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## An integrated model of staff education and service support to strengthen the efficacy of technology-based crisis services

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# An integrated model of staff education and service support to strengthen the efficacy of technology-based crisis services

## Abstract

Paper presented at the National Suicide Prevention Conference, 24-27 July 2016, Canberra, Australia.

Within Australia, non-clinical telephone and online crisis support services provide readily accessible support without the requirement of referral. Research shows that up to one third of callers to crisis lines and half of all visitors to crisis chat services may be suicidal at the time of contact. Research also shows that contact with these services reduces caller suicidality and facilitates engagement with necessary intervention. The number of contacts to crisis support services in Australia is increasing. An increase in contacts to technology-based crisis services highlights the need to identify the impact of the role on crisis support staff wellbeing, determinants of staff wellbeing in the technology-based crisis support context and the extent to which the wellbeing of crisis support staff impacts their performance and client outcomes. This paper presents the evidence for an integrated model of staff education and service support that is grounded in medical education theory and can be used to underpin future research and staff (1) recruitment, (2) training, (3) skill assessment, (4) personal development and individual processes to maintain wellbeing (e.g. self-care), (5) supervisor training and staff support strategies (e.g. learning, teaching and facilitating a reflective practice model for supervision and staff professional development), and (6) service support strategies (e.g. organisational personal and professional support strategies that compliment staff supervision).

## Keywords

education, service, support, strengthen, integrated, efficacy, model, technology, crisis, services, staff

## Disciplines

Education | Social and Behavioral Sciences

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# An integrated model of staff education and service support to strengthen the efficacy of technology-based crisis services

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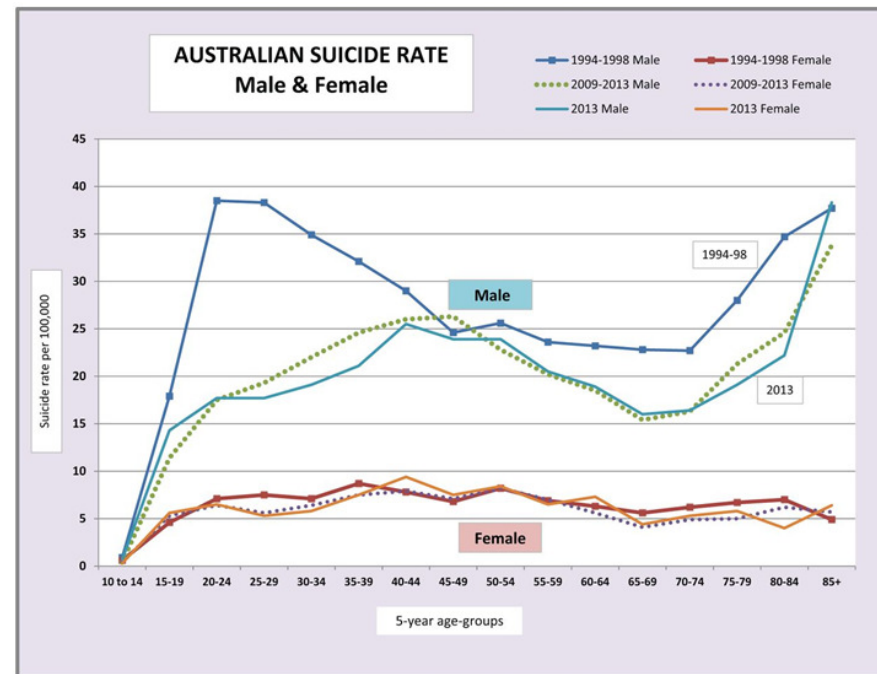


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Increased government spending has **not** led to meaningful changes in Australian suicide rates.

- Small decrease in rate for males.
- Rate for females relatively stable.

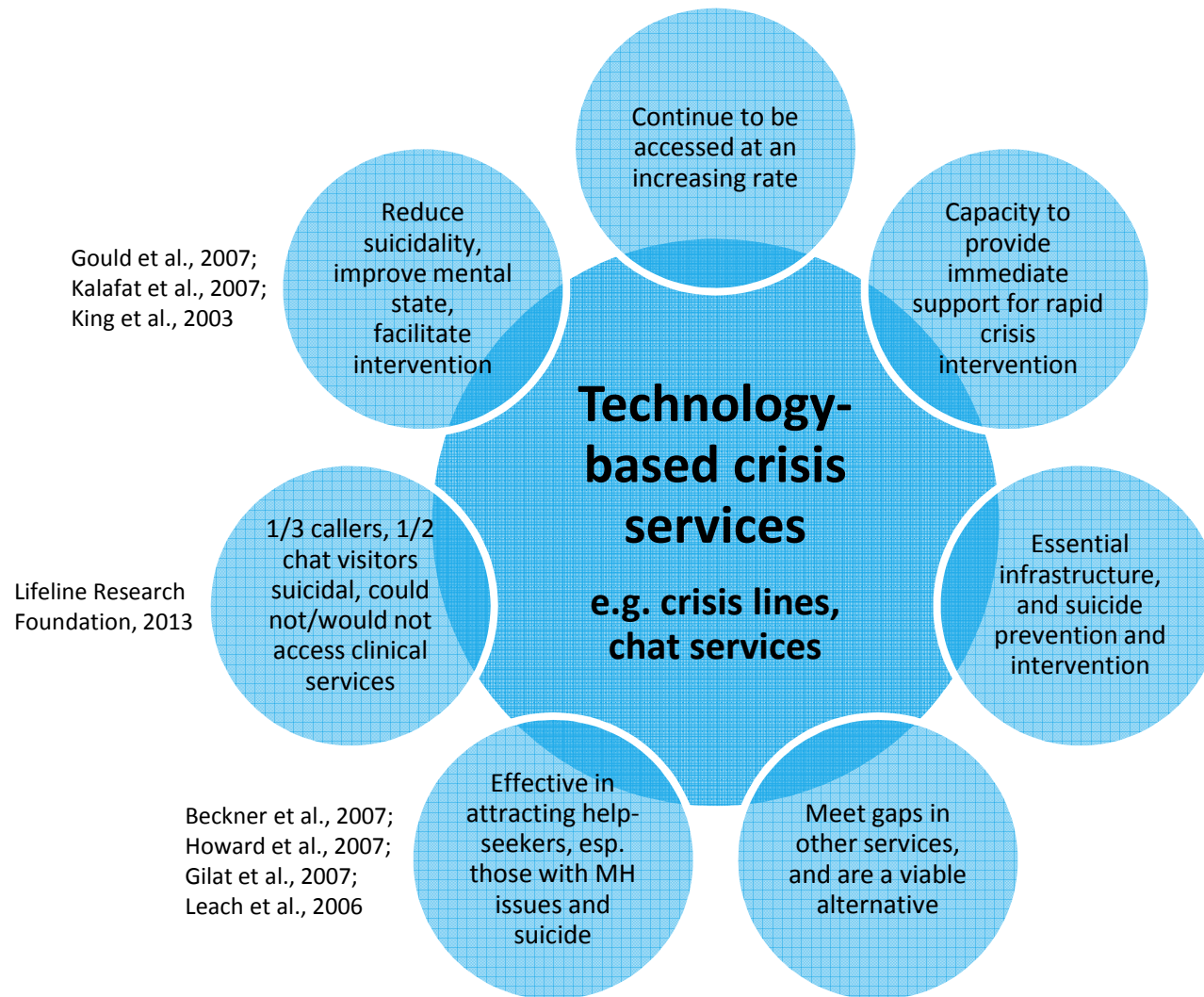


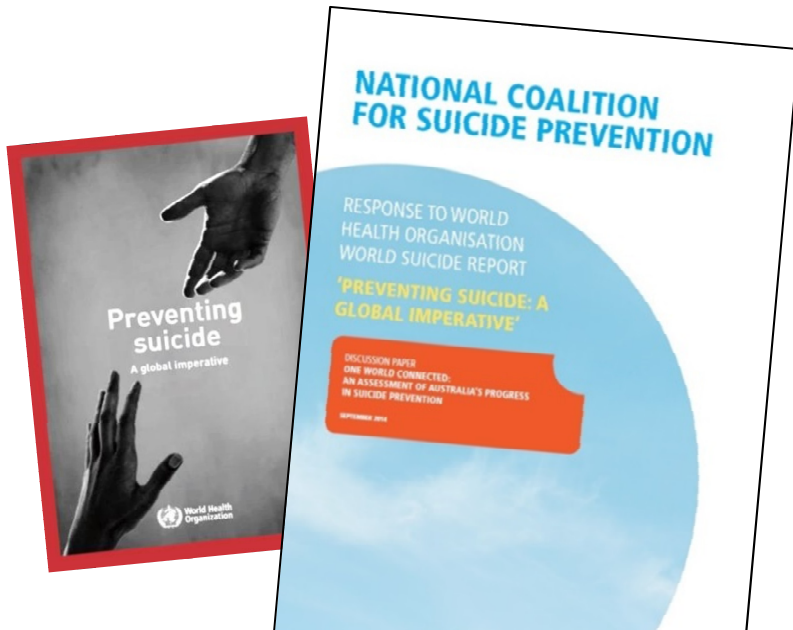
John Snowdon Aust N Z J Psychiatry 2015;50:13-15

Suicide prevention requires **effective risk reduction** at the same time as **active wellbeing promotion** and **optimal crisis intervention**.




**Crisis intervention strategies** are fundamental suicide prevention strategies.

Greater emphasis on providing **immediate support**?





## REFERENCE KEY

-  Australia has taken positive strides in this area and has shown demonstrable outcomes/is a leading international example in the sector. The focus now is on continuous improvement.
-  Australia has undertaken some positive action in this area but has some way to go toward full implementation.
-  Australia is performing poorly in this area and serious action planning is required.

## CRISIS INTERVENTION

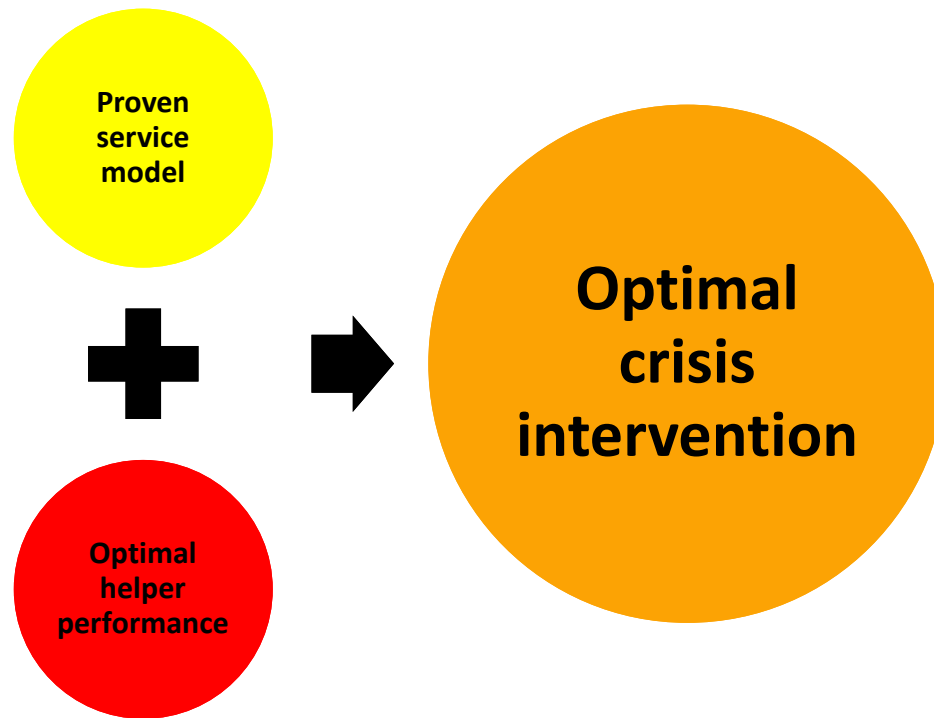


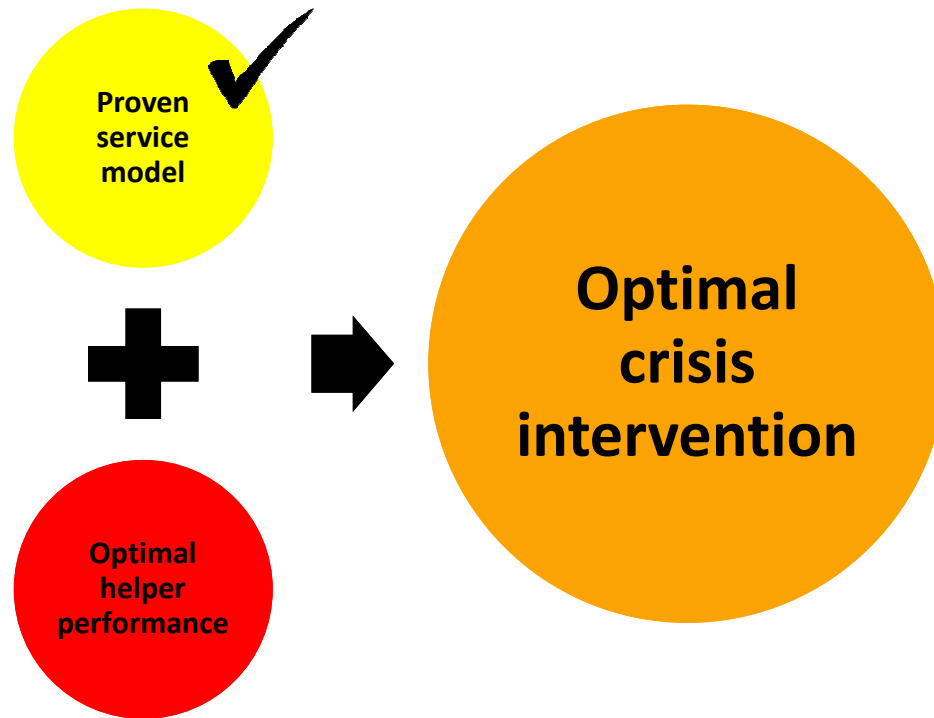
Ensure that communities have the capacity to respond to crises with appropriate interventions and that individuals in a crisis situation have access to emergency mental health care, including through telephone helplines or the internet.

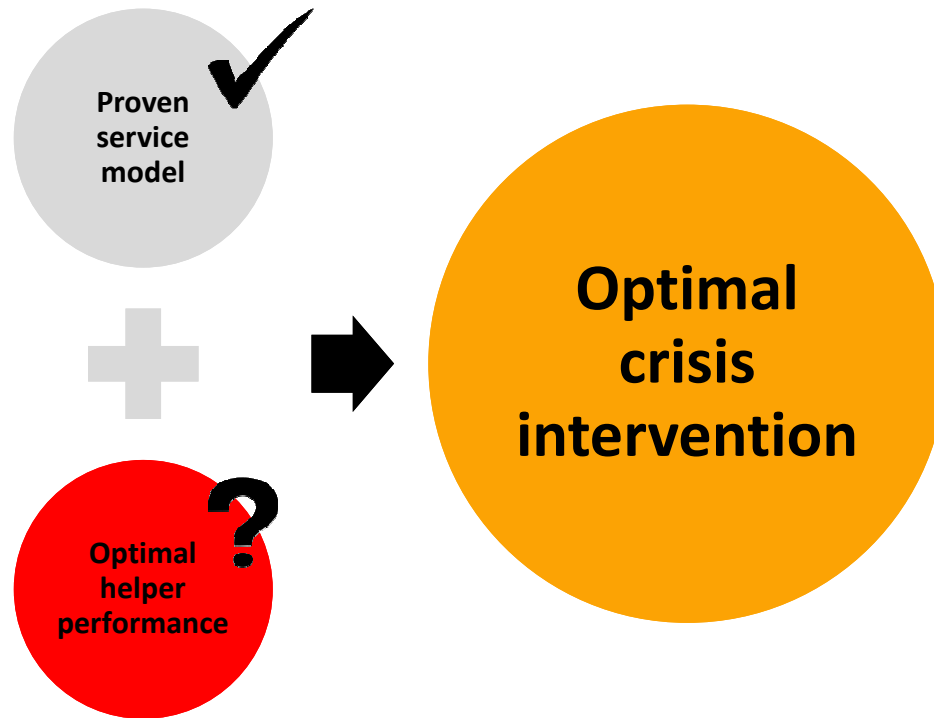
(National Coalition for Suicide Prevention, 2014, p. 21)

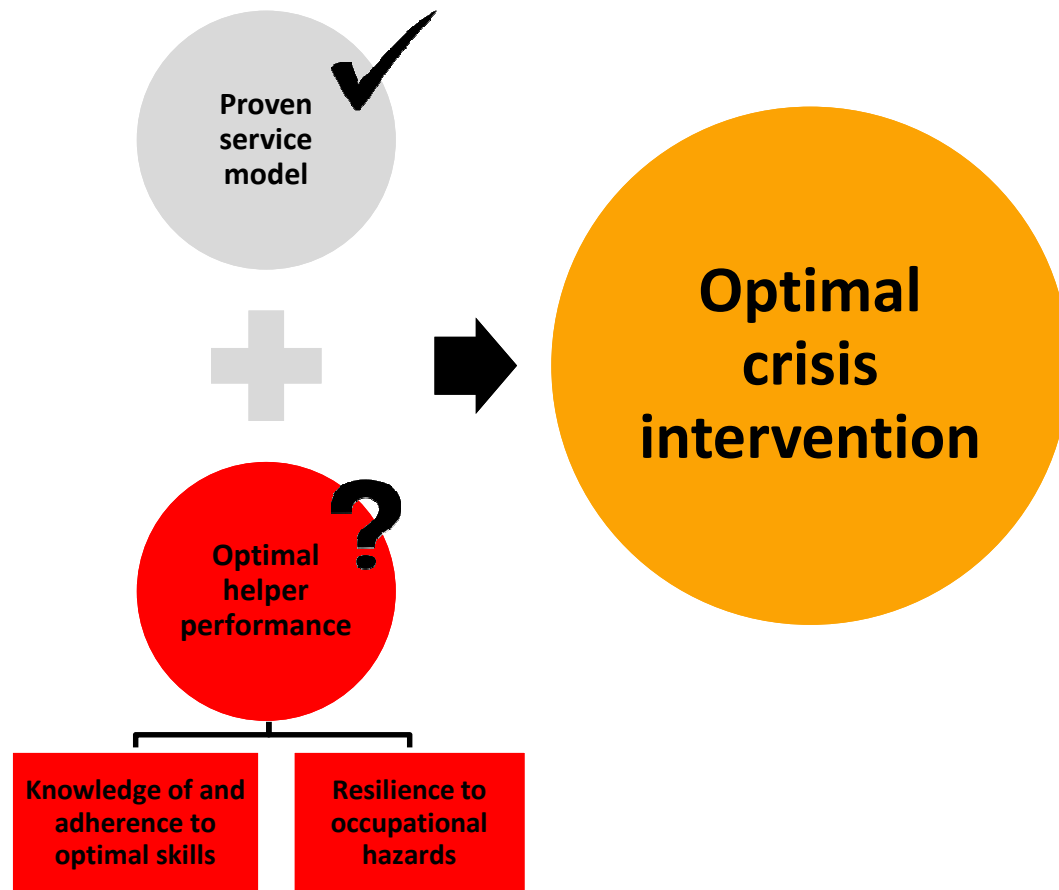












## **Registered helping professionals** (e.g. Medical practitioners, psychologists)

Frequent empathic engagement with distressed others →

- Psychological distress (Gilroy et al., 2002; Rupert & Kent, 2007; Pearlman & Maclan, 1995; Shapiro et al., 2007)
  - Depression, suicidal ideation, burnout, vicarious trauma, compassion fatigue etc.
- Help-negation (Daronkamas et al., 1994; Deutsch, 1985; Guy, 2000; Guy et al., 1989)
- Impairment (Mahoney, 1997; Thoreson, Miller, & Krauskopf, 1989)
- Sub-optimal patient care (APA, 2010; Sherman & Thelen, 1998; West & Shanafelt, 2007)

Helpers performing non-professional roles?

## **Technology-based crisis workers**

Speak with distressed and suicidal help-seekers (Gould et al., 2007; Kalafat et al., 2007; Mishara et al., 2007)

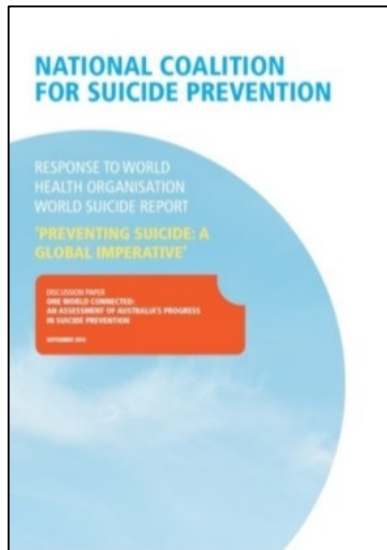
Unique stressors

Unable to:

- Observe non-verbal communication cues
- Anticipate/control contacts received
- Track changes in the help-seeker (Coman et al., 2001)

Less access to training, supervision and professional development (Baird & Jenkins, 2003)

Majority not paid (Kinzel & Nanson, 2000)



“As they are exposed to high risk, stressful and challenging situations, first responders need to be trained and supported to manage their own needs as well as the needs of those they respond to.”

(National Coalition for Suicide Prevention, 2014, p.21)





## Systematic review

- 7 studies
- Distress ( $n = 6$ ): Vicarious trauma, perceived stress, burnout, current and lifetime psychological disorders.
- Impairment ( $n = 1$ ): Those who have experienced/are experiencing suicidal distress may not respond optionally to others who are suicidal
- Methodological issues:
  - No RCT
  - No control group
  - No random sampling
  - Recruitment criteria not reported
  - Reliability of measures not reported

## **Systematic review**

- Conclusions unable to be made due to the paucity and methodological limitations of current data
- Urgent need for ongoing service development is to identify:
  - Impact of role on wellbeing;
  - Determinants of wellbeing; and
  - Impact of wellbeing on personal and help-seeker outcomes.

(Kitchingman, Wilson, Caputi, Wilson & Woodward, submitted for publication)

## Preliminary research

- A representative, national sample of 210 Lifeline Telephone Crisis Supporters (TCSs) completed an online survey
- Reported...
  - Current symptoms of psychological distress
    - General psychological distress (K10; Kessler et al., 2002)
    - Suicidal ideation (ASIQ; Reynolds, 1991)
  - Intentions to seek help (GHSQ-V; Wilson et al., 2011)
  - Functional impairment (K10 additional items; Kessler et al., 2002)
  - Intentions to use recommended crisis support skills: significant suicidal ideation, major depression and acute general anxiety (Kitchingman, Wilson, Caputi, Woodward & Hunt, 2015)
    - Reflect highest proportion of callers to Australian crisis lines (Burgess et al., 2008)

## Preliminary research

### *Do TCSs experience functional impairment related to symptoms of psychological distress?*

- Most TCSs were in the normal range on measures of psychological distress and suicidal ideation
  - 151 TCSs (72%) reported low, 59 CSs (28%) reported moderate to very high symptoms
  - 204 TCSs (97%) reported minimal, 6 (3%) reported moderate ideation
- But even low level symptoms can impair normal function
  - 15 TCSs (7%) were totally unable to manage day-to-day activities on at least 1 day during past month
  - 35 TCSs (17%) had to cut down day-to-day activities on at least 1 day during past month

## Preliminary research

### *Do TCSs intend to seek help for symptoms and impairment?*

- As a group, TCSs reported that they were likely to seek help for psychological distress and suicidal ideation
- However... help-negation effect...
  - TCSs with moderate to very high symptoms reported significantly **lower** intentions than those with low symptoms ( $p = .044$ )
  - TCSs with moderate suicidal ideation reported significantly **lower** intentions than those with minimal ideation ( $p = .003$ )

## Preliminary research

***Do TCSs experiencing functional impairment related to symptoms and ideation still intend to follow recommended support skills?***

- TCSs experiencing functional impairment are likely to deliver sub-optimal support to help-seekers
  - Functional impairment during past month associated with significantly lower intentions to use recommended crisis support skills with callers reporting all problem types ( $p < .001$ )

Communities **must** respond to crises with appropriate interventions.

Individuals **need** access to immediate support.

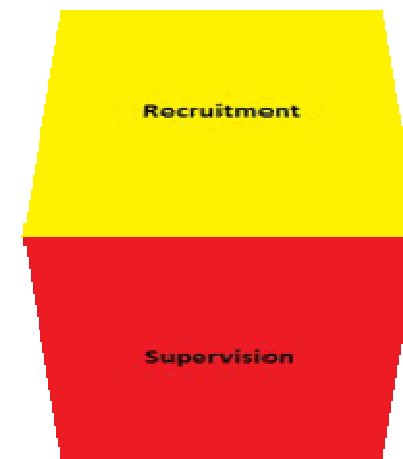
Crisis lines and chat services **will** continue to have a key role in crisis intervention.

**Essential** to implement an integrated approach to strengthen these services.

Professional development for optimal service delivery requires effective and appropriate:

1. Recruitment
2. Training
3. Assessment
4. Individual processes to maintain wellbeing (self-care)
5. Supervisor training and staff support strategies
6. Organisational support strategies that complement staff supervision.

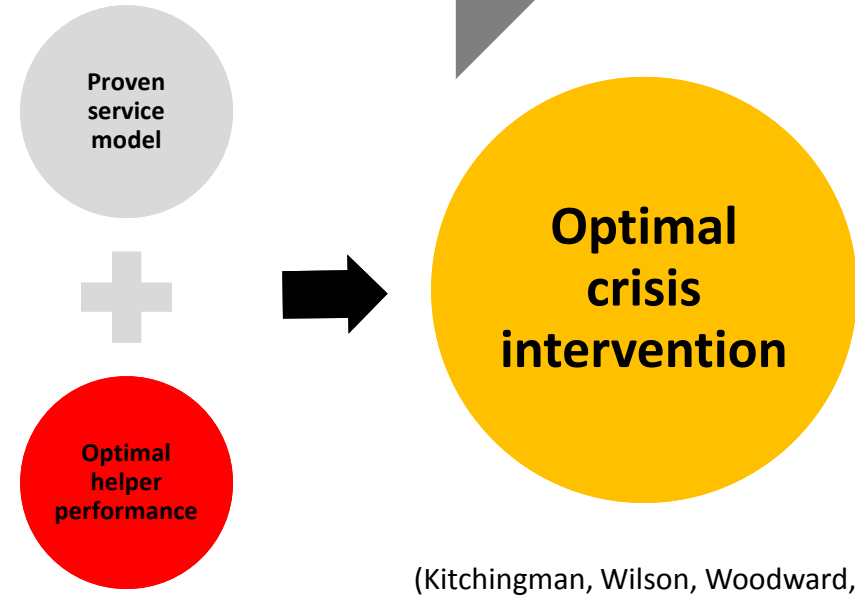
(Kitchingman, Wilson, Woodward, Caputi & Wilson, 2016)







- 1. Recruitment
- 2. Training
- 3. Assessment
- 4. Self-care
- 5. Supervision
- 6. Support



(Kitchingman, Wilson, Woodward, Caputi & Wilson, 2016)

## Key points

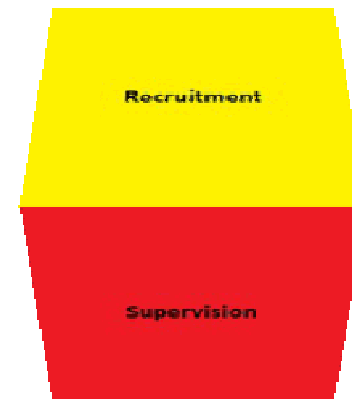
As Australians continue to adopt technology, **telephone and online crisis services have the potential to be highly effective outlets for suicide prevention and intervention** in this country.

However, optimal crisis intervention requires optimal helper performance, and, **currently, we know very little about whether technology-based crisis workers adhere to optimal skills and are resilient to occupational hazards.**

## Key points

In order to enhance our performance in the area of crisis intervention, research on technology-based services must be:

- **Multidimensional;**
- Based on an **integrated model of staff education and service support;** and
- **Translated into strategies** which inform the development/modification of service **recruitment, training, assessment, self-care, supervision, and support strategies** to optimise workers' psychological wellbeing and delivery of support to help-seekers.



# Development and Evaluation of the Telephone Crisis Support Skills Scale

Tanele A. Kitchingman<sup>1,2</sup>, Coralie J. Wilson<sup>2,3</sup>, Peter Caputi<sup>1,4</sup>, Alan Woodward<sup>5,6</sup>, and Tara Hunt<sup>1,2</sup>

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<sup>6</sup>Suicide Prevention Australia, Sydney, NSW, Australia

**Abstract.** Background: Although telephone services continue to play an important role in the mental health care system, it is not clear if the telephone crisis support services (TCSS) are necessary to meet workers' professional and personal needs. Objective: To develop and evaluate the Telephone Crisis Support Skills Scale (TCSSS) as part of a larger study to assess the effectiveness of telephone crisis support services. Methods: The TCSSS was developed using a Delphi method and was evaluated using a pilot study. Results: The TCSSS was found to be a reliable and valid measure of telephone crisis support skills. Conclusions: The TCSSS may be applied to telephone crisis support services and may be used to evaluate the effectiveness of telephone crisis support services.

According to the most recent Australian National Survey of Mental Health and Wellbeing, approximately one in five Australian adults experience a mental disorder in any given year (Lalonde, Lubman, Glick, Brown, Andrews, & Whitfield, 2009). Almost two thirds (55%) of those Australians do not seek professional help because of a number of personal and logistic barriers (Clark et al., 2007). While telephone crisis support services do not replace therapy, nor do they provide a mental health diagnosis, they do provide timely, accessible, responsive, anonymous interventions for mental health concerns (Deegan et al., 2008). Within Australia, there are 117 telephone crisis support services available at no cost beyond that of a local call (Lifeline Crisis Team, 2012). For one service of those services are available 24 hr a day, seven days a week, and a further 23% operate outside of normal business hours (Lifeline Crisis Team, 2012). Research suggests that telephone crisis support services have positive mental health impacts on callers, significantly reducing depression, hopelessness, and suicidality and improving mental well-being (Clark, Cross, Fennell, Marfakis, & Kluzman, 2013; Kitchingman, Marfakis, & Kluzman, 2007; King, Newcombe, Rickman, Hahn, & Reid, 2003). Research also

Watch this space!

Lifeline Australia has embarked upon a major program of enhanced supervision and support





Thanks for your attention.

Questions?

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