our 24/7 supports.

These findings also show us a variety of types of service relationships, ranging from first time callers/recent service users, to ongoing service access over many years. The ways in which our single-session counselling model (versus ongoing therapy) can support these different types of service relationships deserves further exploration. The main reasons for choosing the telephone medium over our other two service media related to preferring verbal communication, not knowing about our other services, and a number of different access-related issues including the limited hours and long wait times for the other services. With 9% of our respondents indicating that they had previously prank-called the telephone service, testing as an entrance point to help-seeking is also an area requiring further exploration. Client satisfaction with the telephone counselling support they received was incredibly high, with 96% of respondents stating they would call again if they needed help.

Respondent’s expressed hopes for the support they would receive matched their subsequent rating of the various outcome indicators. Emotion- and relationship-focused outcome indicators received extremely high ratings (e.g., feeling respected and supported), followed by counselling process outcome indicators (e.g., meaningfully involved, exploring strategies). Future research and evaluation projects might further explore our finding that the most tangible, solution-focused outcome indicators received the lowest scores (e.g., awareness of personal strengths and ending the call with a plan).

Comparing findings from this project with the existing literature is limited by differences in study design, the questions asked of respondents, and the actual tools used to measure change. The King et al. (2006) study provides the best available comparator. In that Australian study, 66% of clients were female (versus 73% of our sample) and the mean average age was 13 (versus 16 for our sample). While that work also examined, and found, significant changes in the reduction of client distress and the establishment of alliance/rapport between counsellor and client, differences in data collection tools impede meaningful comparisons.
Stakeholder Involvement & Knowledge Exchange

This project was made possible by a significant commitment of staff and volunteer resources. Core project staff and research assistants contributed a combined 1,926 hours to this initiative. Given the multiple stakeholder groups and the newness of this type of work for the organization, having a clearly identified Project Lead able to devote a significant number of hours to coordinating all the moving pieces, bridging multiple interests and documenting the process was invaluable. The project also benefited greatly from a significant commitment of volunteer hours by a PhD candidate in clinical developmental psychology. As a former Kids Help Phone counsellor, the Evaluation Consultant & Statistician brought a range of specialized knowledge to the project, beyond what was otherwise available within the organization. Time invested in recruiting, vetting and training the research assistants resulted in a strong, reliable, and committed team who collected high quality data from our clients.

In addition to the team’s work, other stakeholders also shaped the project design, data collection, data analysis and use of findings. The logic model, evaluation questions and data collection plan were presented to counselling staff in March of 2012. Counsellor feedback was incorporated into the timing of data collection timing (before school let out for the summer), the recruitment protocols (do not invite callers under age 12, or those in acute crisis), and implementation plan. A week prior to starting data collection, a comprehensive overview of the project timelines, the chosen methods and questionnaire draft, the research assistant training program and the client recruitment paperwork was presented to counsellors. In addition, each counselling station was equipped with an explanation of the project, expectations of counselling staff, protocols for recruiting and transferring clients, and a copy of the logic model and questionnaire.

Regularly reporting to both counselling staff and management ensured core service staff remained aware of the project, had opportunities to weigh in on the evaluation design, heard back in a timely fashion about the results, and were able to contribute to the analysis of the findings. In turn, the clarity and expressiveness of the project’s findings bolstered belief that such a linear and systematic process can both yield meaningful information and reflect important clinical shifts. The linear design means this evaluation can be replicated in the future.

In August of 2012 counselling project team members presented the initial descriptive and statistical analysis to all counselling staff. Counsellors’ discussions of the clinical significance of these findings were incorporated into the final report. In September, project team members presented the complete analysis to senior leadership. Through these consultations it was decided that the logic model developed for this project will become the foundation for all new organization and counselling staff training, and will also inform marketing and communications work.

<table>
<thead>
<tr>
<th>Role</th>
<th>No.</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project lead</td>
<td>1</td>
<td>650</td>
</tr>
<tr>
<td>Evaluation consultant &amp; statistician</td>
<td>1</td>
<td>436</td>
</tr>
<tr>
<td>(honorarium supported student)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research assistants (volunteer)</td>
<td>15</td>
<td>570</td>
</tr>
<tr>
<td>Counsellors &amp; counselling leadership</td>
<td>4</td>
<td>140</td>
</tr>
<tr>
<td>Technology support</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td>Fund development</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Translation support</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>26</strong></td>
<td><strong>1,926</strong></td>
</tr>
</tbody>
</table>
Conclusions & Next Steps

This project has provided Kids Help Phone with a much better understanding of who uses our telephone service, and it has established both user satisfaction and outcome benchmarks for our longest running counselling medium. We now also have a better sense of the staff time and technology costs associated with this type of work, and have the knowledge and infrastructure required to continue to engage in service research and evaluation.

While a much more time and resource intensive approach to service evaluation, prioritizing interdepartmental collaboration and ongoing involvement of a wide range of internal stakeholders has resulted in a particularly thorough project of practical use to all key stakeholder groups. The organizational capacity fostered by the ongoing involvement of all departments has also allowed us to make immediate use of project findings. Time spent recruiting and training research assistants allowed for a larger sample, and have led to a number of ongoing research relationships of benefit to both the organization and the students. Next steps for Kids Help Phone include building our new telephone counselling service logic model into the training and orientation for both new organization and counselling staff. We will also explore further the ways in which we might incorporate our new understanding of the diversity of our clients into our counselling work, marketing activities, and service outreach. Articulating a counselling approach for more frequent clients is also recommended.
References


Appendices

Appendix A: French Language Logic Model
## Appendix B: Evaluation Framework

*Note: All data was collected between mid-May and the end of June through a research assistant administered questionnaire.*

<table>
<thead>
<tr>
<th>Evaluation Questions</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Process Evaluation Question 1:</strong> Who accesses our telephone counselling service?</td>
<td>Client demographics (gender, age, sexual orientation, culture/ethnicity, generational status, language spoke at home, religion, province)</td>
</tr>
<tr>
<td></td>
<td>Client presenting issues</td>
</tr>
<tr>
<td></td>
<td># of clients who state they prank the service at some point</td>
</tr>
<tr>
<td></td>
<td># of clients with connections to local supports (friends, teachers, counsellors)</td>
</tr>
<tr>
<td></td>
<td># of clients who state they receive ongoing formal support from a helping professional</td>
</tr>
<tr>
<td></td>
<td># of clients who state they did not speak with anyone else about their presenting problem before calling KHP</td>
</tr>
<tr>
<td><strong>Process Evaluation Question 2:</strong> Are our phone counselling clients satisfied with the service they receive?</td>
<td># of clients who state they found the service helpful</td>
</tr>
<tr>
<td></td>
<td># of clients who state they use our service because we are anonymous</td>
</tr>
<tr>
<td></td>
<td># of clients who state they use our service because it is available 24/7</td>
</tr>
<tr>
<td></td>
<td># of returning clients</td>
</tr>
<tr>
<td></td>
<td># of clients who prefer one service medium over another (phones vs. AUO vs. chat)</td>
</tr>
<tr>
<td></td>
<td># of clients with serious presenting issues who did not speak with anyone (or only with a peer/friend) about their presenting problem before calling KHP</td>
</tr>
<tr>
<td></td>
<td># of clients who state they have nobody else they can talk to</td>
</tr>
<tr>
<td></td>
<td># of clients who state they would call us again if they needed help</td>
</tr>
<tr>
<td></td>
<td># of clients who state they were helped in the way they hoped they would be helped</td>
</tr>
<tr>
<td><strong>Process Evaluation Question 3:</strong> Do phone counselling clients experience positive changes in feelings and attitudes (specifically a decrease in distress and isolation)?</td>
<td># of clients who state they feel better</td>
</tr>
<tr>
<td></td>
<td># of clients who state they felt heard by their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they felt understood by their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they felt respected by their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they had a good connection with their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they felt supported by their counsellor</td>
</tr>
<tr>
<td><strong>Outcome Evaluation Question 4:</strong> Do phone counselling clients experience positive changes in awareness and knowledge (specifically of their own personal strengths and resources)?</td>
<td># of clients who state they felt meaningfully involved in the counselling conversation</td>
</tr>
<tr>
<td></td>
<td># of clients who state they became more aware of their personal strengths and resources</td>
</tr>
<tr>
<td><strong>Outcome Evaluation Question 5:</strong> Do phone counselling clients experience positive skills development (specifically an increase in problem solving skills)?</td>
<td># of clients who state they explored different options and strategies with their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they now have a plan to respond to or deal with their issue or concern</td>
</tr>
<tr>
<td></td>
<td># of clients who state they received a community referral from their counsellor</td>
</tr>
<tr>
<td></td>
<td># of clients who state they received a referral to a supportive adult</td>
</tr>
<tr>
<td></td>
<td># of clients who state they will follow up with that community referral or supportive adult</td>
</tr>
</tbody>
</table>
Appendix C: Validated Test Measures Search Strategy

Domains searched within the Ontario Centre of Excellence for Child and Youth Mental Health’s database included:

- Bullying and harassment
- Client satisfaction
- Coping
- General mental health assessment
- Hope and hopelessness
- Problem solving and decision making
- Program evaluation
- Quality of life and well-being
- Self-perception
- Stigma
- Social and emotional skills
- Therapeutic alliance

We also ran a keyword search related to our prioritized top six intended service outcomes. Terms included: strengths, isolation, distress, choices, options, coping, self-care and problem solving. Of the records returned, we examined only those that did not have a cost associated with their use. Approximately half of the 44 records that met our search criteria were duplicates of tests returned in the prevision domain and keyword searches.

The parameters for our Psyctest search were set to include records for interview or paper-based measures, measures for which the full-text was available, and measures appropriate to administer to adolescents (13-17) and young adults (18-29). Search terms included:

- Outcome
- Service outcome
- Outcome evaluation
- Intervention outcome
- Intervention evaluation
- Distress
- Crisis intervention
- Isolation
- Connectedness
- Therapeutic alliance
- Strengths
- Choices
- Options
- Coping
- Self-care
- Problem solving

This search returned 36 relevant records. However, once duplicate records and tests already found in the Centre’s database search were removed, only five new records were included in our detailed review.
Hello, you are talking with a Kids Help Phone research assistant – just so you know, I’m not a counsellor. Your counsellor transferred you because you said it would be okay to ask you some questions about our telephone counselling service. We really appreciate your taking the time to give us feedback. I’m going to tell you a bit about the project and you can ask any questions you might have.

1. Does this sound okay?  
   a. Yes  
   b. No

Over the next few weeks Kids Help Phone will be asking callers to answer some questions about their experience with our telephone counselling service. We will use everyone’s answers to help us understand and look at ways to improve this service. This is not a test; there are no right or wrong answers. Your participation is voluntary and you may stop at any time.

Your answers are totally anonymous. We will not take down any identifying information about you. The counsellor you just spoke with will not see your answers. The survey will take about 10 minutes.

There are no expected risks for your participation, but if there are any questions you don’t want to answer just ask to skip them. If, for any reason, you find these questions upsetting, I’ll check in to see if you would like to be transferred back to the counselling service.

2. Do you have any questions before we begin?  
   a. Yes  
   b. No

Notes, if any: __________________________________________________________________________

3. Are you okay to start?  
   a. Yes  
   b. No, reason, if given: ________________
**Relationship to Kids Help Phone** [do NOT read out the answer options]

4. Can you tell me approximately how many times you’ve called Kids Help Phone?
   a. This is the first time
   b. 1-5 times
   c. 6-10 times
   d. 11-20 times
   e. More than 20 times
   f. Don’t know/couldn’t answer
   g. Client chose not to answer

5. Have you ever used our Live Chat or Ask Us Online services? [multi choice]
   a. Yes - Live Chat
   b. Yes - Ask Us Online
   c. No [skip to question 7]
   d. Don’t know/couldn’t answer
   e. Client chose not to answer

6. How do you prefer to get in contact with Kids Help Phone?
   a. Post to the Ask Us Online forums
   b. Phone the helpline
   c. Chat using Live Chat
   d. Don’t know/couldn’t answer
   e. Client chose not to answer

7. When did you first get in contact with Kids Help Phone?
   [If difficult to code right away, write down what they say – “sometime in the summer of 2010” – and figure out how to code it once the survey is completed]
   a. In the last month
   b. In the last 2 months
   c. In the last 3 months
   d. In the last 4-6 months
   e. In the last 7-12 months
   f. Between 13 months and 2 years ago [June to December 2011 & 2010]
   g. 3 years ago [2009]
   h. 4 years ago [2008]
   i. 5 years ago [2007]
   j. 10 years ago [2002]
   k. 15 years ago [1997]
   l. Don’t know/couldn’t answer
   m. Client chose not to answer

**The Problem or Situation** [do NOT read out the answer options]

8. What problem or situation did you call us about today? [multiple choice]
   [If it isn’t straightforward to code the response, please write out some verbatim notes and follow up with Dily about how to code this question once the interview is finished]
   a. Friend/peer relationships
   b. Family relationships
   c. Dating/ Relationships
   d. Violence or abuse
e. Bullying
f. Mental or emotional health
g. Substance use or addictions
h. Physical or sexual health
i. School
j. Information about laws or rights
k. Sexual orientation or gender identity
l. Becoming independent
m. Self-injury
n. Suicide
o. Other
p. Client chose not to answer

Verbatim description [only for when difficult to code]:
________________________________________________
________________________________________________
________________________________________________
________________________________________________

9. On a scale of 1 to 7, where 1 is not at all upset and 7 is really upset, how were you feeling about this problem or situation at the beginning of your call today?

1  2  3  4  5  6  7
Not at all upset
Really upset
   a. Don’t know/couldn’t answer
   b. Client chose not to answer

10. On the same scale, where 1 is not at all upset and 7 is really upset, how do you feel about this problem or situation now that you’ve finished talking with a counsellor?

1  2  3  4  5  6  7
Not at all upset
Really upset
   a. Don’t know/couldn’t answer
   b. Client chose not to answer

Connection to Other Supports [do NOT read out the answer options]

11. Did you talk to anyone about this problem or situation before you called us?

   a. Yes
   b. No [go to question 13]
   c. Don’t know/couldn’t answer [go to question 13]
   d. Client chose not to answer [go to question 13]
12. Who did you talk to? [multiple choice]

- a. Friend/peer
- b. Sibling
- c. Parent/guardian/adult family member
- d. Teacher/school guidance counsellor
- e. Faith-based support/leader
- f. Family doctor
- g. Social or health service professional (social worker, public health nurse)
- h. Counsellor/therapist [question 13, "for what issues"]
- i. Psychologist [question 13, "for what issues"]
- j. Psychiatrist [question 13, "for what issues"]
- k. Other supportive adult
- l. Other_____________________
- m. Don’t know/couldn’t answer
- n. Client chose not to answer

13. Have you ever gone to see a professional counsellor or therapist?

- a. Yes – currently
- b. Yes – in the past
- c. No [go to question 14]
- d. Don’t know/couldn’t answer [go to question 14]
- e. Client chose not to answer [go to question 14]

[If yes] For what issues did/do you see them? __________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

14. Are you on a waiting list for counselling or therapy?

- a. Yes
- b. No [go to question 16]
- c. Don’t know/couldn’t answer [go to question 16]
- d. Client chose not to answer [go to question 16]

[If yes] For what issues? ____________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

15. How long have you been waiting to see them?

- a. A few weeks
- b. 1 month
- c. 2 months
- d. 3 months
- e. 4-6 months
- f. 7-12 months
- g. 1.5 years
- h. 2 years
- i. 2.5 years
- j. 3 or more years
- k. Don’t know/couldn’t answer
- l. Client chose not to answer
User Satisfaction Indicators

16. Can you tell me why you chose to call Kids Help Phone instead of talking to someone else?
   [multiple choice]
   a. I’ve used Kids Help Phone before and found it helpful
   b. Because your service is anonymous [you don’t know who I am]
   c. Because your service is confidential [you won’t tell on me]
   d. Someone told me you could help
   e. A friend/peer had a good experience with KHP
   f. I wanted help right away
   g. I can’t talk to anyone around me
   h. I didn’t know of any services where I live that could help me
   i. Other support services aren’t open right now [your service is available 24/7]
   j. I wanted to practice talking about my issue before talking to someone I know
   k. Other: _______________________
   l. Don’t know/couldn’t answer
   m. Client chose not to answer

17. What made calling us a better option than chatting via Live Chat or posting a message through Ask Us Online (AUO)?
   a. I’ve called before and found it helpful
   b. I prefer to talk about my problems rather than write
   c. I didn’t know I could chat
   d. I didn’t know I could post
   e. Live Chat isn’t open right now
   f. AUO isn’t open right now
   g. The AUO response time is too long
   h. The wait for a Live Chat counsellor is too long
   i. I don’t have access to a computer
   j. Other: _______________________
   k. Don’t know/couldn’t answer
   l. Client chose not to answer

18. What did you hope would happen as a result of talking with a Kids Help Phone counsellor today? Did you hope that: [read out each choice – you can include a yes or no prompt as needed; can have multiple responses]
   a. You would have a chance to talk out your issue
   b. The counsellor would tell you what to do
   c. Get connected with a service in your community
   d. You would feel better
   e. Figure out what to do next
   f. Feel listened to and like someone understands
   g. Get information that would help you
   h. Feel less alone
   i. Other: _______________________
   j. Don’t know/couldn’t answer
   k. Client chose not to answer
I’m going to read you a number of statements and I want you to tell me if you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with each one.

19. “The counsellor helped me in the way that I had hoped they would.” [read out the answer options]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

Indicators of Therapeutic Process & Therapeutic Change

20. In today’s call, I felt listened to by my counsellor [read out the answer options, if necessary]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

21. I felt understood by my counsellor [read out the answer options, if necessary]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

22. I felt respected by my counsellor [read out the answer options, if necessary]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

23. I felt like I had a good connection with my counsellor [read out the answer options, if necessary]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

24. I felt supported by my counsellor [read out the answer options, if necessary]
<table>
<thead>
<tr>
<th></th>
<th>a. Strongly agree</th>
<th>b. Agree</th>
<th>c. Neither agree nor disagree</th>
<th>d. Disagree</th>
<th>e. Strongly disagree</th>
<th>f. Don’t know/couldn’t answer</th>
<th>g. Client chose not to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>25.</td>
<td>I felt meaningfully involved in the conversation with my counsellor [read out the answer options, if necessary]</td>
<td>a. Strongly agree</td>
<td>b. Agree</td>
<td>c. Neither agree nor disagree</td>
<td>d. Disagree</td>
<td>e. Strongly disagree</td>
<td>f. Don’t know/couldn’t answer</td>
</tr>
<tr>
<td>26.</td>
<td>Talking with a Kids Help Phone counsellor was helpful [read out the answer options, if necessary]</td>
<td>a. Strongly agree</td>
<td>b. Agree</td>
<td>c. Neither agree nor disagree</td>
<td>d. Disagree</td>
<td>e. Strongly disagree</td>
<td>f. Don’t know/couldn’t answer</td>
</tr>
<tr>
<td>27.</td>
<td>My counsellor helped me become more aware of my personal strengths and abilities [read out the answer options, if necessary]</td>
<td>a. Strongly agree</td>
<td>b. Agree</td>
<td>c. Neither agree nor disagree</td>
<td>d. Disagree</td>
<td>e. Strongly disagree</td>
<td>f. Don’t know/couldn’t answer</td>
</tr>
<tr>
<td>28.</td>
<td>My counsellor and I talked about different options or strategies for responding to my problem or situation [read out the answer options, if necessary]</td>
<td>a. Strongly agree</td>
<td>b. Agree</td>
<td>c. Neither agree nor disagree</td>
<td>d. Disagree</td>
<td>e. Strongly disagree</td>
<td>f. Don’t know/couldn’t answer</td>
</tr>
</tbody>
</table>
29. I now have a plan for how I will respond to or deal with my problem or situation [read out the answer options, if necessary]
   a. Strongly agree
   b. Agree
   c. Neither agree nor disagree
   d. Disagree
   e. Strongly disagree

30. Did your counsellor suggest you speak with an adult support or community-based agency?
   [multiple choice]
   a. Yes – adult
   b. Yes – agency
   c. No [skip to question 32]
   d. Don’t know/couldn’t answer [skip to question 32]
   e. Client chose not to answer [skip to question 32]

31. Do you plan to follow up with any person or agency you talked about? [multiple choice]
   a. Yes – adult
   b. Yes – agency
   c. No
   d. Not sure
   e. Client chose not to answer

32. Would you call Kids Help Phone again if you needed help?
   a. Yes
   b. No
   c. Not sure
   d. Client chose not to answer

33. Was there something your counsellor did or said that was particularly helpful/unhelpful?
   ___________________________________________________________
   ___________________________________________________________
   a. Don’t know/couldn’t answer
   b. Client chose not to answer

Client Characteristics
This has been really helpful; we’re almost done. Because our service is anonymous and confidential, we don’t actually know who uses our helpline. These last questions will help us better understand who does use our service, which will help us do things like hire counsellors with specific experiences and skills.
34. Can you tell me how old are you?
   a. 12
   b. 13
   c. 14
   d. 15
   e. 16
   f. 17
   g. 18
   h. 19
   i. 20
   j. 21+
   k. Don’t know/couldn’t answer
   l. Client chose not to answer

35. What gender do you best identify with?
   a. Female
   b. Male
   c. Trans/Genderqueer
   d. Don’t know/couldn’t answer
   e. Client chose not to answer

36. What sexual orientation do you best identify with?
   a. Gay/lesbian
   b. Straight/heterosexual
   c. Bisexual
   d. Questioning
   e. Other: ____________________
   f. Don’t know/couldn’t answer
   g. Client chose not to answer

37. Who do you live with?
   a. Parent/ other family member
   b. Foster parent
   c. Group home
   d. Homeless shelter
   e. Other: ____________________
   f. Don’t know/couldn’t answer
   g. Client chose not to answer

38. What is your first language?
   a. English
   b. French
   c. Other [list any. If you haven’t heard of it, ask what group speaks it]:
   d. Don’t know/couldn’t answer
   e. Client chose not to answer

39. People are often described as belonging to particular racial, ethnic or cultural group(s). For example, Filipino, Jamaican, English or Inuit. To which ethnic or cultural groups do you see yourself belonging?
   [Multiple choice. Document any stated identity category not mentioned here (e.g., Czechoslovakian, Jewish, Somalian)]
   a. Canadian
   b. British
c. French
d. Quebecois
e. First Nations, Aboriginal or Metis
f. White, European or Caucasian
g. South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
h. Asian (e.g., Korean, Chinese, Japanese)
i. Black (e.g., African or Caribbean descent)
j. South East Asian (e.g., Cambodian, Indonesian, Laotian, Vietnamese)
k. West Asian to Middle Eastern (Armenian, Egyptian, Iranian, Lebanese)
l. Latin American (e.g., Mexican, South American, Central American)
m. Other (please specify):________________
n. Don’t know/couldn’t answer
o. Client chose not to answer

40. Which religion, if any, do you or your family practice? [multiple choices. If you haven’t heard of a particular religion, ask which tradition it is related to]

a. No religion
b. Atheist
c. Buddhism
d. Christianity
e. Hinduism
f. Islam
g. Jainism
h. Judaism
i. Shinto
j. Sikhism
k. Taoism/ Confucianism
l. Wicca
m. Other: _______________

41. What province or territory do you live in?

a. Alberta
b. British Columbia
c. Manitoba
d. New Brunswick
e. Newfoundland and Labrador
f. Northwest Territories
g. Nova Scotia
h. Nunavut
i. Ontario
j. Prince Edward Island
k. Québec
l. Saskatchewan
m. Yukon
n. Don’t know/couldn’t answer
o. Client chose not to answer

42. Would you mind telling us what city or town you live in? It gives us a general sense of where you live but you will still be anonymous.

__________________________

a. Don’t know/couldn’t answer
b. Client chose not to answer
43. Have you ever prank called our helpline before?

a. Yes
b. No
c. A friend pranked while I was with them
d. Don’t know/couldn’t answer
e. Client chose not to answer

44. Is this your first time answering this survey?

a. Yes
b. No
c. Don’t know/couldn’t answer
d. Client chose not to answer

45. Is there anything else you would like to tell us about our telephone counselling service?

__________________________________________________________________________________

da. Don’t know/couldn’t answer
b. Client chose not to answer/ No

Thank You

Thank you very much for taking the time to tell us about your experience with our phone service. We really do value your input an
Questionnaire-client pour l’évaluation du service d’intervention téléphonique

Consentement verbal éclairé

Bonjour, je suis un assistant de recherche chez Jeunesse, J’écoute- Pour ton information, je ne suis pas un intervenant. Ton intervenant a transféré l’appel parce que tu as accepté de répondre à quelques questions à propos du service d’intervention téléphonique. Nous apprécions beaucoup que tu prennes de ton temps pour nous donner ton avis. Je vais te parler un peu du projet et tu pourras poser autant de questions que tu le souhaites.

1. Est-ce que ça te va?
   a. Oui
   b. Non

Au cours des prochaines semaines, Jeunesse, J’écoute demandera à ses appelants de répondre à quelques questions à propos de leur expérience auprès de notre service d’intervention téléphonique. Nous allons utiliser les réponses de chacun pour nous aider à comprendre et développer des façons d’améliorer ce service. Ceci n’est pas un test, il n’y a pas de bonnes ou de mauvaises réponses. Ta participation est volontaire et tu peux décider de mettre un terme au sondage à tout moment.

Tes réponses demeureront totalement anonymes. Nous ne prendrons en note aucune information permettant de t’identifier. L’intervenant(e) avec qui tu viens de parler n’aura pas accès à tes réponses. Le sondage prendra une dizaine de minutes à compléter.

Il n’y a aucun risque lié à ta participation, mais s’il y a une question à laquelle tu préfères ne pas répondre, tu peux demander de passer à la prochaine. Si, pour quelconque raison, tu trouves que les questions sont dérangeantes, je m’informerai à savoir si tu peux être retransféré vers le service d’intervention.

2. As-tu des questions avant que l’on commence?
   a. Oui
   b. Non

Notes, s’il y a lieu: ____________________________________________________________

3. Est-ce que tu es prêt à débuter ?
   a. Oui
   b. Non, raison si fournie________

Date d’aujourd’hui:__________________________ Intervieweur: ________________________
Heure du début: ______________ Heure de fin: ______________ Durée: ______________
Skipped questions, if any:_____________________________________________________________

Notes de l’intervieweur, s’il y en a (ex., l’appelant demande s’il y a une récompense de participation ou si l’appel _________________________________________________
**Questionnaire-client**

**Lien avec Jeunesse, J’écoute** [Ne PAS lire à voix haute les choix de réponse]

4. Peux-tu me dire à peu près combien de fois tu as téléphoné à Jeunesse, J’écoute ?
   - a. C’est la première fois
   - b. 1-5 fois
   - c. 6-10 fois
   - d. 11-20 fois
   - e. Plus que 20 fois
   - f. Je ne sais pas/Je ne pourrais pas le dire
   - g. Client a décidé de ne pas répondre

5. As-tu déjà utilisé le service de clavardage en direct ou le service Pose ta question en ligne? [choix multiples]
   - a. Oui - clavardage
   - b. Oui - Pose ta question en ligne
   - c. Non (passer à la question 7)
   - d. Je ne sais pas/ Je ne pourrais pas le dire
   - e. Client a décidé de ne pas répondre

6. Comment préfères-tu entrer en contact avec Jeunesse, J’écoute?
   - f. En écrivant dans les forums Pose ta question
   - g. Par téléphone
   - h. En clavardant en direct
   - i. Je ne sais pas/Je ne pourrais pas le dire
   - j. Client a décidé de ne pas répondre

7. Quand est-ce que tu es entré en contact avec Jeunesse, J’écoute pour la première fois? 
   [Si difficile à codifier tout de suite, seulement écrire ce que l’appelant répond – “Quelque part durant l’été 2010” – puis trouver la façon de le codifier une fois le sondage terminé.]
   - n. Dans le dernier mois
   - o. Dans les derniers 2 mois
   - p. Dans les derniers 3 mois
   - q. Dans les derniers 4 à 6 mois
   - r. Dans les derniers 7 à 12 mois
   - s. Entre les derniers 13 mois et 2 ans [*Juin à Décembre 2011 & 2010]*
   - t. Il y a 3 ans [2009]
   - u. Il y a 4 ans [2008]
   - v. Il y a 5 ans [2007]
   - w. Il y a 10 ans [2002]
   - x. Il y a 15 ans [1997]
   - y. Je ne sais pas/Je ne pourrais pas le dire
   - z. Client a décidé de ne pas répondre
**La problématique ou la situation** [Ne PAS lire à voix haute les choix de réponse]

8. À propos de quel problème nous as-tu téléphoné aujourd’hui? [choix multiples]

[Si la réponse ne vient pas telle qu’elle et/ou est difficile à codifier, écrire quelques notes de verbatim, puis en discuter avec Dilys pour pouvoir codifier adéquatement la réponse une fois le sondage terminé.]

q. Relations entre pairs/amis  
r. Relations familiales  
s. Situation amoureuse  
t. Violence ou abus  
u. Intimidation  
v. Santé mentale ou émotionnelle  
w. Dépendances ou utilisation de substances  
x. Santé physique ou sexuelle  
y. École  
z. Information à propos des droits et lois  
aa. Orientation sexuelle ou identité sexuelle  
bb. Devenir indépendant  
c. Auto-mutilations  
dd. Suicide  
ee. Autre  
ff. Client a décidé de ne pas répondre

Description verbatim [utiliser seulement si réponse difficile à codifier]:

__________________________________________________________________________________
__________________________________________________________________________________

Sur une échelle de 1 à 7 (1 étant pas du tout bouleversé et 7 étant très bouleversé), comment te sentais-tu à propos de ta situation ou de ton problème au **début** de l’appel, aujourd’hui ?

1  2  3  4  5  6  7  
Pas du tout bouleversé  
Très bouleversé  

c. Je ne sais pas/Je ne pourrais pas répondre  
d. Client a décidé de ne pas répondre

9. En utilisant la même échelle (1 étant pas du tout bouleversé et 7 étant très bouleversé), comment te sens-tu maintenant que tu as parlé avec un intervenant ?

1  2  3  4  5  6  7  
Pas du tout bouleversé  
Très bouleversé  

c. Je ne sais pas/Je ne pourrais pas répondre  
d. Client a décidé de ne pas répondre
Lien avec d'autres sources de support [Ne PAS lire à voix haute les choix de réponse]

10. Avais-tu parlé de ce problème ou de cette situation avec quelqu’un d’autre avant de nous téléphoner?
   
   e. Oui
   f. Non [passer à la question 13]
   g. Je ne sais pas/Je ne pourrais pas répondre [passer à la question 13]
   h. Client a décidé de ne pas répondre [passer à la question 13]

11. À qui en as-tu parlé? [choix multiples]
   
   o. Un ami/un pair
   p. Frère ou soeur
   q. Parent/Tuteur/autre adulte de la famille
   r. Enseignant/intervenant de l’école
   s. Support axé sur la foi/ dirigeant religieux
   t. Docteur de famille
   u. Professionnel de la santé ou des services sociaux (Travailleur social, infirmière, etc.)
   v. Intervenant(e)/thérapeute [question 13, « pour quelle problématique/situation »]
   w. Psychologue [question 13, « pour quelle problématique/situation »]
   x. Psychiatrie [question 13, « pour quelle problématique/situation »]
   y. Autre adulte de confiance
   z. Autre_____________________
   aa. Je ne sais pas/Je ne peux pas répondre
   bb. Client a décidé de ne pas répondre

12. As-tu déjà consulté un autre intervenant ou bien un thérapeute?
   
   f. Oui- présentement
   g. Oui- dans le passé
   h. Non [passer à la question 14]
   i. Je ne sais pas/Je ne peux pas répondre [passer à la question 14]

   [Si oui] Pour quelle problématique/situation?________________________________________

13. Es-tu présentement sur une liste d’attente pour rencontrer un thérapeute?
   
   e. Oui
   f. Non [passer à la question 16]
   g. Je ne sais pas/Je ne pourrais pas répondre [passer à la question 16]
   h. Client a décidé de ne pas répondre [passer à la question 16]
14. Combien de temps as-tu attendu avant de le/la rencontrer?

m. Quelques semaines
n. 1 mois
o. 2 mois
p. 3 mois
q. 4-6 mois
r. 7-12 mois
s. 1.5 années
t. 2 années
u. 2.5 années
v. 3 ans ou plus
w. Je ne sais pas / je ne pourrais pas répondre
x. Client a décidé de ne pas répondre

15. Peux-tu m’expliquer pourquoi tu as choisi de téléphoner à Jeunesse, J’écoute plutôt que de parler à quelqu’un d’autre? [choix multiples]

n. J’avais déjà utilisé ce service et l’avais trouvé aidant
o. Parce que c’est un service anonyme [vous ne savez pas qui je suis]
p. Parce que c’est un service confidentiel [vous ne me dénoncerez pas]
q. Quelqu’un m’a dit que vous pouviez m’aider
r. Un ami/un pair m’a parlé de son expérience positive avec votre service
s. J’avais besoin d’aide immédiatement
t. Je ne peux pas parler à qui que ce soit d’autre autour de moi
u. Je ne connaissais pas d’autres services dans ma région qui auraient pu m’aider
v. Les autres services d’aide n’étaient pas disponibles à ce moment [votre service est disponible 24/7]
w. Je voulais me prétendre à parler de mon problème avant d’en parler à quelqu’un que je connais bien
x. Autre: _______________________
y. Je ne sais pas/Je ne pourrais pas répondre
z. Client a décidé de ne pas répondre

16. Pour quelle raison as-tu préféré utiliser le service téléphonique plutôt que le service de clavardage ou Pose ta question en ligne?

m. J’avais déjà utilisé ce service et l’avais trouvé aidant
n. J’aime mieux parler de vive voix de mes problèmes plutôt que d’écrire
o. Je ne savais pas qu’il était possible de clavarder
p. Je ne savais pas que je pouvais poser ma question en ligne
17. Quelles étaient tes attentes en parlant avec un intervenant de Jeunesse, J’écoute, aujourd’hui? Est-ce que tu espérais; [lire les options suivantes, choix multiple possible]

l. Avoir la chance de parler de ton problème/ta situation
m. Que l’intervenant(e) te dirait quoi faire
n. Être mis en contact avec un service de ta communauté
o. Te sentir mieux
p. Trouver ce que tu devrais faire
q. Sentir que quelqu’un t’écoute et te comprend
r. Recevoir de l’information qui pourrait t’aider
s. Te sentir moins seul(e)
t. Autre:

u. Je ne sais pas/ Je ne pourrais pas répondre
v. Client a décidé de ne pas répondre

18. « L’intervenant(e) qui m’a répondu aujourd’hui m’a aidé de la façon dont je m’y attendais. » [lire les options suivantes]

h. Très d’accord
i. D’accord
j. Ni en accord, ni en désaccord
k. En désaccord
l. Très en désaccord
m. Je ne sais pas/Je ne pourrais pas répondre
n. Client a décidé de ne pas répondre

Indicateurs de processus thérapeutique et changements thérapeutiques

19. Durant l’appel d’aujourd’hui, je me suis senti(e) écouté(e) par l’intervenant(e) [lire les options suivantes, si nécessaire]

h. Très d’accord
i. D’accord
j. Ni en accord, ni en désaccord
k. En désaccord
l. Très en désaccord
m. Je ne sais pas/Je ne pourrais pas répondre
l. Très en désaccord
m. Je ne sais pas/Je ne pourrais pas répondre

20. Je me suis sentie compris(e) par l’intervenant(e) [lire les options suivantes, si nécessaire]
   h. Très d’accord
   i. D’accord
   j. Ni en accord, ni en désaccord
   k. En désaccord
   l. Très en désaccord
   m. Je ne sais pas/Je ne pourrais pas répondre
   n. Client a décidé de ne pas répondre

21. Je me suis senti(e) respecté(e) par l’intervenant(e) [lire les options suivantes, si nécessaire]
   a. Très d’accord
   b. D’accord
   c. Ni en accord, ni en désaccord
   d. En désaccord
   e. Très en désaccord
   f. Je ne sais pas/Je ne pourrais pas répondre
   g. Client a décidé de ne pas répondre

22. J’ai senti que j’avais une bon lien avec l’intervenant(e) [lire les options suivantes, si nécessaire]
   a. Très d’accord
   b. D’accord
   c. Ni en accord, ni en désaccord
   d. En désaccord
   e. Très en désaccord
   f. Je ne sais pas/Je ne pourrais pas répondre
   g. Client a décidé de ne pas répondre

23. Je me suis senti(e) soutenu(e) par l’intervenant(e) [lire les options suivantes, si nécessaire]
   a. Très d’accord
   b. D’accord
   c. Ni en accord, ni en désaccord
   d. En désaccord
   e. Très en désaccord
   f. Je ne sais pas/Je ne pourrais pas répondre
   g. Client a décidé de ne pas répondre

24. Je me suis senti(e) impliqué significativement dans la conversation avec l’intervenant(e) [lire les options suivantes, si nécessaire]
   h. Très d’accord
   i. D’accord
   j. Ni en accord, ni en désaccord
   k. En désaccord
   l. Très en désaccord
   m. Je ne sais pas/Je ne pourrais pas répondre
25. Parler avec un(e) intervenant(e) de Jeunesse, J’écoute m’a été aidant [lire les options suivantes, si nécessaire]

h. Très d’accord  
i. D’accord  
j. Ni en accord, ni en désaccord  
k. En désaccord  
l. Très en désaccord  
m. Je ne sais pas/Je ne pourrais pas répondre  
n. Client a décidé de ne pas répondre

26. L’intervenant(e) m’a aidé à m’apercevoir de mes forces et habiletés [lire les énoncés, si nécessaire]

h. Très d’accord  
i. D’accord  
j. Ni en accord, ni en désaccord  
k. En désaccord  
l. Très en désaccord  
m. Je ne sais pas/Je ne pourrais pas répondre  
n. Client a décidé de ne pas répondre

27. L’intervenant(e) et moi avons discuté de mes différentes stratégies et options face à mon problème/ma situation [lire les options suivantes, si nécessaire]

h. Très d’accord  
i. D’accord  
j. Ni en accord, ni en désaccord  
k. En désaccord  
l. Très en désaccord  
m. Je ne sais pas/Je ne pourrais pas répondre  
n. Client a décidé de ne pas répondre

28. J’ai maintenant un plan pour gérer ou faire face à mon problème/ma situation [lire les options suivantes, si nécessaire]

h. Très d’accord  
i. D’accord  
j. Ni en accord, ni en désaccord  
k. En désaccord  
l. Très en désaccord  
m. Je ne sais pas/Je ne pourrais pas répondre  
n. Client a décidé de ne pas répondre

29. Est-ce que l’intervenant(e) t’a proposé de t’adresser à un adulte de ton entourage ou bien à un organisme de ta communauté? [choix multiple]
As-tu l'intention d'en parler avec un adulte ou bien d'aller chercher de l'aide dans un organisme communautaire tel que discuté? [choix multiple]

- Oui- Adulte
- Oui- Organisme
- Non

Je ne sais pas/Je ne pourrais pas répondre [passer à la question 32]

Client a décidé de ne pas répondre [passer à la question 32]

Rappelerais-tu Jeunesse, J'écoute si jamais tu avais encore besoin d'aide?

- Oui
- Non
- Pas certain(e)

Client a décidé de ne pas répondre

Y a-t-il quelque chose en particulier que l'intervenant a dit qui t’a aidé ou pas aidé?

- Je ne sais pas/Je ne pourrais pas répondre
- Client a décidé de ne pas répondre

Caractéristiques du client

Ceci a été vraiment aidant, nous avons presque terminé. Parce que nos services sont anonymes et confidentiels, nous ne savons pas vraiment qui utilise notre service téléphonique. Ces dernières quelques petites questions vont nous aider à mieux connaître les jeunes qui nous appellent et donc pouvoir améliorer nos services, par exemple, en engageant des intervenants qui ont une formation ou des habiletés particulières.

Peux-tu me dire quel âge tu as?

- m. 12
- n. 13
- o. 14
- p. 15
- q. 16
- r. 17
- s. 18
- t. 19
- u. 20
- v. 21+
w. Je ne sais pas/Je ne pourrais pas répondre
x. Client a décidé de ne pas répondre

34. À quel sexe est-ce que tu t’identifies le mieux?

f. Fille
i. Je ne sais pas/ Je ne pourrais pas répondre

j. Client a décidé de ne pas répondre

g. Gars/Garçon
h. Transgenre/queer

35. L’orientation sexuelle à laquelle tu t’identifies le mieux est

a. Gai/lesbienne
b. Straight/hétérosexuel
c. Bisexuel
d. En questionnement
e. Autre : _____________
f. Ne sais pas/ne peux répondre
g. Usager préfère ne pas répondre

36. Avec qui habites-tu?

h. Parent(s)/Autre membre de la famille
i. Famille d’accueil
j. Centre Jeunesse / Foyer de groupe
k. Hébergement d’urgence/refuge
l. Autre: ________________
m. Je ne sais pas/Je ne pourrais pas répondre
n. Client a décidé de ne pas répondre

37. Quelle est ta langue maternelle?

f. Anglais
g. Français
h. Autre [Inscrire la réponse. Si vous n’avez jamais entendu parler de cette langue, demandez quel groupe la parle]:
i. Je ne sais pas/Je ne pourrais pas répondre
j. Client a décidé de ne pas répondre

38. Les gens sont souvent associés à des groupes ethniques. Par exemple : Espagnol, Jamaïcain, Anglais ou Inuit. À quel groupe ethnique ou groupe culturel t’associes-tu?

[Choix multiples. Veuillez documenter tout autre groupe d’appartenance non mentionné dans la liste (ex., Tchécoslovaque, Juif, Somalien)]

p. Canadien
q. Anglais (Angleterre)
r. Français
s. Québécois
t. Premières Nations, Aborigène ou Métis
u. Blanc, Européen ou Caucasiens
v. Sud-asiatique (ex., Indien de la région de l’est, Pakistanais, Punjabi, Sri Lankais)
w. Asiatique (ex., Koréen, Chinois, Japonais)
x. Noir (ex., Africain ou Caribéen)
y. Asiatique de la région du sud-est (ex., Cambodgien, Indonésien, Laotien, Vietnamiens)
z. Asiatique de l’est ou du Moyen Orient (Arménien, Égyptien, Iranien, Libanais)
aa. Latino-Américain (ex., Mexicain, Sud-Américain, Amérique centrale)
bb. Autre (svp spécifier):_________________
c. Je ne sais pas/Je ne pourrais pas répondre
dd. Client a décidé de ne pas répondre

39. À quelle religion toi ou ta famille s’associent (si tu en as une)? [choix multiples. Si vous ne connaissez pas la religion nommée, demandez à quelle coutume/tradition elle est associée]

p. Pas de religion
q. Athé
r. Bouddhisme
s. Christianisme
t. Hindouisme
u. Islam
v. Jainisme
w. Juif
x. Shinto
y. Sikhisme
z. Taoïsme/Confucianisme
aa. Wicca
bb. Autre: ____________________
c. Je ne sais pas/Je ne pourrais pas répondre
dd. Client a décidé de ne pas répondre

40. Dans quelle province ou territoire habites-tu?

p. Alberta
q. Colombie-Britannique
r. Manitoba
s. Nouveau-Brunswick
t. Terre-Neuve et Labrador
u. Territoires du Nord-Ouest
v. Nouvelle-Écosse
w. Nunavut
x. Ontario
y. Îles-du-Prince-Édouard
z. Québec
aa. Saskatchewan
bb. Yukon
cc. Je ne sais pas/Je ne pourrais pas répondre
dd. Client a décidé de ne pas répondre

41. Serais-tu d’accord pour nous dire dans quelle ville tu habites? Ça nous donnera une meilleure idée de où tu téléphones mais tu demeureras anonyme.

__________________________

c. Je ne sais pas/Je ne pourrais pas répondre
d. Client a décidé de ne pas répondre
42. T’est-il déjà arrivé de faire des appels à la blague à notre service auparavant?

f. Oui  
g. Non  
h. Un de mes amis a déjà fait ça alors que j’étais présent(e)  
i. Je ne sais pas/Je ne pourrais pas répondre  
j. Client a décidé de ne pas répondre

43. Est-ce que c’est la première fois que tu réponds à ce questionnaire?

e. Oui  
f. Non  
g. Je ne sais pas/Je ne pourrais pas répondre  
h. Client a décidé de ne pas répondre
44. Aimerais-tu rajouter un commentaire à propos de notre service d’intervention téléphonique?
   c. Je ne sais pas/Je ne pourrais pas répondre
   d. Client a décidé de ne pas répondre/Non

**Merci**

Un énorme merci d’avoir pris de ton temps pour nous partager ton expérience auprès de notre service d’intervention téléphonique. Ta participation a une grande valeur pour nous et nous aidera à améliorer nos services!