Telephone Crisis Support Workers' Intentions to Use Recommended Skills while Experiencing Functional Impairment

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Abstract

Background: Empathic engagement with distressed others can lead to elevated symptoms of psychological distress and functional impairment, which preclude helping professionals' delivery of optimal patient care. Whether telephone crisis support workers are impacted in a similar way is not currently reported in the literature.

Aims: This study examined the relationship between functional impairment and intentions to use recommended support skills in a representative national sample of 210 telephone crisis support workers.

Method: Participants completed an online survey including measures of functional impairment and intentions to use recommended telephone crisis support skills with callers reporting suicidal ideation, symptoms of depression, and anxiety.

Results: As a group, participants who experienced greater functional impairment during the past month reported significantly lower intentions to use recommended support skills with callers than those who reported lower functional impairment.

Limitations: Future research is needed to clarify the extent to which results generalize to telephone crisis support workers from other organizations.

*Conclusio*n: Results warrant further research to (a) identify determinants of telephone crisis support workers' functional impairment, and (b) for the deliberate management of telephone crisis support workers' functional impairment through developing and/or modifying existing service strategies to optimize workers' psychological well-being and delivery of support to callers.

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1   **Telephone crisis support workers' intentions to use recommended skills while**

2   **experiencing functional impairment**

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1   **Telephone crisis support workers' intentions to use recommended skills while**

2   **experiencing functional impairment**

3   Empathic engagement with distressed others can lead to elevated symptoms of

4   psychological distress, functional impairment, and delivery of sub-optimal patient care

5   among helping professionals. For example, as a consequence of providing care to others in

6   distress, mental health workers self-report elevated symptoms of psychological distress,

7   including depression, suicidal ideation, burnout, vicarious trauma and compassion fatigue

8   (Gilroy, Carroll, & Murra, 2002; Pope & Tabachnick, 1994; Rupert & Kent, 2007; Pearlman

9   & MacIan, 1995; Shapiro, Brown, & Biegel, 2007). A substantial proportion report impaired

10   functioning (i.e., reduced ability to manage day-to-day activities) commonly clustered around

11   emotional exhaustion and fatigue, irritability, problems with interpersonal relationships, sleep

12   disturbance and substance abuse (Mahoney, 1997; Thoreson, Miller, & Krauskopf, 1989).

13   Professionals experiencing impaired functioning related to elevated personal symptoms of

14   distress are unable to use their key skills effectively (Sherman & Thelen, 1998; West &

15   Shanafelt, 2007), and are likely to deliver sub-optimal or even inadequate care (American

16   Psychological Association, 2010; Guy, Poelstra, & Stark, 1989; Pope, Tabachnick, & Keith-

17   Spiegel, 1987).

18   To date, research has focused on helpers in registered professional roles (e.g., mental

19   health workers). Helpers performing non-professional roles, particularly those on telephone

20   crisis lines, are frequently exposed to others in distress. They frequently speak with callers

21   who are experiencing severe mental health issues or are at imminent risk of suicide (Gould et

22   al., 2007; Kalafat et al., 2007; Mishara et al., 2007). Their role is to listen empathically,

23   contain the caller's distress and support the caller to manage his or her own crisis, providing

24   information and referrals to other services where appropriate (Burgess et al., 2008; Hall &

25   Schlosar, 1995; Kinzel & Nanson, 2000). Telephone crisis support workers are unable to

1   observe non-verbal communication cues, anticipate or control the types of calls received, or

2   track changes in the caller due to the 'one shot' nature of crisis line contact (Coman et al.,

3   2001). They generally have less training to prepare them for the role and are less likely to

4   have access to supervision and ongoing professional development than helpers in registered

5   professional roles (Baird & Jenkins, 2003). Also, the majority are not paid for their time

6   (Kinzel & Nanson, 2000).

7   Some have suggested that telephone crisis support workers may be less susceptible to

8   personal symptoms of psychological distress than those who deliver face-to-face support

9   because of the shorter term nature of their work, and the protection afforded by working

10   anonymously over the phone (Ghahramanlou & Brodbeck, 2000). However, research

11   suggests that telephone crisis support workers may experience stress, burnout, vicarious

12   trauma and psychiatric disorders (Kitchingman, Wilson, Caputi, Wilson, & Woodward,

13   submitted a), and that workers who report elevated symptoms of psychological distress

14   experience greater functional impairment than those who report low-level symptoms

15   (Kitchingman, Wilson, Caputi, Wilson & Woodward, submitted b). However, the impact of

16   functional impairment related to elevated symptoms on telephone crisis support workers'

17   ability to deliver optimal support to callers is not known. This is the first known study to

18   examine the relationship between telephone crisis support workers' functional impairment

19   and intentions to use recommended support skills with crisis callers. Based on the literature

20   on mental health workers, it was hypothesised that impaired telephone crisis support workers

21   would report significantly lower intentions to use recommended telephone crisis support

22   skills than workers who are not impaired.

1   **Method**

2   **Participants and procedure**

3   All Telephone Crisis Supporters (TCSs) from a national organisation were invited to

4   participate in the study by completing an online survey. An email invitation to complete the

5   survey was sent by a service director to all service managers, who then forwarded this

6   invitation to all TCSs. Phone calls made to service managers determined representation of the

7   sample size. Of the 2,495 TCSs who were registered with the Australian crisis support line,

8   approximately 337 (14%) were active (had completed at least one shift) during the

9   recruitment period. Of these 337 TCSs, 210 (62%) participated in the study by completing the

10   online survey. Demographic characteristics of study participants are reported in Table 1.

11   Participants ranged in age from 20 to 75 years ($M = 49.05$, $SD = 14.23$). Most participants

12   were female (78.1%), Australian-born (73.3%), located in a metropolitan area (60.5%), had

13   completed a university degree (60%) and had worked as a TCS for less than 2 years (60.5%).

14   A service director advised that the recruited sample was representative of the population of

15   TCSs from the organisation.

16   Approval for this study was granted by the University's Human Research Ethics

17   Committee. Participants were recruited directly via an email containing an electronic link to

18   the online survey. They gave consent online and understood that their participation was

19   voluntary, and their responses to the online survey would be identifiable only by a computer-

20   generated code number.

21   **Measures**

22   *Functional impairment.* Clinically significant impairment in social, occupational, or

23   other important areas of functioning was measured by two items from the Kessler

24   Psychological Distress Scale (K10; Kessler et al., 2002) which assess ability to function in

25   day-to-day roles: 1) 'In the last four weeks, how many days were you totally unable to work,

1   study, or manage your day to day activities because of these feelings?', and 2) '(Aside from

2   those days), in the last four weeks, how many days were you able to work, study, or manage

3   your day to day activities but had to cut down on what you did because of these feelings?'.

4   Responses to these items were analysed separately, and are referred to as days out of role

5   (DOR), and days cut back (DCB), respectively.

6   ***Intentions to use recommended telephone crisis support skills.*** The Telephone Crisis

7   Support Skills Scale (TCSSS; Kitchingman, Wilson, Caputi, Woodward, & Hunt, 2015)

8   measures intentions to use recommended telephone crisis support skills with callers. Scale

9   items are operationalized against the best practice model of telephone crisis support that

10   guides the provision of a national service. The practice model is evidence based and was

11   developed in consultation with service managers and clinical specialists in telephone crisis

12   support. Each scale item assesses intention to use a specific skill that is operationalized

13   within the model. Items falls within five stages that comprise the practice model: (1) connect

14   with the caller, (2) focus the call, (3) relieve distress, (4) enable coping, and (5) decide next

15   steps.

16   The TCSSS uses a matrix format that can be modified according to purpose and need.

17   Within this format, problem types can be modified to meet sample characteristics and study

18   requirements. For the purpose of the current study, participants completed the TCSSS in

19   response to three vignettes describing specific problem types that were introduced as the

20   stories of callers to a telephone crisis support service. Taken verbatim from the General Help-

21   seeking Questionnaire (Wilson, Bushnell, Caputi, & Thomas, 2011), these vignettes

22   described the DSM-IV-TR criteria for severe suicidal ideation, a major depressive episode

23   and acute general anxiety. These particular problem types were chosen to reflect the highest

24   proportion of calls made to Australian telephone crisis support lines (Burgess, Christensen,

25   Leach, Farrer, & Griffiths, 2008; Lifeline, 2005).

1   Participants rated their intention to use the 23 recommended crisis support skills with

2   each hypothetical caller on a 4-point Likert scale ranging from 1 *Extremely Unlikely* to 4

3   *Extremely Likely*. The TCSSS has demonstrated acceptable reliability as a measure of

4   intentions to use recommended skills with crisis callers. Low scores indicate low intentions to

5   use recommended skills for the corresponding caller problem type and are used in the current

6   study as a measure of impaired service delivery. Cronbach's alpha coefficients showed strong

7   reliability for each scale (IUSC-SI: α = .95; IUSC-D: α = .96, IUSC-A: α = .93).

8   **Data analysis**

9   Analyses were conducted using the IBM SPSS V21 statistical package. Pearson's

10   correlations were used to examine intercorrelations between the study variables. Three linear

11   regressions were run to determine the impact of the functional impairment variables (DOR,

12   DCB) on intentions to use recommended telephone crisis support skills with callers reporting

13   suicidal ideation, symptoms of depression and anxiety.

14   **Results**

15   *Preliminary results*

16   Correlations revealed significant relationships between DOR and intentions to use

17   recommended skills with callers reporting suicidal ideation, symptoms of depression and

18   anxiety (Table 2). The correlation between DCB and intentions to use recommended skills

19   with callers reporting suicidal ideation was also significant (Table 2).

20   *Main results*

21   In combination, functional impairment variables accounted for a significant 37% of

22   the variability in intentions to use recommended skills with callers reporting suicidal ideation,

23   $R^2 = .37$, adjusted $R^2 = .36$, $F(2, 207) = 60.35$, $p = .000$; 21% of the variability in intentions to

24   use recommended skills with callers reporting symptoms of depression, $R^2 = .21$, adjusted R^2

25   $= .21$, $F(2, 207) = 28.02$, $p = .000$; and 22% of the variability in intentions to use

1 recommended skills with callers reporting symptoms of anxiety, $R^2 = .22$, adjusted $R^2 = .21$,

2 $F(2, 207) = 29.06$, $p = .000$. Unstandardised and standardised regression coefficients for each

3 functional impairment variable are reported in Table 3.

Discussion

5 This study suggests that telephone crisis support workers who are experiencing

6 functional impairment related to symptoms of psychological distress are unlikely to deliver

7 optimal support to callers. Participants with greater levels of functional impairment reported

8 significantly lower intentions to use recommended support skills with callers reporting

9 suicidal ideation, and symptoms of depression or anxiety than those with lower levels of

10 functional impairment. These results are consistent with the literature on helpers in registered

11 professional roles (e.g. medical professionals, psychologists), which suggests that workers'

12 therapeutic effectiveness suffers when they are impaired by symptoms of psychological

13 distress (American Psychological Association, 2010; Guy, Poelstra, & Stark, 1989; Pope,

14 Tabachnick, & Keith-Spiegel, 1987). Impaired workers often display compromised ability to

15 fulfil basic requirements of their role and use their key skills effectively, and have diminished

16 resources for coping with difficulties (Sherman & Thelen, 1998). There are also adverse

17 effects of impairment on more subtle role requirements. Neuroscientific research indicates

18 that personal distress precludes the worker's ability to attend to and resonate with the

19 experience of others in distress – requirements of empathic engagement (Thomas, 2013).

20 This study has made a unique contribution to the literature. To the best of our

21 knowledge, this was the first study to examine whether telephone crisis support workers

22 whose functioning is impaired by symptoms of psychological distress are likely to deliver

23 optimal support to callers. Several limitations of the current study must be acknowledged.

24 Participants were a representative national sample of telephone crisis support workers from

25 one organisation. Future research is needed to clarify the extent to which these results

1   generalise to telephone crisis support workers from other organisations. Intentions to use

2   recommended telephone crisis support skills were measured because study parameters did not

3   allow the measurement of prospective behaviour. Research indicates that behavioural

4   intentions approximate both self-reported and actual behaviour (Sheeran, 2002; Webb &

5   Sheeran, 2006). However, future studies can be strengthened by recruiting participants from

6   multiple organisations, and using TCSSS items to guide observation of telephone crisis

7   support workers' actual use of recommended skills.

8   Results of this study warrant further research to investigate the impact of TCSs' role

9   on their wellbeing, and to optimise their performance and caller outcomes. Future research

10   should seek to identify determinants of telephone crisis support workers' functional

11   impairment, in order to inform service training, supervision and support strategies to optimise

12   workers' wellbeing and delivery of support to callers.

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