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Abstract

Background: Although telephone services continue to play an important role in the delivery of front-line crisis support, published evidence of the standardized assessment of such services does not exist to date.

Aims: To describe the development of the Telephone Crisis Support Skills Scale (TCSSS), an instrument to assess workers' intentions to use recommended skills with callers, and to evaluate its factor structure and reliability. **Method:** TCSSS items were mapped to a national telephone crisis support practice model. A national sample of workers (n = 210) completed the TCSSS as part of a larger online survey. Principal axis factoring was used to evaluate the structure of the instrument. Internal consistency was assessed by Cronbach's α values. **Results:** A single factor accounted for more than 40% of the variance within TCSSS ratings, indicating unidimensional structure. Cronbach's α coefficients suggested adequate internal consistency. **Conclusion:** Results indicate that the TCSSS is an internally consistent, unidimensional scale, sufficiently sensitive to detect workers' skill priorities for different caller problem types. Further study is required to confirm the factor structure and reliability of the TCSSS using workers from different organizations. Following further evaluation, the TCSSS may be applied to assessing readiness for and quality of service delivery.

Disciplines

Medicine and Health Sciences

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Development and evaluation of the Telephone Crisis Support Skills Scale

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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 (Slade, Johnston, Oakley Browne, Andrews, & Whiteford, 2007). Almost two-thirds (65%) of these Australians do not seek professional help due to a number of personal and logistic barriers (Slade et al., 2007). While telephone crisis support services do not replace therapy, nor do they provide a mental health diagnosis, they do provide readily accessible, inexpensive, anonymous interventions for mental health concerns (Ingram et al., 2008). Within Australia, there are 115 telephone crisis support services available at no cost beyond that of a local call (Urbis Keys Young, 2002). Forty-one percent of these services are available 24 hr a day, seven days a week, and a further 23% operate outside of normal business hours (Urbis Keys Young, 2002). Research suggests that telephone crisis support services have positive immediate impacts on callers, significantly reducing depression, hopelessness and suicidality and improving mental state (Gould, Cross, Pisani, Munfakh, & Kleinman, 2013; Kalafat, Gould, Munfakh, & Kleinman, 2007; King, Nurcombe, Bickman, Hides, & Reid, 2003). Research also suggests that telephone crisis support services have been accessed at an increasing rate in recent years. One national telephone crisis line took 620,000 calls in the 2013 financial year, a 30% increase from the 2012 financial year (Lifeline, 2013). For these reasons it is imperative that telephone crisis support workers deliver an optimal level of service. To ensure this is the case requires standardised

assessment of telephone crisis support workers' service delivery. From a review of published research, it appears that no standardised assessment tool has been developed to date.

Various approaches have been taken to assess the quality of telephone crisis support service delivery. Early studies examined the impact of services on distal outcomes, employing ecological designs to compare suicide rates in areas with and without services, or before and after the introduction of services (Bridge, Potkin, Zung, & Soldo, 1977; Jennings, Barraclough, & Moss, 1978; Lester, 1974; Weiner, 1969). More recent studies have tended to examine proximal effects of telephone crisis support services for callers, including changes in callers' suicidality and mental state during the course of calls (Gould, Kalafat, Munfakh, & Kleinman, 2007; Kalafat et al., 2007; King et al., 2003), and successful referral of callers to other services (Gould et al., 2007; Gould, Munfakh, Kleinman, & Lake, 2012). A small number of studies have directly observed telephone crisis support workers' skills during real or role-played calls (Mishara et al., 2007a, 2007b; Neimeyer, Fortner, & Melby, 2001; Tan, Maranzan, Boone, Vander Velde, & Levy, 2012).

Existing studies have employed various measures to assess the quality of telephone crisis support delivery, and there is a paucity of data regarding psychometric properties for individual measures. This reflects an unstandardized assessment approach, and limits the reliability and generalizability of findings. In order to understand the effectiveness of telephone crisis support services, a standard by which volunteers' service delivery can be assessed is needed. A service delivery model scale to measure the service provision of telephone crisis support workers can be developed by operationalising what constitutes optimal service delivery against what the telephone crisis support worker should know and be able to deliver to callers after training.

The current study describes the development of the Telephone Crisis Support Skills Scale (TCSSS), a measure of service delivery based on a nationally consistent practice model

that telephone crisis supporters are trained to implement with callers. The factor structure and reliability of this scale are tested using a national sample of Australian telephone crisis support workers. If the TCSSS is reliable and the factor structure is valid, the scale may be applied as a standardised assessment tool to measure telephone crisis support workers' readiness for service and standard of service delivery.

Method

Item Development

The Telephone Crisis Support Skills Scale (TCSSS) was developed to assess intentions to use recommended crisis support skills with callers. Scale items were operationalized against the best practice model of telephone crisis support that guides the provision of a national service (see Figure 1). The practice model is evidence based and was developed in consultation with service managers and clinical specialists in telephone crisis support. Each scale item assesses intention to use a specific skill that is operationalized within the model. Items falls within five stages that comprise the practice model: (1) connect with the caller, (2) focus the call, (3) relieve distress, (4) enable coping, and (5) decide next steps. Specific wording of scale items was reviewed and agreed by service managers and clinical specialists involved in the development of the service model (see Appendix A). This process resulted in a scale of 23 content-valid items.

Lifeline Crisis Support Practice Model

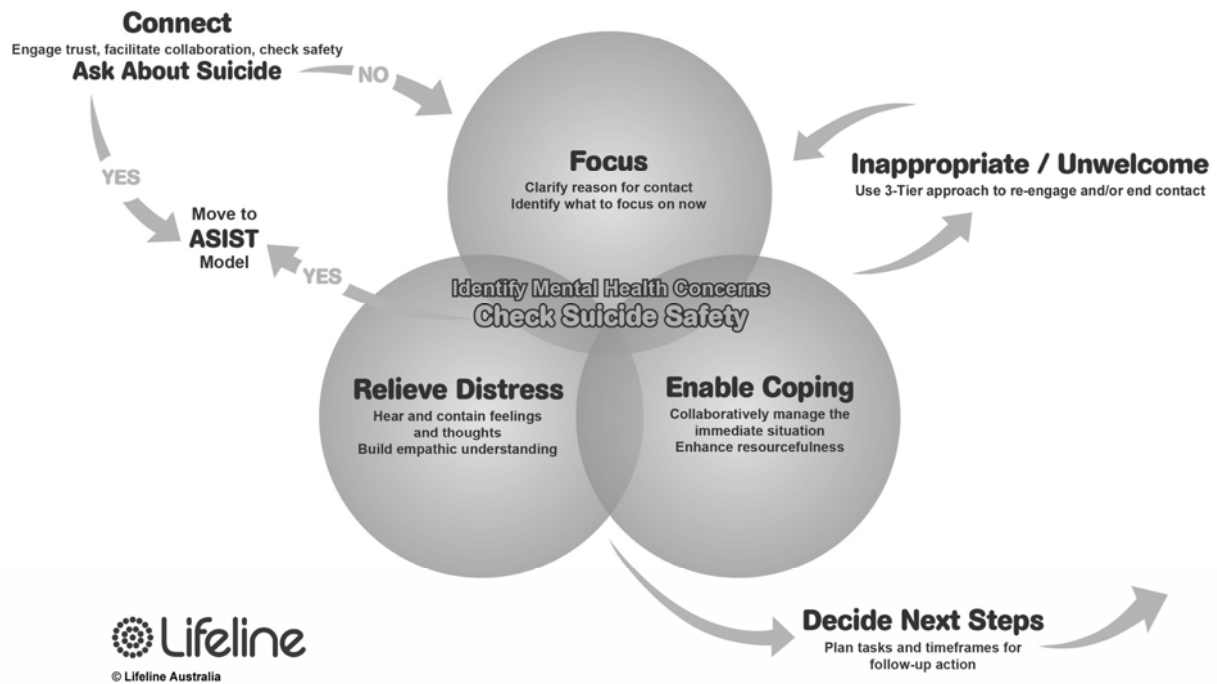


Figure 1. Best practice model of telephone crisis support.

Application of Scale to Specific Problem Types

The TCSSS uses a matrix format that can be modified according to purpose and need (see Appendix B). Within this format, problem types can be modified to meet sample characteristics and study requirements. For the purpose of the current study, participants completed the TCSSS in response to three vignettes describing specific problem types that were introduced as the stories of callers to a telephone crisis support service. Taken verbatim from the General Help-seeking Questionnaire (Wilson, Bushnell, Caputi, & Thomas, 2011), these vignettes described the DSM-IV-TR criteria for severe suicidal ideation, a major depressive episode and acute general anxiety. These particular problem types were chosen to reflect the highest proportion of calls made to Australian telephone crisis support lines (Burgess, Christensen, Leach, Farrer, & Griffiths, 2008; Lifeline, 2005).

Response Type and Scoring

A Likert scale is easier to use than ranking procedures, and provides the capacity to compare levels of intentions across problem types (Wilson, Deane, Ciarocchi, & Rickwood, 2005). Thus, the TCSSS asks participants to respond to each problem type by rating their intentions to use each skill on a 4-point Likert scale ranging from 1 (*extremely unlikely*) to 4 (*extremely likely*). Within this format, intentions for each problem type can be examined separately. In the current study, mean scores were calculated by averaging item responses for each problem type, ranging from 1-4. Higher scores indicated greater intentions to use the recommended telephone crisis support skills.

Participants and Procedure

All active telephone crisis supporters from a national organisation were invited to complete the TCSSS in an online survey. Data were collected in July and August 2013. An email invitation to complete the survey was sent by a service director to all service managers, who then forwarded this invitation to all active telephone crisis support workers. Phone calls made to service managers determined representation of the sample size. Of the 2,495 telephone crisis supporters (TCSs) who were registered with the Australian crisis support line, approximately 337 (14%) were active (had completed at least one shift) during the recruitment period. Of these 337 TCSs, 210 (62%) participated in the study by completing the online survey. Demographic characteristics of study participants are reported in Table 1. Most participants were female, born in Australia, had completed a university degree and had worked as a TCS for less than 2 years (age range = 20-75 years, $M = 49.05$, $SD = 14.23$).

Participants provided informed consent before completing the survey. The survey was anonymous. Those who completed the survey were provided with a list of mental health resources, including physician directory information, helplines, crisis lines, informational resources and online services. The study received approval from the University's Human Research Ethics Committee.

Table 1. Demographic Characteristics of Study Participants (N = 210)

		<i>n</i> (%)
Gender	Male	46(21.9)
	Female	164(78.1)
Country of birth	Australia	154(73.3)
	Other English speaking country	39(18.6)
	Other non-English speaking country	17(8.1)
Location	Metropolitan	127(60.5)
	Regional	64(30.5)
	Rural/Remote	19(9.0)
Education level	University degree	126(60.0)
	TAFE/VET/Diploma or equivalent	49(23.3)
	Apprenticeship/Traineeship or equivalent	6(2.9)
	Year 12/HSC/QCE/SCAE/TCE/VCE/WASE or equivalent	14(6.7)
	Year 10/School certificate or equivalent	14(6.7)
	No qualification	1(0.5)
Experience as a TCS	0-2 years	127(60.5)
	3-5 years	48(22.9)
	6-8 years	12(5.7)
	9-11 years	12(5.7)
	12-14 years	2(1.0)
	15 years or longer	9(4.3)

Note. TCS = telephone crisis supporter.

Data Analysis

Analyses were conducted using IBM SPSS Version 19.0 statistical software package for Microsoft Windows (IBM Corporation, NY). A sample size of 200 was required to obtain an accurate exploratory factor analysis solution with adequate internal consistency (Guadagnoli, & Velicer, 1988). Keiser-Meyer-Olkin (KMO) statistics of 0.60 or greater indicated sample size adequacy and significant Bartlett's tests of sphericity indicated sufficiently large correlations between items for applying principle axis factoring to TCSSS subscales. Cattell's scree test and eigenvalues greater than 1 were used to determine factor retention. Items were retained if loadings were greater than 0.40. Reliability of the TCSSS was examined on the basis of internal consistency. Cronbach's alpha coefficients greater than 0.70 are considered acceptable for new instruments (Nunnally, 1978). Descriptive

statistics for TCSSS subscales were used to indicate participants' intentions to use the recommended telephone crisis support skills.

Results

Factor analysis

KMO and Bartlett's statistics indicated sample size adequacy and sufficiently large correlations between items for applying principle axis factoring to TCSSS ratings for each problem type. Hence, three analyses were conducted, one for each problem type. Each analysis revealed a three-factor solution (see Table 2). Examination of the scree plot test and eigenvalue criteria confirmed that three factors within each analysis could be retained for further investigation. However, a single factor accounted for more than 40% of the variance within TCSSS ratings for each problem type, indicating a unidimensional structure. The three factors which emerged appear to reflect a progression through the stages of the best practice model of telephone crisis support from which the 23 items of the TCSSS were developed. Different item loadings across problem types suggested that there might be

Table 2. Principal Axis Factor Loadings, Cronbach's Alpha Coefficients, Means and Standard Deviations ($n = 210$)

TCS Item	Severe suicidal ideation			Major depressive episode			Acute general anxiety		
	F1:	F2:	F3:	F1:	F2:	F3:	F1:	F2:	F3:
	Connect with the caller, focus the call	Relieve distress	Enable coping, decide next steps	Connect with the caller, focus the call	Relieve distress, enable coping	Decide next steps	Connect with the caller, focus the call, relieve distress	Enable coping	Decide next steps
Engage the caller's trust	.83		-	.70	-	-	.61	-	-
Assess risk	.78	-	-	.79	-	-	-	-	.67
Have an empathetic, non-judgemental, respectful attitude	.77	-	-	.73	-	-	.70	-	-
Be vigilant about signs of distress	.71	-	-	.80	-	-	.41	.43	-
Ask about suicidal thoughts, acts previously, acts in progress	.64	-	-	.83	-	-	-	-	.68
Increase the caller's resourcefulness	-	.74	-	-	.69	-	-	.78	-
Understand why the caller is distressed	-	.72	-	-	.47	-	.64	-	-
Enhance the caller's well-being	-	.68	-	-	.90	-	-	.83	-
Identify the caller's strengths	-	.62	-	-	.46	-	-	.66	-
Patiently explore reasons for living	-	.57	-	-	-	.77	-	-	.73
Encourage the caller	-	.55	-	-	.82	-	-	.67	-
Identify resources	-	.51	-	-	-	-	-	.57	-
Identify what prompted the call/main issue	-	.49	-	-	.50	-	.59	-	-
Build an understanding of the caller's needs	-	.49	-	.44	.43	-	.72	-	-
Focus the caller on the here and now	-	.49	-	-	.43	-	-	.61	-
Tasks and time-frames for follow-up actions	-	.48	-	-	-	.52	-	-	-
Hear the caller's pain	-	.48	-	.66	-	-	.89	-	-
Hear and contain the caller's feelings and thoughts	-	.45	-	-	.46	-	.81	-	-
Initiate emergency help when needed	-	-	.81	-	-	.69	-	-	.79
Mobilise safety steps	-	-	.59	-	-	.99	-	-	.85
Create safe plan	-	-	.53	-	-	.86	-	-	.83
Increase safety	-	-	.49	-	-	.87	-	-	.78
Manage the immediate situation	-	-	.46	-	-	-	-	.70	-
% variance explained	5.6	46.4	3.3	8.3	3.2	53.3	42.4	3.7	12.7
Cronbach's α		0.95			0.99			0.93	
Subscale $M(SD)$		3.78(.32)			3.71(.40)			3.60(.38)	

Note. Factor loadings <.40 remain in the table. TCS = telephone crisis support.

different skill priorities for each problem type. Two items had low factor loadings (<.40), and two were double-loaded.

Reliability

Cronbach's α coefficients suggested adequate internal consistency within TCSSS ratings for each problem type (see Table 2).

Intentions to use recommended telephone crisis support skills

Means and standard deviations of TCSSS ratings for each problem type are reported in Table 2. On average, participants reported that they were likely to use the group of 23 recommended telephone crisis support skills for each problem type. Sample mean scores on individual TCSSS items ranged from 3.60 to 3.96 for severe suicidal ideation, 3.47 to 3.96 for major depressive episode, and 2.82 to 3.96 for acute general anxiety.

Discussion

The TCSSS is a 23-item scale designed to measure telephone crisis supporters' service delivery. Optimal telephone crisis support delivery was operationalised against telephone crisis support workers' expected knowledge and skill after training. Scale development was mapped to a best practice model of telephone crisis support that guides the provision of a national service. TCSSS items were closely adapted from the set of specific skills that correspond with this model, which telephone crisis support workers are trained to deliver to callers. Scale structure and estimates of internal reliability were calculated using data provided by a national sample of telephone crisis supporters.

The results of this study revealed that the 23-item TCSSS is an internally-consistent, unidimensional scale which is sufficiently sensitive to detect workers' skill priorities for different caller problem types. On average, participating telephone crisis support workers reported that they are likely to use the recommended skills with callers reporting symptoms of severe suicidal ideation, a major depressive episode and acute general anxiety.

To our knowledge, the TCSSS represents the first psychometric scale measuring telephone crisis support workers' intentions to use recommended skills with callers. Utilising the TCSSS as a self-report scale provides a convenient method for organisations to measure telephone crisis support workers' readiness to commence service delivery after training. Behavioural intention is commonly measured in studies with parameters that do not allow the measurement of prospective behaviour, because measures of behavioural intention approximate both self-reported and actual behaviour (Sheeran, 2002; Webb & Sheeran, 2006). A review by Eccles and colleagues (2006) found intentions to be a valid measure of the clinical behaviours of health care professionals. Therefore, where the measurement of actual skill use is not possible, responses on the TCSSS may be used to estimate the standard of care being delivered to callers. Where the measurement of actual skill use is possible, the TCSSS may be applied as the criteria for structured observational assessments of telephone crisis support workers' readiness to commence service delivery, as well as the quality of their ongoing service delivery.

Certain limitations of the TCSSS warrant comment. Firstly, the study sample was from one national telephone crisis support service. Further study is required to confirm the factor structure and reliability of the TCSSS for telephone crisis support workers from other organisations. Secondly, participants provided self-reported ratings of intention to use the recommended telephone crisis support skills. Although a number of actions were taken to control for them, biases in self-reported intentions may be present. Future studies should use the TCSSS to guide observation of telephone crisis support workers' actual skill use in addition to their self-reported intention to use the recommended skills with callers. Although the purpose of the current study was to develop a measure of telephone crisis supporters' intentions to use recommended skills with callers and examine the structure and reliability of this measure, future research into the determinants of telephone crisis supporters' intentions,

and factors which prevent the realisation of these intentions as behaviours, would provide an opportunity to target training strategies that facilitate optimal service delivery.

In summary, the 23-item TCSSS appears to be a reliable, unidimensional measure of telephone crisis supporters' service intentions to use recommended skills with callers. Further study is required to examine the factor structure and reliability of the scale in samples of telephone crisis supporters from different organisations. Pending this, the TCSSS may be applied to standardised assessment of telephone crisis support services, which appears not to have been conducted using a psychometric scale anywhere in the world.

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Appendix A

Development of TCSSS items

Stage of practice model	Tasks	Relevant counselling microskills	Corresponding TCSSS items
Connect	Engage trust (all calls)	Active listening Use minimal encouragers Match language level (e.g. action words, feeling words, thinking words) Gather contextual information Reflection of feeling Paraphrasing	Engage the caller's trust Have an empathetic, non-judgemental attitude
	Check and respond to mental health concerns (all calls)	Open questions	
	Be alert, respond to suicide clues and invitations (all calls)	Open questions Uses 'ASIST' model (connecting) Exploring Asking: Are you thinking about suicide?	Be vigilant about signs of distress Ask about suicidal thoughts, acts previously, acts in progress ^a
Focus	Agree on realistic goal for session (all calls)	Summarising Limit setting (reinforce purpose of service)	Identify what prompted the call/main issue
	Identify mental health concerns (mental health calls)	Closed questions	
	Review suicide risk (suicide calls)	Closed questions Use 'ASIST' model (understanding) Current suicide plan Prior suicidal behaviour Check resources available Hear the pain Mental health	Ask about suicidal thoughts, acts previously, acts in progress ^a Assess risk Hear the caller's pain ^a
Relieve distress	Reduce disabling emotions (all calls)	Reflection of feeling Open questions Reflection of meaning Challenging	Hear and contain the caller's feelings and thoughts
	Understand contact's needs and mental health context (mental health calls)	Closed questions Paraphrasing	Understand why the caller is distressed Build an understanding of the caller's needs
	Hear the pain of suicidal caller	Open questions	Hear the caller's pain ^a

	(suicide calls)	Use 'ASIST' model (understanding) Listen to reasons for dying Be alert to reasons for living Work with ambivalence	Patiently explore reasons for living
Enable coping	Manage the immediate situation (all calls)	Reframing Exploring options Grounding	Manage the immediate situation Increase the caller's resourcefulness ^a Focus on the here and now ^a
	Collaborate to increase resourcefulness/enhance mental wellbeing (mental health calls)	Closed questions Exploring options Grounding	Enhance the caller's wellbeing Encourage the caller Increase the caller's resourcefulness ^a Focus on the here and now ^a
	Increase safety (suicide calls)	Use 'ASIST' model Keep safe Safety planning Safe/no use of alcohol/drugs Link to resources (disable suicide plan) (ease the pain) (protect against the danger/support past survival skills) (link to health worker)	Increase safety Mobilise safety steps Identify resources Create safe plan ^a
Decide on follow-up actions	Decide on tasks and timeframes (all calls)	Facilitating actions Safety planning Termination	Tasks and timeframes for follow up options Create safe plan ^a
	Document tasks and timeframes for follow-up action (mental health calls)	Limit setting Safety planning Termination	Create safe plan ^a
	Initiate emergency help when needed (suicide calls or domestic violence)	Safety planning Apply 'ASIST' model (assisting) Elicit location or telephone number	Initiate emergency help when needed Create safe plan ^a

Note. ^aTCSSS item corresponds with a preliminary item which appears within more than one stage of the practice model.

Appendix B

Telephone Crisis Support Skills Scale (TCSSS)

[Insert vignette describing caller problem type, according to sample characteristics and study requirements].

Refer to the vignette above. Using the following scale, rate your intention to use each skill in the call with *[caller's name]*:

1 = Extremely Unlikely to use

2 = Unlikely to use

3 = Likely to use

4 = Extremely Likely to use

Have an empathetic, non-judgemental, respectful attitude	1	2	3	4
Engage the caller's trust	1	2	3	4
Be vigilant about signs of distress	1	2	3	4
Identify what prompted the call/main issue	1	2	3	4
Ask about suicidal thoughts, acts previously, acts in progress	1	2	3	4
Assess risk	1	2	3	4
Hear and contain the caller's feelings and thoughts	1	2	3	4
Build an understanding of the caller's needs	1	2	3	4
Hear the caller's pain	1	2	3	4
Understand why the caller is distressed	1	2	3	4
Patiently explore reasons for living	1	2	3	4
Identify the caller's strengths	1	2	3	4
Encourage the caller	1	2	3	4
Manage the immediate situation	1	2	3	4
Increase the caller's resourcefulness	1	2	3	4
Enhance the caller's wellbeing	1	2	3	4
Focus the caller on the here and now	1	2	3	4
Increase safety	1	2	3	4
Identify resources	1	2	3	4
Mobilise safety steps	1	2	3	4
Tasks and time-frames for follow-up actions	1	2	3	4
Initiate emergency help when needed	1	2	3	4
Create safe plan	1	2	3	4