Texting Hotlines: A Pilot Study

Kristen B. Fournier

State University of New York at Plattsburgh

Approved by:

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Dale Phillips, Ph. D., Thesis Committee Chairperson
Associate Professor of Psychology

_____

Renee Swinton, Thesis Committee Member
Essex County Coordinator of Sexual Assault and Support Services

_____

Wendy Braje, Ph.D., Thesis Committee Member
Associate Professor of Psychology

Author Note

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Contact: Kfour001@plattsburgh.edu

Abstract

Texting has been integrated into virtually all aspects of society, including medical and mental health interventions. Researchers examined the use of crisis hotline among college students and their willingness to consider text-based forms of counseling. A surprising number of undergraduate students expressed willingness to seek counseling support through a text-based hotline. In a one-year study, researchers' text-based hotline was texted more often by women survivors of sexual assault than their traditional hotline alternative. These results should be taken into consideration by college campuses and mental health providers when expanding their mental health interventions to include text messaging services.

Keywords: hotline, text message, college students, women, support, sexual assault, crisis,

Texting Hotlines: A Pilot Study

The day after Robin Williams shocking suicide in August 2014, the National Suicide Prevention hotline saw a three-fold increase in calls a day from people needing support or looking for information about depression and suicide (Shonfeld, 2015). In the months following, this spike in volume became the call center's new "normal" as they continued to receive over four-thousand calls a day. While some might take this to mean the numbers of people who are suicidal or depressed are growing, it could be that a greater number of people are asking for help and know a reliable place they can find it.

Literature Review

A crisis hotline is a telephone number a person can call for immediate counseling over the phone, typically from a trained counselor (Wikipedia, 2016). Crisis hotlines originated in England in 1953 and were initially set-up to help people who were thinking of attempting suicide. Since then, hotlines around the world have expanded to support people who are in emotional crisis induced by life events (including childhood trauma, neglect, abuse, and post-traumatic stress disorder, to name a few).

Mental illness statistics

Forty million adults in the U.S are living with an identifiable mental, behavioral, or emotional disorder (National Institute of Mental Health, 2015). At the micro level, the consequences of lack of treatment are alarming. Living with an untreated mental health disorder places a person at higher risk of homelessness and incarceration. These people are more prone than the average adult to chronic health conditions, because, as seen with people with schizophrenia or who are suffering from depression, they are more likely to smoke and less likely to exercise (Osborn, 2001). Somebody living an untreated mental health condition, has a

life expectancy 25 years shorter than the average adult and are more likely to die from "unnatural causes" like drug-overdose or suicide (Osborn, 2001).

Untreated mood disorders are the leading cause of suicidal thoughts and behavior (National Association on Mental Illness, 2015). Hotlines provide some individuals a 24-hour safety net that can be used to fill in the time between therapy appointments and doctor visits. They act as an ongoing source of emotional support for those with chronic emotional issues.

The Process and Barriers of Seeking Help

Several systematic and personal barriers get in the way and inhibit a person reaching out for emotional support. Rickwood (2005) explained that help seeking could be broken down into a four step process. It is important to note these factors can influence and intervene at any point and impede the likelihood of a person receiving the care he/she needs to live a healthy, productive life. The first step in Rickwood's (2005) process is being aware a problem exists, being able to recognize the symptoms, and recognizing when intervention is necessary; the second is expressing the need for support and feeling comfortable seeking support. For many, it is hard to admit when they can no longer rely on their own person as a resource and for others, it can be excruciatingly difficult to put into words what they are feeling. The process of these two steps could take a person weeks, months, sometimes even years to move through (depending on their type of therapist).

Next, the availability of a person's resources need to be considered, as well as how they are going to receive that support. Rural, remote areas of have little to no access to reliable mental health services and, more often than not, these services require a person to travel. Depending on age, socio-economic status, or ability to seek travel means elsewhere, this can be a huge barrier to receiving consistent mental health counseling.

Finally, there must be a willingness to disclose and share personal feelings, thoughts, and experiences, to another person (often a complete stranger) in an unfamiliar setting (often a therapist's office). Finding an accessible, reliable, qualified counselor who you feel comfortable confiding in is a barrier some find themselves never crossing.

When we look to our parents, our spouse, our friend, our therapist, or our doctor for support we expect to feel like we are being helped and that our problems are taken seriously. Young people, in particular, have antagonistic attitudes about seeking help, especially if that help is through a certified mental health specialist (Gulliver, Griffiths, & Christensen, 2010). They are apprehensive about professional help. They feel professional counseling does not work, that it would make their problems worse, and that it's better to deal with their problems on their own. The stigma surrounding mental health disorders is a huge barrier among young people and is evidence that the trust placed in the source of help is crucial, especially in younger clients (Gulliver, Griffiths, & Christensen, 2010; Rickwood, 2005). Often, young people are too embarrassed about their inability to handle their problems on their own or they may have reached out to another person for support before and experienced some kind of disappointment. Young people want to know they are receiving discrete, confidential counseling from a reliable and easy-to-talk to person; therefore, counselors and mental health workers who work closely with young people need to be aware of how impactful their role is in helping or hindering the access to treatment of mental health problems. The probability of a younger client returning to treatment can be determined on the basis of one faulty counseling session.

Rickwood (2005) compiled data from 2,721 young people ages 14-24 and mental health gatekeepers, like counselors, teachers, and therapists within the community, hoping to shed light onto why younger populations, particularly young men, do not typically reach out for

professional help. Emotional intelligence, the ability to identify, describe, and understand your own emotions, plays a huge role into whether or not a person will open up to another person for support if they are sad, anxious, or depressed (Rickwood, 2005). In fact, the least "emotionally competent" are the least likely to seek help from their family, friends, or a mental health professional. One study found a majority of young people would much rather to turn to friends and family over a mental health professional but often do not have the close social support (Gulliver, Griffiths, & Christensen, 2010). Even when this social support is afforded, those considered to have low emotional IQ are still less likely to seek out that help (Rickwood, 2005).

Young people may be particularly open to text counseling offered through a crisis text hotline. A crisis text hotline could offer them a source of support that is less threatening than the traditional counseling setting because it is offered in a form of communication they are well-versed and comfortable with. Besides this, those who aren't as "socially competent" or who aren't able to verbally express themselves as well are easily afforded some "think time" with texting and might reduce some of the apprehension and stress felt in typical counseling sessions. A typical face-to-face conversation happens at a much faster rate than a typical texting conversation. Conversations by text can last hours, sometimes even days and by slowing this process down, clients are allotted extra time to process their thoughts before replying. They can think about what they want to say and how to say it which makes it more likely the counselor will be able to provide them with accurate and meaningful interventions.

Text Messaging to Encourage Help Seeking

In a series of comprehensive studies and experiments, Joyce and Weibelzahl (2011) explored the attitudes college students had towards receiving periodic texts messages from their university, some of which encouraged reaching out to others during stressful times, like the

beginning of the semester or during finals week (Joyce & Weibelzahl, 2011). Researchers wanted to use cell-phones as a trusted information device for college students and through the normal guise of texting, they hoped students would be encouraged to look for support in a way that offered them a sense a self-reliance and anonymity.

The project sent over four thousand text messages to seven-hundred and fifty-two students during the first semester of their academic school year (Joyce & Weibelzahl, 2011). The content of these messages varied; some encouraged students to sign up for sports, some encouraged students to seek out tutoring services; and some encouraged them to schedule time to talk with a counselors. The table below illustrates a detailed description of the text messages students were sent from their campus.

Description of Texts Sent by Researchers by Date

Date	**Text**
25/09/2007	Hi. Welcome back. We've opened a garden in the courtyard so check it out. Any questions contact us in Student Life by talk or text at 087…
25/09/2007	Hi. Welcome. We are Student Life aim to make your stay here as pleasant as possible. Any questions just contact us by talk or text at 087…
3/10/2007	Hi. Just to remind you about academic support. Want help with writing essays, projects, or studying? Call or text Aidan @ 0xxx
10/10/2007	Hi. Hope the new college year has started well. If not and you need to chat, call or txt Stephen in student services @ 087…
18/10/2007	Sport and recreation program 07/08 now up and running. Clubs societies available in all areas of interest. For more info call or text Sinead at 087…
24/10/2007	Hi… provide GP services to full-time students at the medical center. Cost is E10 per visit. More info text or call student support on xxx
7/11/2007	Hi from Career Service. Get advice now. Career choices. Course options. Want help with ur future! Call or text xxxx

Joyce, D., & Weibelzahl, S. (2011). Student Counseling Services: Using Text Messaging to Lower Barriers to Help Seeking. *Innovations in Education and Teaching International*, 287-299.

The students who received biweekly text messages from their university did not object to receiving the messages but a majority were not particularly interested in receiving messages with content relating directly to mental health. At the end of the study, at least 11 students sought

additional mental health services by inquiring about a counselor as a direct result of the texts received and, while most would rather the messages not directly target mental health issues, the results from the collection of studies by Joyce and Weibelzhal help support the application of texting into a framework of service delivery, particularly within the college community (Joyce & Weibelzahl, 2011).

Online Counseling

Convenience and affordability are unique features of online counseling and phone therapy that make it more appealing than more traditional "sit-down" therapy (Kingsley & Henning, 2015). Online counseling is much more accessible and reliable for transient families prone to experiencing inconsistent carry-over when they are having to find a new face-to-face therapist each time they move. By using technology that is convenient, familiar, and accessible more treatment options are available to those who have limited access to traditional treatment options.

In an online survey of therapists providing therapy online, most feel satisfied with their practice and feel confident in their service delivery (Finn & Barak, 2010). In a 2007 study, over two-thousand social workers, psychologists, and other mental health professionals shared information about their delivery of mental health services through e-mail (Well, Mitchell, Finkelhor, & Ecker-Blease, 2007). It was not uncommon for some mental health workers to use the Internet in conjunction with other practices if it wasn't possible to meet face-to-face; however, professionals rarely provided consistent online mental health treatment citing confidentiality, liability, and misinformation being provided by the clients as areas of concern (Well, et al., 2007).

In a more focused, qualitative study six counselors and 59 clients volunteered to participate in a study to determine if a therapeutic "online counseling relationship" could be formed through email (Salleh, Hamzah, Nordin, Ghavifekr, & Joorabchi, 2015). Data were collected from focus groups, individual interviews with counselors, counselors' journals, and over 200 email interactions among participants (Salleh et al., 2014). Counselors were, indeed, able to establish a therapeutic relationship with clients, the clients were comfortable and willing to share their personal information through email, and the "structuring process" was similar to that of face-to-face therapy (i.e., building initial rapport, developing a relationship, and termination) (Salleh, et al., 2014).

Telephone Counseling

Telephone therapy offers a number of advantages to those who do not have access to professional support through traditional counseling or online services. With tele-therapy, which allows therapists to communicate with clients over the phone, it can be used as the primary treatment modality or on occasion (i.e., when face-to-face therapy is not possible or if Internet is unavailable) (Well, Mitchell, Finkelhor, & Ecker-Blease, 2007).

Turner, Heyman, Futh, and Lovell (2015) did a clinical trial study on telephone-administered cognitive-behavioral therapy (CBT) for young people with obsessive-compulsive disorder (OCD). Seventy-two adolescents and their parents were randomly assigned to receive telephone-based cognitive behavioral therapy (TCBT) or traditional cognitive behavioral therapy. Young people reported being highly satisfied with TCBT and at a 12-month follow up, no significant outcome measures were found between groups, providing evidence TCBT can be an effective means of service delivery for OCD among young adults (Turner et al., 2014).

Researchers have also used telephone-based behavioral therapy as a health intervention strategy to reduce depressive symptoms in HIV-infected older adults living in urban areas (Heckman, et al., 2013). Three hundred and sixty-one participants were randomly assigned to telephone-administered supportive-expressive group therapy, telephone administered coping-effectiveness training, or a standard care group who received no active treatment but had access to community support services. Results showed, compared to the control group, participants receiving the telephone-based counseling reporter fewer depressive symptoms at post-intervention and at an 8 month follow up study. They were also more likely to improve adherence to antiretroviral therapy, which slows down the virus of the HIV disease and is linked to improved survival (Heckman, et al., 2013).

Intimate Partner Violence and Communication Preferences among Women

Gilroy, McFarlane, Nava, and Maddoux (2013) are currently gathering data for a 7-year study to examine long-term effects of abuse on the functioning of the women and their children and to investigate the treatment effectiveness of two models most often offered to women currently experiencing domestic abuse: safe shelters and justice services. Privacy and safety is a major concern for women in abusive relationships now that professionals have begun using other methods, like email and texting, to contact their clients. One objective within Gilroy et al.'s (2013) longitudinal study is to determine ideal communication methods of abused women. Researchers used the Preferred Communication Questionnaire to find out what method of communication (phone, face-to-face, text, e-mail, Facebook) women were likely to prefer to be contacted by the safe shelter or justice service, and, if there was a difference between communication preference and women who chose to access the criminal justice services versus safe shelter services.

One hundred and fifty participants were recruited from Justice Services and one hundred and fifty participants were recruited from the shelters for abused women. Ages ranged from 18 to 52 years old. One hundred and ten women were in a relationship with their abuser at the time of the study and one hundred and eighty four had at least one child with their abuser. This information is important to consider because if personal safety is a concern we would expect women with closer ties to their abuser to prefer discrete forms of communication, like email or texting, over phone.

Surprisingly, most women recruited from both the Justice Service and the shelters chose voice (telephone), as their primary preference for communication. Women who sought support through Justice Services were more likely to choose texting as their second preferred method of communication. Women who sought support through the shelter were more inclined to choose face to face as their second preferred method of communication and texting as their third preference. Email was the least preferred method of communication among both groups. Differences among groups' second choice in communication preferences may be explained by the women's relationship with their abuser. Women who were at the shelter and no longer living with their abuser could feel safe talking to somebody face-to-face. In contrast, it may have put some women in a vulnerable situation to communicate with service providers at the justice system face-to-face for those, leading them to choose a less invasive second communication preference – texting.

Gilroy et al. (2013) do suggest phone and face-to-face may be two of the easiest methods of communication for abused women to access but their study also suggests texting has a useful role in communicating with women who have experienced domestic abuse. Zickurh and Smith (2012) propose texting may be a more preferred method over email because it offers more

immediate contact, a cell phone is less expensive than an internet connection, and text messaging is potentially available to more people (as cited in Gilroy, et al., 2013).

Texting and Behavioral Health Treatment

Coupling text messaging with behavioral health strategies to extend on behavioral health treatment therapies is a familiar practice. In 2009, a text message-based intervention was shown to promote behaviors that support weight loss in overweight adults (Patrick, et al., 2009). Seventy-five overweight men and women were randomly assigned to one of two groups. One group received monthly printed material about weight control; the second group received personalized text messages two to five times daily, printed materials, and brief monthly phone calls from a health counselor. At the end of the 16-week study the group receiving the text-message based intervention lost more weight and said they would recommend their program to a friend or family member who wants to lose weight (Patrick, et al., 2009). Although the text-message treatment group received two additional interventions along with texting, this study suggests text messages has been used, with success and client satisfaction, as an intervention strategy to promote behaviors that support weight loss in overweight adults.

Sweet Talk is an automated and scheduled text-messaging system supporting young people self-managing their Type 1 diabetes (Franklin, Waller, Pagliari, & Greene, 2006). In a 12 month study, researchers randomly assigned young adolescents to one of three treatment groups, two of which included the Sweet Talk program. The control group only received conventional insulin therapy. Overall, the Sweet Talk program did not have a direct impact on managing blood sugar level, but not surprisingly, researchers saw a significant improvement in "diabetes self-efficacy, self-reported adherence, and diabetes social support" among participants receiving Sweet Talk in conjunction with behavioral health management support (Franklin et al.,

2006). Sweet Talk is a cell-phone based treatment intervention that was shown to serve as a tool to keep young people engaged with their diabetes care and could serve to help establish healthy habits that extend into adulthood.

Shapiro et al., (2010) wanted to examine a cognitive behavioral therapy text messaging program which provided support in self-monitoring the symptoms experienced by patients with bulimia nervosa. In a 12-week study, participants sent a text message each night to a counselor reporting how many episodes of binge eating and purging they had that day. This text also included a rating of their urges to binge and purge throughout the day. Participants received an immediate reply tailored to their symptoms. The program was highly accepted among the treatment group and participant data reflected a reduction in the number of symptoms of depression and a reduction in the number of binge eating and purging episodes (Shapiro, et al., 2010). The young girls who received nightly check-ins reported fewer symptoms of depression at the close of the study and were also reporting fewer occurrences of binging and purging than at the start of the intervention.

Text Messaging, Psychiatric Disorders, and Substance Abuse

Social Information Monitoring for Patients with Bipolar Affective Disorder (SIMBA), is a smartphone application used to monitor daily mood, exercise, and social communication in patients with bipolar disorder (Beiwinkel, et al., 2016). Thirteen patients participated in a 12-month pilot test of SIMBA to examine whether the subjective messaging system could predict patient clinical symptom levels and symptom change. Participants who reported more feelings of sadness and depression and texted at a lower rate were more likely to show high levels of clinical depression. Manic symptoms were predicted in clients who reported lower physical activity and high rates of texting. SIMBA was shown to be have reliable predictability of the

levels of manic or depressive symptoms experienced by people with bipolar disorder. Texting may have the potential to help monitor bipolar symptoms in patients on a regular basis which could be a powerful tool for therapists and researchers (Beiwinkel, et al., 2016).

In collaboration with a psychiatric rehabilitation center, a 12-week study was done in which a clinical social worker sent daily text messages to monitor patients with schizophrenia or schizoaffective disorder and past or present substance abuse. The social worker sent a daily prompt to patients to see if they were taking their medication properly and to gather information on patients' level of clinical symptoms. The feasibility of the program, patient engagement and satisfaction, and how well the client and therapist were able to form a therapeutic alliance were examined at the end of the twelve weeks through three self-rated measures (Ben-Zeev, Kaiser, & Izabela, 2014). The seventeen participants were an average of 40 years old.

Patients were highly satisfied with the intervention program and their therapists' professionalism. Participants thought the program was easy to use, useful, and fun and that it helped them gain more control over their lives (Ben-Zeev, Kaiser, & Izabela, 2014). Two participants sent text messages that were thought to be high suicide risk which resulted in home-visits and phone calls by clinical staff until the client stabilized. In another instance, one participant reported she had ran out of medication, was not eating, and had been up all night. The mobile interventionist was able to inform that participant's case manager who immediately took the necessary steps to refill the prescription and follow-up with the client in the coming weeks. Participants viewed the therapeutic relationship with their mobile interventionist as stronger and more intimate than their relationship with their community based treatment team. For patients coping with the symptoms of psychiatric disorders and alcoholism, text messaging

can be an effective intervention to support them, monitor their symptoms, and improve long-term outcomes (Ben-Zeev, Kaiser, & Izabela, 2014).

According to SAMHSA (2012), binge drinking is more common among younger adults, making them susceptible to a plethora of health issues associated with problem drinking (as cited in Mason et al., 2013). In 2012, over 600 college students attending a large southeastern university were screened for problem drinking. Of the 212 students who met the criteria for "problem drinking", eighteen volunteered to participate in a text-message intervention study. These participants were randomly assigned to a control group or a group receiving a text messaging intervention. As a baseline assessment, a 20-minute, evidenced-based, in-person interview was completed with each person. The student interview used motivational interviewing techniques because motivational interviewing has shown to boost people's readiness to change their substance abuse behavior. Motivational interviewing is a counseling technique based on the assumption that change comes from the inside and that confrontation or negative messaging is ineffective.

These personalized text-messages were sent to participants in the treatment group four to six times a week in the weeks following. At baseline, the intervention group binge drank more frequently than the control group. Results from the outcome surveys showed the treatment group reported greater readiness to change and overall greater intentions than the control group in reducing the amount of alcohol they consumed. At the end of the study, both groups reported they drank less. College students who received motivation interviewing-based interventions tended to show more motivation to take the steps to reduce their alcohol consumption. Text messaging interventions could be suitable to help encourage a growth mindset among young

college students and could proactively promote safer college behavior if used in conjunction with motivational interviewing techniques.

SMASH is a text-based treatment program developed in Denmark to help young people reduce their consumption of marijuana by using a "humanistic approach to counseling" (Laursen, 2010). Users start the program by subscribing on the company's webpage to specific text messaging packages. The first package sends users facts about smoking marijuana and the second package offers support and motivation to quit through text. The app also offers group chat features, access to a professional counselor, and a glossary of helpful definitions and facts about marijuana use. Twelve participants who tried at least one of the text messaging packages were interviewed to gather information on their history of marijuana consumption, their use and view of the text-messaging service, and their views on how the service compared with traditional forms of counseling (Laursen, 2010).

Some of the participants were recreational users, some were former abusers, and one self-identified as a cannabis addict. The study focused primarily on the content of the text messages they sent out to users. By using information-oriented messages rather than texts focused on counseling or guidance, users were more open to change and were provided with new information and facts they may not have known about marijuana use. This educational, non-confrontational method of intervention prompted users to reflect on their own cannabis use and, as a result, users reported the messaging program helped them greatly in their reduction of marijuana consumption (Laursen, 2010).

Texting and Crisis Intervention

In 2010, Educational Messaging Services (EMS), the Crisis Call Center, the University of Nevada, Reno, and, the Nevada Office of Suicide Prevention worked together to develop the

nation's first crisis line integrating text messaging with a goal of reaching out to youth and increasing youth help-seeking behavior for mental health issues (Evans, Davidson, & Sicafuse, 2013). The TextToday program was initiated in thirteen schools across Northern Nevada. Evans et al. (2013) wanted to see how effective the TextToday pilot was in meeting the needs of the underserved youth in Nevada. The hotline program received a total of 377 student-initiated texts by 172 students during the year it was in operation.

A majority of youth who texted the TextToday hotline were between the ages of 15 and 18. Most texters requested information or were in need of support but were not considered to be in any immediate crisis.

Few outside service referrals were made because of a low request rate from students and because students tended to report issues that did not warrant immediate intervention. Twenty-eight students were referred for additional services, for example, another mental health provider (i.e. school counselor, psychiatrist), a human resource service (i.e. Salvation Army, job recruiter, homeless shelter, child protective services), or another hotline (i.e. LGBT hotline).

Students were interviewed in focus groups and were asked to provide insight about the efficacy and use of TextToday. Most students said they would recommend the hotline resource to a friend and felt a texting hotline offered a more confidential, convenient, and available method to access mental health resources and information than their traditional resources (Evans, Davidson, & Sicafuse, 2013). Students valued a "stranger's perspectives" and favored texting the hotline because the counselors were typically more receptive and less likely to overreact (Evans, Davidson, & Sicafuse, 2013).

Students felt the counselors were less judgmental than those who knew them more intimately, likes friends or family. Participants expressed their need to have someone who would

listen, who they could express their thoughts and troubles to, and who could share positive thoughts, advice, and words of encouragement without having the fear of being judged or having their personal information shared throughout the school.

Some of the primary issues students reported facing in school included bullying, fights, and rumors. Young people also texted about drugs and alcohol, self-injury, and suicide. Many did not feel comfortable or that they could talk to anyone (especially their parents) about sensitive issues, especially sex. One student shared she thought a texting hotline would make it easier for young people to share more information because, "if it's just some random person on the phone then they can just let it all out cause they know they'll never see that person again" (Evans, Davidson, & Sicafuse, 2013).

Evans, Davidson, and Sicafuse (2013) interviewed hotline counselors to determine how effectively they were able to transition from a traditional service delivery model into a text-based method of service delivery. Counselors felt comfortable with the service system and developed confidence in their abilities to reach students who texted the hotline. All of the hotline counselors had several years of experience working for traditional phone-in crisis hotlines and were able to adapt several strategies they used over the phone to be used in text. Having the ability to review conversations also helped counselors plan conversation scripts and intervention strategies for similar problems students texted the hotline about. Counselors felt the hotline was an anonymous, comfortable way for students to reach out for help and cited this as a major advantage. Students are comfortable and familiar with texting and counselors were able to connect with more students who otherwise may have never received support.

Students and counselors did acknowledge shortcomings to the TextToday pilot. Not surprisingly, youth still had doubts the texting hotline was truly confidential (Evans, Davidson,

& Sicafuse, 2013). Others were concerned the line was associated with some stigma and feared facing harassment or embarrassment from their peers if they were seen with advertisement cards or were "caught" texting the TextToday hotline (Evans, Davidson, & Sicafuse, 2013).

About seven percent of the calls received were thought to be pranks; although, this number is likely much higher because it is very difficult to determine a, "prank-texter" without voice cues. Interestingly, many of the students who pranked the system eventually contacted the line for actual help and support. Because counselors could no longer rely on voice cues, it was harder to quickly and efficiently distinguish a crisis situation from a non-crisis situation. Texting offers users the ability to have a discussion in real-time, but counselors often multitasked and on occasion lost their focus during text conversations because the duration of conversations lasted hours, sometimes days (Evans, Davidson, & Sicafuse, 2013).

Small sample size makes it difficult to generalize the success of the TextToday pilot to larger populations, such as state or nation-wide youth populations. These sampling procedures, in addition to the subjective nature of self-reports, also limits the authors' understanding of how well youth who were seen as the most vulnerable were helped or if counselors provided youth with adequate information and support (Evans, Davidson, & Sicafuse, 2013). TextToday has promising results, though, in increasing help-seeking behaviors of teens and young adults. Since the TextToday pilot study ended in June 2011, TextToday has expanded to include even more schools and to reach even more students. In spring 2012, TextToday was receiving over 3600 texts a month from over 130 young people.

When Nancy Lublin was the CEO for DoSomething.org she had to recruit volunteers for social advocacy campaigns or activities and she knew that, partly because of its reported 97% "open rate", texting was one of the best ways to communicate with teenagers (Lublin, 2015).

Texting was significantly more powerful than email in recruiting volunteers but what they also found, and what Lublin calls an "unintended consequence" of sending these recruitment texts, was that teenagers began texting back looking for emotional support. As a result of the alarming text messages about bullying, cutting, and rape they received, the organization was inspired to launch one of the biggest crisis text-based hotlines in the nation (Lublin, 2015). Ten million text messages later and the organization is using their data, which will soon be open to the public, to provide counselors with the appropriate conversation prompts and outside referrals, similar to what the counselors did during the TextToday pilot. Lublin has been at the forefront advocating not only for the convenience and privacy offered to teens through a texting hotline, but what the real-time data could offer for census on issues like bullying, dating abuse, eating disorder, cutting, and rape and what how this could impact prevention.

Conclusions and Future Study

Text-based service delivery has some undeniable advantages over traditional face to face therapy, especially among teenagers and young adults. Texting affords users the ability to communicate and seek help from a trained professional in a way that is readily available and in a form most of us are familiar with. It has contributed to interventions which have improved the health outcomes of people with diabetes and adults with HIV. It has been implemented into behavior health interventions for weight loss and smoking cessation. People suffering from the symptoms of bipolar disorder, depression, and Obsessive Compulsive Disorder, with the integration of text-messaging support systems, have seen improvements in their clinical symptoms allowing them to lead more stable, productive lives. The use of texting has been especially useful and exciting among teenagers and young adults and research has made great gains in uncovering how texting can be implemented to curb alcohol and cannabis consumption

among the most vulnerable populations. Despite advances, the need remains for stronger empirical evidence to establish the effectiveness of services provided by text-based hotlines in the areas of crisis counseling among young people and particularly, survivors of sexual assault.

To build on current research, therefore, the present study sought to investigate help-seeking behavior among college students and the tendency for them to utilize crisis hotline services. This study addressed the following questions: Have college students reached out to crisis hotlines when they were emotionally distressed? Are college students open to reaching out to forms of support other than traditional telephone crisis hotlines, such as text-based hotlines?

The second study sought to determine the demographics of sexual assault survivors in Essex and Clinton counties who seek counseling services from a texting hotline. Researchers ran a sexual assault texting hotline for one year and analyzed how often it was utilized among sexual assault survivors. They compared the number of calls a phone-in crisis hotline received to the number of people who texted the crisis hotline across a one-year period. Frequency of contact, call or text duration, and the type of crime each participant was a victim of were reported and discussed.

Experiment One

Method

Participants

Participants were recruited by convenience sampling from the student population at the State University of New York at Plattsburgh. The sample consisted of one-hundred and thirteen student volunteers. The following tables summarize a breakdown of survey participants by age, gender, race, and academic year:

Table 1.1

Description of survey participants by age

Participant Age	Number of Participants	Percentage
18-22	86	75.45%
22-25	22	19.3%
26-32	5	4.39%
Unknown	1	.88%

Table 1.2

Description of survey participants by gender

Gender	Number of Participants	Percentage
Male	9	7.89%
Female	105	92.11%

Table 1.3

Description of survey participants by race

Race	Number of Participants	Percentage
White	80	70.18
Hispanic/Latino	20	17.54
Black/African American	10	8.77
Asian/Pacific Islander	1	.88
American Indian	0	.00
Other	3	2.63

Table 1.4

Survey participants by academic year

Academic Year	Number of Participants	Percentage
Freshman	17	14.91%
Sophomore	30	26.32%
Junior	32	28.07%
Senior	28	24.56%
Graduate	6	5.26%
Unknown	1	.88%

Materials

Informed consent was obtained and also provided volunteers with information about procedures, benefits, risks of participating, voluntary participation, and contact information or any questions or concerns. The purpose of the study was included on the consent form. Additional materials included a survey to be completed by each participant. The bulk of the survey was a section consisting of four questions asking the respondents to indicate if they have utilized a crisis hotline before, if they would choose a phone-based hotline over a text-based hotline, and if they would rather use some other form of support than a phone or text crisis hotline. Two of the four questions were contingency questions; therefore, participants were asked to elaborate only when they provided a "true" response. Refer to Appendix A to review a copy of the survey administered by researchers.

Design and Procedure

This study used a qualitative, non-experimental, correlational research design as it studied the relationship between crisis hotline use/preference and participant demographics. Researchers examined age, gender, and academic year of college students and responses to survey questions about their use of crisis hotline services, their attitudes toward phone-based crisis hotlines versus text-based crisis hotlines, and which method of communication they would be more likely to use in a crisis situation.

Participants were each given two identical consent forms. One was to be signed and turned into the researcher and one was to be kept for the participant. Surveys were distributed after consent was obtained. Students were asked to read the directions carefully and fill out both the demographic and crisis hotline sections to the best of their ability. After the surveys were completed and turned in, the researchers asked participants if they had and questions and thanked them for their cooperation.

Results

The following tables summarize survey responses by gender, age, race, and academic year:

Table 1.5

Survey Responses by Gender

Survey Question	Gender	N	Percentage
I have utilized a crisis hotline before.	Male	1	.88
	Female	7	6.14
I have used a phone-based crisis hotline.	Male	1	.88
	Female	6	5.26
If in crisis, I would prefer to use a text-based hotline over a phone-based hotline.	Male	3	2.63
	Female	38	33.33
If in crisis, I would utilize a crisis hotline for support (rather than another form).	Male	3	2.63
	Female	36	31.58

Table 1.6

Survey Responses by Age

Survey Question	Age	N	Percentage
I have utilized a crisis hotline before.	18	2	1.75
	19	0	0
	20	2	1.75
	21	1	.88
	22	2	1.75
	23	1	.88
	24	0	.00
	25	0	.00
	26	0	.00
	28	0	.00
	29	0	.00
	32	0	.00
	Unknown	0	.00
I have used a phone-based crisis hotline.	18	2	1.75
	19	0	.00
	20	2	1.75
	21	1	.88
	22	2	1.75
	23	0	.00
	24	0	.00
	25	0	.00

	26	0	.00
	28	0	.00
	29	0	.00
	32	0	.00
	Unknown	0	.00
If in crisis, I would prefer to use a text-based hotline over a phone-based hotline.	18	2	1.75
	19	8	7.02
	20	11	9.65
	21	6	5.26
	22	8	7.02
	23	2	11.75
	24	1	.88
	25	0	.00
	26	1	.88
	28	1	.88
	29	1	.88
	32	0	.00
	Unknown	0	.00
If in crisis, I would utilize a crisis hotline for support (rather than another form).	18	4	3.51
	19	9	7.89
	20	12	10.53
	21	7	6.14
	22	4	3.51
	23	1	.88
	24	0	.00
	25	0	.00
	26	0	.00
	28	0	.00
	29	0	.00
	32	1	.88
	Unknown	1	.88

Table 1.7

Survey Responses by Race

Survey Question	Race	N	Percentage
I have utilized a crisis hotline before.	White/ Caucasian	5	4.39
	Black/African American	2	1.75
	Hispanic/Latino	0	.00
	Native	0	.00

	American Indian	0	.00
	Asian/Pacific Islander	1	.88
	Other	0	.00
I have used a phone-based crisis hotline.	White/Caucasian	5	4.39
	Black/African American	2	1.75
	Hispanic/Latino	0	.00
	Native	0	.00
	American Indian	0	.00
	Asian/Pacific Islander	0	.00
	Other	0	.00
If in crisis, I would prefer to use a text-based hotline over a phone-based hotline.	White/ Caucasian	34	29.82
	Black/African American	2	1.75
	Hispanic/Latino	3	2.63
	American Indian	0	.00
	Asian/Pacific Islander	1	.88
	Other	1	.88
If in crisis, I would utilize a crisis hotline for support (rather than another form).	White/ Caucasian	24	21.05
	Black/African American	4	3.51
	Hispanic/Latino	7	6.14
	Native	0	
	American Indian	0	
	Asian/Pacific Islander	1	.88
	Other	3	2.63

Table 1.8

Survey Responses by Academic Year

Survey Question	Academic Year	N	Percentage
I have utilized a crisis hotline before.	Freshman	0	.00
	Sophomore	1	.88
	Junior	4	3.51
	Senior	3	2.63
I have used a phone-based crisis hotline.	Freshman	0	.00
	Sophomore	1	.88

	Junior	4	1.75
	Senior	2	1.75
If in crisis, I would prefer to use a text-based hotline over a phone-based hotline.	Freshman	3	2.63
	Sophomore	14	12.28
	Junior	11	9.65
	Senior	10	8.77
If in crisis, I would utilize a crisis hotline for support (rather than another form).	Freshman	9	7.89
	Sophomore	13	11.40
	Junior	6	5.26
	Senior	10	8.77

Hotline use among college students

Participants who have called or texted a crisis hotline were typically younger white women in their junior or senior year of college. Students who called a hotline before said they did so because of loss/grief, suicidal ideation, hazing on campus, or physical abuse. One participant contacted a hotline for a friend who was suicidal.

Participants who contacted a hotline were more likely to prefer traditional phone-based hotlines. They prefer traditional hotlines because traditional hotlines have quicker response times than texting hotlines and the voice cues from the hotline counselor over the phone provide a sense of comfort. One participant who had contacted a crisis hotline in the past reported preferring a texting hotline because texting, "creates less of a scene and is less dramatized".

The student who utilized a texting hotline was a twenty-three year old senior and her reason for calling was due to sexual abuse. She has social anxiety and prefers a texting hotline because it is much easier for her to articulate herself through text than voice, especially if she is talking to somebody unfamiliar.

Willingness to text a text-based hotline

Female participants were more open than male participants to use a text-based hotline if they were in crisis. Freshmen were the least open to the idea of using a text-based hotline.

Interestingly, sophomores, juniors, and, seniors were much more open to the idea a text-based hotline than freshmen were. Compared to older students, younger students were more open to a text-based crisis hotline and were more willing to consider texting a hotline for support.

Participants favored a text-based hotline for various reasons. Texting is convenient and discrete. A person is less likely to be overheard if he/she is using a texting hotline and can text the hotline "as soon as they are triggered". If a person does not like talking on the phone or if they have social anxiety, talking on the phone can make it harder to articulate themselves. For these people, texting is an easier and more comfortable way to communicate effectively. One participant shared, "Sometimes, actually speaking to someone you don't know about something important can be uncomfortable". Others pointed out, in the event of a crisis, one may not be able to speak coherently; therefore, it would be easier for an extremely emotional person to text about a situation rather than try to verbalize what happened, especially if they are "crying or having trouble controlling their breathing". One participant said she would rather use a text-based hotline because she would, "not have to worry about the possibility of not understanding a person due to dialect differences".

Participants reported several advantages offered by phone-based hotlines. For many, texting is too objective and too tedious for a crisis situation. Phone conversations tend to be more personal and people take solace knowing they are talking to an actual person. They find comfort in hearing another person's voice. Texting conversations can last a long time whereas phone conversations are, "faster and to the point". By calling, participants felt they would be able to explain what is happening in greater detail.

Others forms of support preferred

Participants were asked, other than a crisis hotline, what other forms of support they would rather use. The most common alternative forms of support included close social support, like friends or family. Participants named counselors, teachers, support groups, or a psychologist as other forms of support they would rather seek out than a hotline.

Experiment Two

Method

Participants

Participants included five survivors of sexual assault in Essex and Clinton counties who were placed into one of two study groups based on their choice to call or text a local crisis hotline. Tables 2.1 and 2.2 illustrate a breakdown of participants' demographic information by method of communication (phone or text), the frequency of hotline contact, and the duration of hotline contact.

Table 2.1

Text-based Crisis Hotline Participant Demographics

Participant	Age	Assault History	Frequency of Contact (Texting)	Average Number of Messages Exchanged
A	20	Survivor of childhood sexual assault, incest	3	67
B	24	Survivor of childhood sexual assault; Survivor of rape as an adult more than one year ago	8	40
C	58	Survivor of childhood sexual assault, incest	5	45

Table 2.2

Phone-based Crisis Hotline Participant Demographics

Participant	Age	Assault History	Frequency of Contact (Calling)	Call Duration (minutes)
D	24	Survivor of rape as an adult within the last year	1	81

E	30	Survivor of rape as an adult within the last year	1	24

Materials

Demographics were collected by the Planned Parenthood crisis hotline operator if participants chose to call into the crisis hotline. Client information was coded and stored in the Planned Parenthood database system. Clients who chose not to disclose demographic information were exempt from the study and counseling services were still provided. The text-based hotline was run using Google Voice, an application that provides a U.S. telephone number and free text messaging services for Google Account users. Counselors for the text-based hotline used the same Google Voice account. Each time they initiated contact with the hotline, regardless of whether they had texted before, participants were provided information about the study, the purpose of data collection, and their right to refuse participation at any time. Counseling services were provided regardless of whether the client provided her consent or not. All text messages between participants were locked by a 4-digit pin.

Design and Procedure

The research design was non-experimental and descriptive as it studied the demographics of women who called or texted a crisis hotline. Researchers examined age, gender, and type of assault of each participant as well as participants' choice of contact, the frequency with which they contacted either hotline, and the duration of their average phone or text conversations.

Results

More women sought support through the texting hotline than the phone-based hotline. Furthermore, participants were more likely to contact the texting hotline on more than one occasion throughout the year. In comparison, each participant who called the phone-based

hotline did so only one time. Participants who texted the hotline were survivors childhood assault whereas participants who called the hotline were survivors of more immediate assault (i.e. rape within the last year).

Discussion

The present study expands on previous research surrounding help-seeking behavior of young people by examining help-seeking preferences among college students and analyzing how text-messaging could be integrated into support services for students at a rural university.

A majority of students reported having no experience with any kind of crisis hotline in the past; although, some have utilized the more traditional form of hotline counseling and one student indicated she has used a texting hotline. Women were more likely than men to have used a crisis hotline in the past and were more open to considering using a text-based form of crisis counseling in the future. A major limitation of this study is the uneven distribution of men and women in the sample population. This limitation likely skewed results; therefore, gender comparisons should be interpreted with caution.

Younger students were more likely to have used a crisis hotline before and were generally more open to using a text-based hotline than older participants. Again, it should be noted the small sample size resulted in an uneven distribution of age among the sample population, likely skewing results.

Comparing results by academic year may be the most accurate because, aside from graduate students, groups were more equally distributed. In comparing undergraduate students, juniors were more likely to have used a crisis hotline before. Sophomores happened to be more open to a text-based hotline than a phone-based hotline than freshmen, juniors, and seniors were.

Interestingly, at least some participants from each class standing indicated interest in reaching out to a phone or texting hotline over other forms of support (i.e. family, friends, teachers, etc.).

A major limitations of this experiment include a small sample size which may have resulted in small demographic variability. In addition, a majority of college students in the sample have not had any exposure to phone or text based hotlines. It should be considered how this demographic trend impacted the sample's openness to alternative forms of help and support. As with the TextToday pilot study, the likelihood that student "bought-in" to outside support depended on how much they could trust the source of help and, when their text messages were answered efficiently and taken seriously by the counselor, students felt comfortable seeking support through text messaging services. As the knowledge and trust about these hotlines grows, students will be more apt to reach out to them. Advertising could help increase awareness that these hotlines are out there for students to use and that they are often run and supported by qualified professionals. For more insight on how students perceive texting hotlines, researchers can seek out a larger target population to include a higher frequency of students who have some experience with phone-based or text-based hotlines.

The second experiment examined the frequency of which survivors of sexual abuse utilized a texting hotline. One main limitation was a small sample, potentially explained by a lack of awareness of hotlines and their efficacy among survivors of sexual abuse. As awareness and efficacy surrounding crisis hotlines grows to include women survivors of sexual assault, they will be more apt to reach out to them.

Over the course of over year three women texted the text-based hotline multiple times leading researchers to believe these women found solace in the hotline and believed it to be a feasible and easily accessible method of support. Each of the women who texted the hotline had

endured more acts of sexual violence than the phone group. Each of these women experienced two or more assaults and each woman varied in age providing moderate evidence crisis text-based hotlines can be accessed by a wide age range and that text-based interventions can be useful in supporting survivors of rape, incest, and abuse. Compared to a phone-based crisis hotline open in conjunction with the text-based hotline, the text-based hotline received more traffic. Texting has potential as a treatment method or intervention supplement for women coping with childhood abuse or sexual trauma. Future researchers may wish to expand on this premise by interviewing women to determine effectiveness and perceptions of a text-based service delivery model.

Summary

Texting offers a fast, private, real-time method of service delivery and has been a successful intervention strategy among mental and behavioral health professionals. Researchers postulated that cell phones would be an appealing tool and texting would be an alluring and effective resource for mental health support among college students as well as among women who have experienced sexual abuse. The results did lend some support to the idea that texting is a viable source of emotional support for young students and sexual assault survivors. Future research should focus on recruiting a larger sample of young people and survivors of sexual assault to determine the impact and effectiveness crisis text-counseling has or can offer. A better research question than, “does text-based service delivery work?” might be “what makes text-based service delivery work and how can we use this research to guide further practice?” Rather than focusing on whether text-based counseling is a beneficial resource to mental health service delivery, efforts should shift to “what” works in regards to text-counseling that makes it successful.

INFORMED CONSENT TO PARTICPATE IN RESEARCH

Survey on the Utilization of a Text-Based or Voice-Based Hotlines When in Crisis

This survey seeks to determine college student's tendencies to utilize crisis hotline services, their attitudes toward phone-based crisis hotlines versus text-based crisis hotlines, and which method of communication they would be more likely to use in a crisis situation.

For this study, you will be asked to complete a simple questionnaire. You may stop at any time or withdraw from participating at any time. This survey should take about 10-15 minutes to complete.

The nature of this survey has the potential to be a triggering event for those who have experienced personal trauma. Participants are encouraged to utilize counseling services if they experience any negative effects as the result of this survey. SUNY Plattsburgh offers free counseling services to students. Contact information can be found on the SUNY Plattsburgh website or through the test administrators.

There is no payment or compensation offered and there are no direct benefits for participating in this study. The completed test forms will be kept in a secure location. All data will be entered, analyzed, and reported as a group. Your individual data is confidential to the extent permitted by law and will never be made public.

Your participation is entirely voluntary. If you wish to stop your participation in this study at any time and for any reason you are free to do so without any negative consequences.

I have read this consent form and agree to participate in this study. I understand that I can contact Dr. Dale Phillips at (518) 564-3395 at any time regarding questions related to this study

_____

Sign Name

_____

Print Name

Survey

Crisis Hotlines

Demographics

1. **What is your age? _____**

2. **Place an (X) to indicate:**
    a. Male ___
    b. Female____

3. **Place an (X) to indicate your race:**

_____ White
_____ Hispanic or Latino
_____ Black or African American
_____ Native American or American Indian
_____ Asian / Pacific Islander
_____ Other: Please Specify _____

4. **If you are an undergraduate student: Please indicate**
    a. Major? _____
    b. Minor? _____
    c. Academic Year? _____

5. **If you are a graduate student: Please indicate**
    a. Expected Degree? _____
    b. Graduate Program? _____
    c. Year in Graduate Program? _____

Please answer the following questions with the best of your ability. If the questions do not pertain to you, simply leave them blank.

6. I have utilized a crisis hotline before.

_____True
_____False

6a. If you have utilized a crisis hotline, what was the reason for calling the hotline?

___Physical abuse ___Loss/Grieving

___Sexual abuse ___Suicidal Ideation

___Other – Explain: _____

7. When you used the crisis hotline, was it a phone-based or a text-based hotline?

____Phone-based hotline

____Text-based hotline

8. Let's say that you needed to use a crisis hotline. If you had the choice, which type of hotline would you prefer to use? A phone-based crisis hotline or a text-based crisis hotline?

____Phone-based hotline

____Text-based hotline

8a. Why?

9. If you were in crisis, would you use a crisis hotline for support? Or would you turn to some other form of support?

___Crisis hotline

___Other form

9a. If you were to use some other form of support other than a crisis hotline, what would that support be?

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