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

- Small decrease in rate for males.
- Rate for females relatively stable.
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?
Technology-based crisis services
e.g. crisis lines, chat services

- Continue to be accessed at an increasing rate
- Capacity to provide immediate support for rapid crisis intervention
- Reduce suicidality, improve mental state, facilitate intervention
- Essential infrastructure, and suicide prevention and intervention
- Meet gaps in other services, and are a viable alternative
- Effective in attracting help-seekers, esp. those with MH issues and suicide

1/3 callers, 1/2 chat visitors suicidal, could not/would not access clinical services

Beckner et al., 2007; Howard et al., 2007; Gilat et al., 2007; Leach et al., 2006

Gould et al., 2007; Kalafat et al., 2007; King et al., 2003

Lifeline Research Foundation, 2013
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)
Proven service model + Optimal helper performance \rightarrow \text{Optimal crisis intervention}
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Knowledge of and adherence to optimal skills

Resilience to occupational hazards

Proven service model

Optimal helper performance

Optimal crisis intervention
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)
Multidimensional research to inform all dimensions of professional development for optimal crisis intervention

Optimise crisis support workers' wellbeing and service delivery

Increase our capacity to respond to crises with appropriate interventions

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

Proven service model

Optimal helper performance

Optimal crisis intervention

(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.
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.
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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References


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