

Evaluation of the
Victorian Ambulance
Crisis Counselling Unit 1997

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CHAPTER ONE

INTRODUCTION

The Victorian Ambulance Crisis Counselling Unit began in 1986. Its establishment was preceded by a survey, in 1984, of the health and stress of ambulance personnel and their partners throughout Victoria (Robinson, 1984; Robinson, 1986). As well as providing invaluable base-line information on health and stress variables, it signified a commitment to evaluation and research which has continued until this very day.

A follow-up health and stress study was undertaken in 1993. The area of inquiry was expanded to include assessment of the field's perception of the value of the Unit and its services. The 1997 survey, reported here, is an evaluation of the Unit.

A brief description of the Unit's services, and how they were developed, is provided in order to facilitate understanding of the questions which were asked.

- ***Crisis line/counselling***

The Unit began with a 24-hour, 365-days-a-year crisis line providing ambulance officers and their families with immediate phone access to a Clinical Psychologist. From the outset, clinicians were required to respond quickly to calls (within 10 minutes). Initial phone counselling usually led to face-to-face counselling. Over the years, a specialist pool of clinicians (approximately 20) has been developed state-wide and now complements the work of the crisis line clinicians. The crisis line itself is an important but not sole avenue for enabling employees to access psychological services.

- ***Peer support***

In the late eighties, specially trained and selected ambulance officers (peers) formed the earliest peer support team. They provided first line support to workers as well as referral to clinicians. Their roles have changed over the years to become more active, and to be involved in education as well as support. Their acceptance by staff has continued to increase with time.

Metropolitan Ambulance Service recently appointed a full-time Peer Co-ordinator with a brief, amongst other duties, to follow-up staff quickly after critical incidents. That innovation has been assessed in this study.

- ***Defusing/debriefing***

Specific crisis intervention techniques were introduced in the late eighties, which were designed to assist staff following their exposure to traumatic or critical incidents. Two kinds of group sessions are offered: defusings (which are led by peers) and debriefings (which are conducted by a team of peers and clinicians).

- ***Family support network***

In 1995, a Family Support Network was introduced in the metropolitan area in order to assist partners of ambulance officers. Whilst this is in its earliest days, already much benefit has been demonstrated.

This report describes an evaluation of the Victorian Ambulance Crisis Counselling Unit and its services.

CHAPTER TWO

DESCRIPTION OF THE SAMPLE

RESPONSE RATE

Seven hundred and fifty-five staff completed and returned their questionnaire, yielding a response rate of sixty percent.

CHARACTERISTICS OF RESPONDENTS

The questionnaire was answered by staff from all regions, all rank levels and varying lengths of employment. The sample is thus representative of the industry in terms of geographical locality and rank status. As was found in the 1993 survey, the majority of staff are married and are male.

The information below describes the number of staff in each of the listed categories.

- **Service**

Service	%
South Western	8
Western	5
North Western	12
North Eastern	9
South Eastern	10
Metropolitan & AOTC	56

- **Rank**

Rank	%
Student	10
Ambulance Officer	53
MICA Officer	16
Senior Staff	21

- **Years of employment**

No. of years employment	%
1 - 5	19
6 - 10	24
11 - 15	18
16 - 20	23
21 +	16

- **Gender**

Gender	%
Male	9
Female	91

- **Marital status**

Marital status	%
Never married	11
Married	78
Separated	4
Divorced	6
Widowed	1

CHAPTER THREE

PROGRAM EVALUATION

OVERVIEW

The main services of the Unit were assessed: the crisis line/counselling service, peer support and group defusing/debriefing of staff following their exposure to critical incidents.

The crisis line, as was found in the 1993 study, is rated highly. Nearly all staff know about this facility and how to use it. Counselling services are rated well by the 26% of staff who state that they have utilised them. Peer support is also rated highly. Knowledge of the peer system and the rated value of peers has increased since the 1993 survey. More people report awareness of the differences between debriefing and defusing than occurred in 1993 and the perceived importance for this service to continue has increased since 1993.

Staff assess the Unit as keeping people less stressed and in the work force.

CRISIS LINE/COUNSELLING SERVICE

- *Awareness of the crisis line*

Nearly all staff, 97%, report awareness of the existence of the crisis line.

- *Knowledge of the crisis line telephone number*

Nearly all staff, 91%, state that they are aware of the crisis line number, or how to find it. This is a significant increase to that found in the 1993 survey (41%).

- *Recommendation to others to contact the crisis line*

Forty-six per cent of staff have suggested to someone else that they contact the crisis line.

- *Contact with the crisis line oneself*

About one quarter of the respondents (26%, n = 194) state that they have contacted the crisis line at some point in time.

- *Evaluation*

Those people who report utilising the services of the crisis line/counselling service evaluate it very positively as indicated in the information below. Nearly all people report the service to be helpful and effective in reducing stress signs for reasonably substantial periods of time. Respondents almost unanimously regard it as important that the crisis line continue to function, and more hold this view in 1997 (94%) than they did in 1993 (79%).

Helpfulness of the service

	%
Very helpful	69
Moderately helpful	26
Not helpful	5

Lessening of stress signs

	%
A lot	46
A little	46
None	8

Duration of benefits

	%
Long lasting	53
Up to a few weeks	23
Up to a few days	18
No benefits	6

Perceived importance for the crisis line/counselling service to continue

	%
Very important	94
Quite important	6
Not important	0

PEER SUPPORT

- ***Awareness of peer support***

Nearly all staff, 97%, report awareness of the existence of peer support.

- ***Recommendation to others to contact a peer***

A little less than half of the staff, 42%, state that they have suggested to someone else that they contact a peer.

- ***Knowledge of at least one peer that you could trust and would go to if needed***

Nearly all staff, 81%, state that they know at least one peer that they could trust and would consult if needed.

- ***Contact with a peer oneself***

About one third of staff, 32%, state that they have contacted a peer at some point in time.

- ***Evaluation***

Peers are rated as very helpful and effective in reducing stress signs. Most see it is very important for the peer program to continue.

Helpfulness of peer support

	%
Very helpful	63
Moderately helpful	32
Not helpful	5

Lessening of stress signs

	%
A lot	47
A little	42
None	11

Duration of benefits

	%
Long lasting	56
Up to a few weeks	13
Up to a few days	20
No benefits	11

Perceived importance for the peer program to continue

	%
Very important	89
Quite important	9
Not important	2

DEFUSING/DEBRIEFING

- ***Awareness of the availability of psychological defusing and debriefing***

Nearly all staff, 85%, report awareness of the availability of psychological defusing and debriefing.

- ***Awareness of the differences between defusing and debriefing***

Slightly more than a third of staff, 40%, state that they are aware of the differences between defusing and debriefing.

- ***Suggesting to others that a psychological defusing or debriefing be held***

Nearly a third of the staff, 29%, state that they have suggested to someone else that a defusing or debriefing be held.

- ***Attendance at a psychological defusing or debriefing***

Nearly a third, 29%, of respondents state that they have attended a psychological defusing or debriefing. This figure is lower than that reported in 1993 (38%), however the 1993 figure was thought at the time to be an overestimation of the amount of debriefing that was actually occurring. An erroneous estimate was thought to have occurred from inadequate field education about the differences between operational and psychological debriefing. The 1997 figure is more realistic and probably also reflects a sounder and more widespread educational program.

- ***Evaluation***

Those people who report attending a psychological defusing or debriefing evaluate it quite positively as indicated in the information below. Approximately half of the respondents report defusing/debriefing to be helpful and effective in reducing stress signs for reasonably substantial periods of time. The majority state that it is important for defusings and debriefings to continue.

Helpfulness of the service

	%
Very helpful	49
Moderately helpful	42
Not helpful	9

Lessening of stress signs

	%
A lot	34
A little	51
None	15

Duration of benefits

	%
Long lasting	56
Up to a few weeks	13
Up to a few days	19
No benefits	12

Perceived importance for defusings and debriefings to continue

	%
Very important	78
Quite important	19
Not important	3

SERVICE SAVINGS

Respondents estimate that the services of the VACCU have influenced them in the following ways:

	%
Not to take sick leave	12
Not to leave the job	16
Not to take out their frustrations on others at work	19
Not to take out their frustrations on others at home	22

GENERAL STRESS

Participants were asked to rate their general stress levels with respect to the major areas of their life. A score of 1 represents no stress and a score of 10 extreme stress. The figures below describe the number of people who rate their stress level at six or higher. It can be seen that more people rate work than their personal life as very stressful

Life areas	%
Work in general	35
Critical incidents	33
Personal relationships	22
Personal matters	21

EDUCATION AND GENERAL PSYCHOLOGICAL SERVICES

- **Education on psychological trauma, stress and coping**

Two thirds of staff (66%) state that they have received education in this area during their ambulance career. This suggests that a high level of information is being disseminated.

- **Access to professional help**

The 1984, 1993 and 1997 surveys all asked whether there had been times in the past 12 months when employees had wanted to seek professional assistance about a personal problem and has not known where to go. There was a drop in this figure from 1984 to 1993 (23% to 14%) indicating the success of the Unit in providing acceptable services for staff. In this survey, the figure was similar to that found in 1993, namely 13%, and could well reflect the number of staff who are more comfortable in seeking support services from outside the industry.

- **Family support network**

In the metropolitan area, 88% of staff state that they are aware of the family support network. In country areas, 75% of staff state that there is a need to develop a family support network. Thus the importance of this area is noted by many respondents.

CHAPTER FOUR

REGIONAL PEER CO-ORDINATORS

OVERVIEW

This section reports on the newly developed system at Metropolitan Ambulance Service with its full time Regional Peer Co-ordinator and proactive approach to following-up staff after critical incidents. There follows information from country services which provide similar programs.

REGIONAL PEER CO-ORDINATORS - METROPOLITAN

- **Awareness of the Regional Peer Co-ordinator**

Most staff (83%) state that they are aware of this position

- **Contact**

About one half of staff (47%) report that they have been contacted by the co-ordinator

- **Awareness of others being contacted**

Awareness of other staff being contacted by a co-ordinator is 53%

- **Appropriateness of co-ordinator outreach**

The indications are that most respondents regard the outreach by regional peer co-ordinators as appropriate.

Appropriateness of the outreach response	%
Usually appropriate	42
Sometimes appropriate	20
Not appropriate	1
Don't know if appropriate	37

REGIONAL PEER CO-ORDINATORS - COUNTRY

- **Awareness of the Regional Peer Co-ordinator**

Awareness of the peer co-ordinator is high (75%).

- **Contact**

Less than one third of staff have been contacted by a co-ordinator (29%).

- **Awareness of others being contacted**

It is reported that 42% of staff are aware of the co-ordinator having contacted someone else.

- **Estimated need for a part-time Regional Peer Co-ordinator position to be developed**

A little less than half of the staff from country regions (44%) want a part-time co-ordinator to be appointed.

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CHAPTER 5

IMPACTS, STRENGTHS AND WEAKNESSES

The questionnaire sought opinions from respondents on the impact of the Unit (if any) on the ambulance industry, strengths and weaknesses of the Unit and future directions. Some of these comments are presented in this section. While quotes have been selected in order to demonstrate the breadth of opinion, it should be noted that the vast majority of statements were generally to highly positive.

The impact of the VACCU on the ambulance industry

“I’m sure that the VACCU has had a fairly substantial impact on many AOs lives and families.”

“I can honestly say that quite a number of AOs would have ‘thrown in the towel’ if it wasn’t for the help received from VACCU.”

“People now feel that it’s OK to be stressed or upset about a job, and it helps just knowing there is someone there”

“More ‘gobble de gook’ and hype about basic common sense issues.”

“It is used in two ways. 1. Genuine, it is definitely of benefit. 2. People can abuse it and use it as an excuse for behaviour/time off.”

“Offers the opportunity to speak with health professionals who understand the unique system we work in.”

“World class support.”

“Personally I have benefited and not resigned from MAS.”

“It is the envy of other similar services.”

“The value of treating an employee as a total person and that by doing so improves effectiveness and efficiency.”

“It has helped change the macho image. Its now OK to feel upset about certain jobs and to want to talk about them.”

“The impact is overwhelmingly positive though we have a contingent of diehards who believe psychological counselling is for whimps.”

“It is one of the few secure things about Ambulance Service.”

“Personally it has assisted me through mid-life crises, career crises and general pressure”.

“I often think how we ever coped without it.”

“In my case it was a life saver- VACCU was a god-send.”

“In one particular case I know of I believe that the person would have committed suicide but for the services of VACCU.”

“Invaluable in holding work and families together.”

“Anecdotal evidence is that many officers have derived great benefit from VACCU.”

“It has given a world class service to all staff through difficult times.”

“Over a period of time a lot of weight builds up on our shoulders. It’s good to know that there is a group of people who are ready to recognise this.”

“I have not contacted VACCU myself, but I know of others who have gained great benefit from it, some to the extent of keeping their jobs.”

“Its formalised a service which has always been in existence at operator level, and provided a higher level of help.”

“It has made it a better place to work for.”

“Gives officers a much needed support. Prior, officers had to deal with problems on their own and domestic problems often followed from this.”

“Fantastic. Change in culture from “keep it in” to open discussion.”

“There is a feeling that something provided by management is there for us when times get rough.”

“I feel it has reduced sick leave, kept families together, improved the quality of life for serving officers and their families.”

“Made them realise that under the uniform we are human and we do have feelings and some cases affect us and our families.”

“Invaluable contribution. Keep up the excellent work but don’t become complacent.”

“A dynamic far reaching impact that has kept good people in the job when they most certainly would have left.”

“VACCU has lessened the potential self destruction within ambulance employees.”

“It allows access to counselling not only from the job but from personal issues which are often more devastating in the short-term.”

“That you are not alone in your feelings and it’s not something to hide and bottle up. In the past it was seen as a weakness in the job.”

“For some officers it may have saved their jobs and/or lives and for all officers a feeling of security. Help is there if needed.”

“It has made employees aware that shit happens and that you need coping mechanisms.”

“Although I feel there is still some reticence within our ranks at times of personal strife, the VACCU has over time addressed the “feeling of weakness” and I feel this will continue with better education.”

“Even though I have never required the service of VACCU, I feel it is an integral part of our organization that without doubt has had immeasurable impact on our colleagues and families.”

“It has helped officers who in the past would not have contacted anyone.”

Strengths of the VACCU

“Easy access - 24 hours.”

“Accessibility, quality of staff, confidentiality, family involvement.”

“An otherwise expensive service is provided free of charge.”

“Instant response in times of crisis.”

“It is peer driven and supported by management. The peers are keen and act when notified of problems. It also appears that we are miles and away better managed or prepared than other emergency cc units.”

“It’s become more proactive - which is generally good.”

“Availability, support, follow-up.”

“A great impact on morale and early intervention.”

“Giving people a choice in dealing with problems (e.g. peers, family support, psychological care).”

“Improved relationship between officers and family.”

“The personnel who are leading the program - I believe that everybody has confidence in these people.”

“The Clinical Director and all the peer co-ordinators.”

“The program is slowly becoming proactive and not reactive.”

“The willingness of VACCU staff to walk away if not needed.”

“The dedicated people who staff it with skill, experience and knowledge.”

“Confidentiality...its apparent because I have not heard back negative feedback in the field.”

“A number of my colleagues from the control room would have gone nuts without its assistance.”

“Support is appropriate - the counsellors are very good at their job. There is always some one available to talk to.”

“The quality and commitment of peer 24 hour assistance.”

“Continuing to improve where necessary. Availability. Confidentiality.”

“Confidentiality, 24 hour access, non-judgmental approach, ease of access.”

“Very accessible and very prompt in returning calls or enquiries.”

“Good peers, the right psychologists.”

“A choice of counsellors.”

“Being there 24 hours a day, having someone to call you post traumatic incident.”

“Its good having blokes out on the road who are in the peer group. They are in touch and don’t have to consider problems from a management point of view.”

“Industry ownership.”

“Willingness to improve the system via input from personnel or management.”

“It is there when you need them but not too pushy.”

“The program is without doubt the best available: unfortunately I don’t have enough experience with any of you to be in a position to comment except to say you have my unconditional support.”

“The sincerity of people involved and their commitment to the program.”

“The strength of the program is that they stay in the background but always being available.”

Weaknesses of the VACCU

“It chases up business. It causes people to feel they should be stressed for no reason.”

“Too intrusive. After jobs people should know they can contact VACCU and should not have VACCU contacting them.”

“There is no obvious support of the service from the management or control staff in the region. We need psychological debriefs more often.”

“We are starting to sell it...this is not a job for wimps.”

“Somewhere for cry babies to go to.”

“It’s becoming more proactive -which is generally good but this does mean it sometimes intrudes on individuals not wanting to be contacted.”

“I have not experienced any or heard of any weaknesses.”

“Never see you - maybe a visit to the branches.”

“Some peer officers are not perceived as the right person by others.”

“I feel it tends to lessen the individual’s capacity to develop personal coping abilities.”

“A peer counselor had anger management problems and trouble working with colleagues. He chose to leave. I don’t think VACCU wanted to be involved”

“It supports people too much who should not be in ambulance service.”

“Could broaden its scope to include other services and advice.”

“The program should encourage, when most appropriate, the initial contact to staff, post trauma case, to a support person from that area - not someone who is unknown and does not know the AO involved in the case. The peer person should be able to tell if the AO is troubled or not or acting tough and this can only happen if the peer support person works in the same area.”

“Waiting for the possibly effected officer to seek help. It doesn’t hurt for counsellors, peer co-ordinator etc. to make the first move.”

“That in some cases debriefing and support is only made available to a few, e.g. a student under my supervision received peer support for every fatal she attended. In my case I attended a triple shooting of persons known to me and 5 killed in a car smash and received nothing.”

“The presence of networking groups within the organisation I find both annoying and frustrating.”

Suggestions on additional services which could be provided by VACCU

“A proactive debriefing/defusing system.”

“Contacting people on Workcare or long sick leave to see how they’re coping.”

“More aggressive help for people that show stress related illnesses, there are some very weird stressed out people in the job.”

“The service seems to forget about officers off with injuries.”

“We have it all, we have the best.”

“Religious support, for each of the main denominations.”

“I strongly believe there is a need to offer counselling to officers that are made redundant or unable to work due to injury.”

“A program to identify people with inadequate coping skills for everyday ambulance work.”

“Possible debrief for affected family members to give them insight into the ambulance perspective of how and why things were done the way they were.”

General comments

At the end of the questionnaire there was a section for participants to add any other comments. Some of the responses are as follows:

“It works for some. It does little for AOs with deep-seated problems but management doesn’t do much either. I don’t find the job particularly stressful because I have a defence force background; my wife is a shift worker and is supportive; I have ample outside interests; and I promptly advise management of its problems.”

“The service is invaluable and should be continued and developed further along its current lines.”

“I thought (I really did) that I had to wait until my problem came to crisis point (which it did).”

“Questionnaires are a good way of finding out the feedback on how the Unit is going.”

“Keep members informed about services and how to access them.”

“Keep pushing the barrow and be there.”

“To be honest, I think its all a bit of a waste of time and money.”

“Keep on keeping on. We need you.”

“Some of the younger guys will one day find out that what they have been doing to help people has been stored away, slowly but surely changing them emotionally.”

“I was impressed when a peer support person from Bendigo rang me after my first week in the job to see how I was coping. Thanks very much.”

“A peer rang me to ask if I was all right after a fatal involving a baby. I think he should have visited me personally.”

“A lot of AO’s are still very skeptical about the usefulness of the service.”

“I have seen too many men leave this job shattered. The signs were there but they wouldn’t or couldn’t see them.”

“Crisis counselling has enabled me to continue in the career I enjoy.”

“Like AO’s, the VACCU are involved in a people for people supportive role.”

“The VACCU must have power within the VAS if it is to be of real benefit.”

“I am scared to probe too deep into myself because I don’t like what I see.”

“In many jobs like yours (and mine I guess) with regards to acknowledgment, the silence can sometimes be deafening.”

“The program is the best thing ever introduced into the ambulance service. A professional team that really cares for its employees.”

“I cannot speak from personal experience but fellow officers who have had contact with VACCU have nothing but praise.”

“I have accessed counsellors from outside ASV for totally independent and confidential discussions regarding personal matters.”

“My first contact was through VACCU. I now have ongoing psychiatric treatment and am able to continue my employment in a limited capacity.”

“I would have resigned from ambulance four years ago if not for VACCU and today they are doing better than ever.”

“Please don’t leave us.”

“As a result of a personal crisis last year I received considerable help from...If it was not for those people I would probably not be here today. They were fantastic.”

“Do not send any counsellors unless they are requested - it is most annoying to some officers to have these people arrive.”

“My recent marriage break-up would have been more difficult to endure without the assistance of peers, team leaders and service assisted programs. Thank you.”

“The VACCU deserves a pat on the back. When compared to other emergency service groups there is no comparison.”

“I have a lot of personal problems and I don’t know where to go as I don’t trust any of the peer group and I don’t know what services are available as information doesn’t get passed down the line.”

“Keep up the great work. Ambulance staff encounter stresses that other people could not even comprehend - our work place is the community where we live.”

“Peer support has been a life saver for me, I thank them for directing me to ...he is wonderful.”

“A much needed service which must be maintained at any cost.”

“I would like to see a more proactive VACCU - some AO’s are reluctant to seek assistance but could be on the edge.”

“I have personally benefited from VACCU. A relationship/family was saved partly due to VACCU involvement. This “saved me” and prevented a huge \$ cost to society and MAS.”

CHAPTER SIX

CONCLUSION

The results of this study show a strong acceptance of the Unit and its services. Staff consistently attest to the valuable assistance which they have received and their strong desire for services to continue. Many personal stories of thanks are offered.

The crisis line/counselling service continues to be highly valued and well utilised. Increased acceptance of the peer support program has been pleasing to see. As one of the “newest” link in the chain of services, it was expected that time would be needed in order to gain full acceptance. An integral part of the peer program is the debriefing/defusing crisis intervention. It is apparent that greater understanding has been generated about these processes.

Good feedback has been obtained regarding the pro active peer co-ordinator role and the outreach to staff following their exposure to critical incidents. It would appear that many staff are receptive to this approach; the questionnaire findings match clinical impressions which have been formed over the past year.

The series of studies which have been undertaken by the ambulance industry, through the VACCU, provide feedback and information. Findings not only yield a “snapshot” picture of the current time, but also enable comparisons to findings from previous years. Thus, it is possible to concluded that the VACCU is functioning well and has continued to improve over the years.

It is important that Units such as this one strive to offer the best possible support and also to develop ways of questioning and challenging what should be offered, by whom and through what means. Psychological support systems in the workplace are still evolving. Through the time and commitment of employees and their families to respond to questionnaires, the Unit is able to address these important questions.

REFERENCES

The references below are those referred to in the text. This section is not intended to represent the very broad range of available literature in this area.

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Published by the Victorian Ambulance Crisis Counselling Unit

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Printed in Melbourne, Australia

ISBN 0646336371