AUTHOR Lamanna, John J.
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ABSTRACT The emotionally disturbed adolescent in residential placement is one of the most challenging situations for mental health professionals. The youth care worker with this population often demonstrates symptoms of "burnout." This study examined the effects of a specific training program, Therapeutic Crisis Intervention for Youth Care Worker, on the perceived competence and job stress reported by residential counselors working with seriously emotionally disturbed adolescents in residential settings. Analysis indicated that the training had no statistically significant effect on the participant's sense of job competence or stress. However, the study did find that the younger residential counselors receiving follow-up training reported a higher level of competence in support skills. In addition, a reported sense of depersonalization decreased in the groups receiving training. Most significant was the participants' overall positive response to the skills acquired through the training. (Contains 13 references and 2 tables.) (JE)
The Effects of Therapeutic Crisis Intervention Training
Perceived Job Stress and Efficacy

John J. Lamanna
Virginia Polytechnic Institute and State University

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The Effects of Therapeutic Crisis Intervention Training on Perceived Job Stress and Efficacy.

The purpose of this study was to examine the effect of a skills training program on perceived competence and job stress of youth care workers of the emotionally disturbed adolescent in a variety of residential settings. The research design for this study was experimental. Subjects were randomly assigned to one of three groups: two experimental and one control group.

Assumptions which provide the foundation for this research include the typical characteristics of emotionally disturbed adolescents; the need for specific training of youth care workers, and that self-efficacy and job stress are related factors in the performance of youth care workers.

The emotionally disturbed adolescent in residential placement is one of the most challenging for mental health professionals. Emotionally disturbed adolescents exhibit a variety of verbally and aggressive behaviors that are often evidenced in the form of anger, this is supported by research of Crespi (1990); Elder, Edstein, and Narvick (1979); Eason (1969); Agee (1979); Grellong (1987); Berlin, Critchly, and Rossman, (1989); and LeCroy (1988). This presents a serious challenge to the youth care worker working with this population often resulting
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in the phenomenon known as "burnout", this is reflected in the works of Freudenberger (1977), and Kudushin (1974). The effects of burnout are also indicators of the lack of training provided by universities for dealing with this specific population (Crespi, 1990). The lack of training often leads to low perceived competence and high perceived job stress. This study investigates the effects of a specific training program on the measures of perceived competence and job stress.

METHOD

Participants

Fifty-one subjects, from four residential schools for the emotionally disturbed, were randomly assigned to three groups, 17 received training, 16 received training with a follow-up session, and 18 were placed in the control group. Demographic information is contained in Table 1.

Instrumentation

Two instruments were selected to measure self efficacy, The Occupation Stress Inventory, (Osipow & Spokane, 1987), (OSI) and the Correctional Institution Environment Scale, (Moos, 1974), (CIES), and one measure of perceived job stress, the Maslach Burnout Inventory, (Maslach & Jackson, 1986), (MBI).

The OSI measures three dimensions of occupational
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adjustment, occupational stress, psychological strain, and coping resources. The occupational stress domain is measured by a set of six scales which are collectively called the occupational roles questionnaire (ORQ). This study uses the ORQ to determine competence, or self-efficacy reported by residential counselors. Specifically the ORQ subscales of role overload (RO), which measure the extent to which job demands exceed resources, and role insufficiency (RI) which measures the extent to which the individual's training, education, skills, and experience are appropriate to job requirements will be used for this purpose. High scores in the RO scale indicate a work load unsupported by needed resources, (i.e.) not feeling well trained or competent for the job. High scores in the RI subscale indicate a poor fit between job skills and job performance, that is, a sense of low self-efficacy. A large number of correlational and multivariate studies have employed the OSI as an experimental measure and provide evidence of the relationship between stress, strain, and coping. These studies provide moderate to strong support of the concurrent validity of the OSI (Osipow and Spokane, 1992).

The CIES was selected to report perception of self-efficacy. The CIES is composed of nine subscales that
measure the social climate of juvenile and adult correctional programs. Three of the subscales were compared to determine reported perceptions of support, expressiveness, and personal problem orientation. Criterion validity of the scales is reported as acceptable. The dimensions are related to external criteria supported in both concurrent and predictive studies (Moos, 1987).

The MBI is designed to assess three aspects of the burnout syndrome, emotional exhaustion, depersonalization, and lack of personal accomplishment. Maslach and Jackson (1986) found adequate validity comparing the MBI to colleagues subjective reports in a sample of mental health workers.

In order to gather additional data regarding the perceptions of the participants in the training, a questionnaire was developed. The questionnaire, titled Therapeutic Crisis Intervention Training Program - Child Care Worker Questionnaire, was adapted from the Classroom Management Training Program Questionnaire developed by Frederic Jones. It was used by Barton Kramer in his dissertation titled Improving classroom management skills in secondary school classroom through the use of limit setting, an incentive system, and structured teaching (Kramer, 1986). Revisions were made for the purpose of
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Reliability measures of the OSI, CIES, and the MBI indicate adequate reliability for these measures. Using the OSI, an internal consistency analysis was completed to determine the reliability of each scale. An Alpha Coefficient for total questionnaire scores indicated the ORQ subscale as 0.89 (Osipow and Spokane, 1992). Moos (1987) found the intra-class correlation between the two sets of CIES subscale standard scores to be 0.94, 0.95, and 0.96 for a one week and two one month intervals, respectively, and 0.91 for a two year interval. Data on internal consistency indicates a 0.90 - 0.71 among subscales of the MBI. Test-retest studies of the MBI found a 0.82 - 0.60 correlation among subscales using a two week interval (Maslach and Jackson, 1986).

Training

The training program, Therapeutic Crisis Intervention was developed by Budlong and Colleagues at the Family Life Development Center of the Department of Human Development and Family Studies, New York State College of Human Ecology, Cornell University, in 1983. The training has two objectives, first to provide the staff with the necessary skills to help the child through a crisis in a way that restores the status quo, balance, and order, and secondly to provide the staff with the
necessary skills to teach more constructive ways to deal with stress or painful feelings.

The training was conducted by the same facilitator at each of the four schools in this study, measures were taken to insure consistency. Three distinct groups were defined for the purpose of this research, all groups comprised of randomly selected residential counselors. Group 1 participated in the training session only. Group 2 participated in training along with a follow-up three-hour session reviewing the skills presented in the initial training, this occurred between 21 and 45 days after the initial training. Group 3, the control group, did not receive any training during this research project. Each participant was administered the battery of three instruments both at the end of the training session and again 30-45 days after the training.

Variables

The independent variable in this study is the level of training. The three levels of training are (a) training, (b) training with follow-up, and (c) the control group. The study had two different dependent variables. The first dependent variable was perceived competence as measured by The Occupation Stress Inventory (OSI) and the Correctional Institution Environment Scale (CIES) support subscale. The second
dependent variable was a measure of perceived job stress, as measured by the Maslach Burnout Inventory (MBI) depersonalization subscale and personal accomplishment subscale. The moderating variables of experience, level of education, and age, were also analyzed to reveal any influences and/or trends.

Data Analysis

Two substantive null hypotheses were developed to direct the analysis of the main effect of treatment on reported competence and job stress. Two null hypotheses were proposed:

\( H_0-1: \) There is no difference in perceived sense of competence between the three levels of training.

\( H_0-2: \) There is no difference in perceived job stress between the three levels of training.

An analysis of variance (ANOVA), alpha = 0.05, was used to measure the effects of training on each of the measures used to determine perceived job stress and competency. The moderating variables of experience, education, and age were also included to analyze influences on treatment outcomes.

Results

There was not a statistically significant
relationship between training and the subjects reported sense of job competence, regardless of the method of training. However, two trends emerged when analyzing the moderating variables. First, those in the training group without follow-up and who were older perceived themselves as more competent in the use of support skills than did those in the training group without follow-up who were younger, \((F_{df=2, 31} = 7.42, p < 0.002, \text{Table 2})\). Second, those in the training group with follow-up who were younger perceived themselves as more competent in the use of support skills than did those in the training group with follow-up who were older \((F_{df=2, 31} = 7.42, p < 0.002, \text{Table 2})\).

There was not a statistically significant relationship between training and the participants' perceived sense of job stress, regardless of the method of training. However, two trends emerged when analyzing the moderating variables. First, older participants tended to perceive themselves as being more depersonalized than did their younger counterparts. Second, older participants who received training tended to report lower levels of depersonalization at the 45 day measure than they did initially.

The moderating variables of age and education were found to be significant in two areas. First, older
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participants initially ($F_{df=1,35} = 8.46, p = < 0.01$, Table 4) and at the 45 day measurement ($F_{df=1,33} = 7.28, p = < 0.01$, Table 5) reported a higher sense of personal accomplishment than did the younger participants, indicating lower job stress. Second, participants with lower education attainment reported a higher sense of personal accomplishment than did those participants with higher education attainment ($F_{df=1,35} = 4.27, p = < 0.05$, Table 4). Finally, there was an interactive effect between age and training which proved to be significant at the 45 day measurement. Those in the training group without follow-up who were older perceived themselves as more accomplished than those in the training group without follow-up who were younger. Those in the training group with follow-up who were older did not perceive themselves as more accomplished than those in the training group with follow-up who were younger ($F_{df=2,33} = 4.54, p = < 0.02$, Table 5).

The post training questionnaire revealed interesting findings. 87% reported using active listening skills regularly. 39% reported using physical intervention strategies regularly, 22% reported occasional use, and 39% reported no use of these skills. Out of the sample that have not used these skills, 30% commented that the opportunity of necessity to physically intervene had not
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presented itself during the assessment period. 85% reported regular use of the life space interviewing techniques, 26% reported occasional use, and 16% reported no use. 68% reported that they would take the training again if offered, 32% would not. 89% of the participants would recommend the training to others, 11% would not.

Discussion

In the area of personal competence, the analysis of variance used resulted in statistically insignificant results. That is, the training did not seem to impact the level of competence perceived by these participants. The relatively small sample size was an influence in the results. Interestingly, the scores on all five scales had a very small range with data narrowly clustered in both the initial and day measurements. Within this sample, the respondents can be viewed as having similar perceptions of personal competence.

Another potential explanation for the lack of significant results is that the criterion measures may not have been sensitive enough to adequately discriminate between groups. Yet another explanation for the findings that the training had little impact on perception of personal competence, is derived from the assumption regarding the source of perception. The perception of
increased self-efficacy is likely to be derived from the subjects' belief that the behavior of the residents they treat has improved. Consequently, when considering this assumption, the length of time between the training and the measurement becomes crucial. The 45 day period, most likely three to four typical working shifts for the residential counselor, may not have allowed enough time for the skills and techniques applied to impact the behavior of the residents being treated. Indeed, if one takes note of the high percentage of skill use noted from the questionnaire, the assumption of insufficient time to apply the skills learned may have face validity.

The study indicates that while older subjects perceived themselves as more competent in terms of supportive skills, the younger subjects receiving training with follow-up reported a higher level of competence in support skills. The conclusion reached here is that the follow-up training for the younger residential counselors enhances the acquired skills and is essential to their increased self-efficacy.

This implies a link between perceptions of improved sense of personal competence, self-efficacy, and reduced level of job stress. The residential counselor, particularly the younger youth care worker, cannot be allowed to drift without direction or purpose. While this
study did not find that Therapeutic Crisis Intervention training significantly influenced the residential counselor's perceived level of competence, the training can provide the youth care workers with necessary skills to impact their effectiveness. Future research, using this program, and/or other programs, is needed to determine which aspects of training are most valuable in helping youth care workers feel more competent at their work.

In the area related to job stress, analysis of variance used to analyze the main treatment effect of the training on reported job stress produced statistically insignificant results. Comparing the three levels of training, a trend did emerge on the depersonalization subscale of the Maslach Burnout Inventory. A reported sense of depersonalization decreased in the training group and the training group with follow-up, and conversely increased in the control group from initial measurement to the 45 day measurement. Although the scores remained in the moderate range, the trend may be indicative of a significant result over time. Future research should examine this possibility.

The subjects, as a total group, reported a low range of personal accomplishment and moderate range on the emotional exhaustion scale of the Maslach Burnout
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Inventory. As mentioned earlier, post training time may have been a significant factor when analyzing the true effects of the training. A sense of personal accomplishment, in particular, may not be effected over the 45 day period of the study. Indeed, the results of the training, as interpreted by the subjects' sense of effecting resident behaviors, may have required significantly longer that 45 days to measure accurately.

This implies that the field of youth care maintains conditions characteristic of a high stress, high burnout occupation. Therefore, it is important that future research determine which factors in training may be most useful in reducing the stress experienced by these workers. The skills presented in TCI training focus on building and maintaining relationships with the residents in treatment. The training, with regularly scheduled follow-up sessions, may provide the residential counselor with the skills to establish and maintain productive relationships with the adolescents in their care. The results of this study suggest that an ambitious training program, such as TCI, can provide adequate resistance to the tendency to become depersonalized, at least with older residential counselors.

The Post Training Questionnaire presented some additional conclusions. The results of the post training
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questionnaire clearly indicated the subjects' positive attitude toward the content of the training. The three core areas of active listening, therapeutic physical intervention and life space interviewing strategies were all actively used by the majority of the participants through the 45 days of the study. However, in reviewing the responses on the questionnaire, it is not certain whether the skills and techniques presented were enthusiastically accepted and used. Further, the study did not provide a pretest therefore, the skills presented may have been acquired and used before the training was presented.

The fact that almost 90% of the subjects would recommend the training program to others indicated that these subjects viewed the training as beneficial. Since so little training is available to youth care workers, it is clear that both the need exists and that youth care workers are eager for more training. Although further research is needed to determine the long-term value of the TCI training program, with regard to efficacy and job stress, the fact that the subjects rated the experience as valuable, lends to its credibility.
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References


Kramer, Barton (1986). *Improving classroom management skills in secondary school classrooms through*
the use of limit setting, an incentive system, and structured teaching. Dissertation: Virginia Polytechnic Institute and State University.


ABSTRACT

In this study the author examined the effects of a specific training program, Therapeutic Crisis Intervention for Youth Care Worker, on the sense of reduced job stress and self-efficacy reported by residential counselors working with seriously emotionally disturbed adolescents in placement. In general analysis indicated a statistically insignificant main treatment effect. However, benefits of the training were noted in younger participants sense of depersonalization and older participants sense of accomplishment. Most significant was the participants overall positive response to the skills acquired through the training.
Table 1

Demographic Information of Subjects

<table>
<thead>
<tr>
<th>Group</th>
<th>Training without Follow-up</th>
<th>Training with Follow-up</th>
<th>Control Group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 17</td>
<td>N = 16</td>
<td>N = 18</td>
<td>N = 51</td>
</tr>
<tr>
<td>Experience</td>
<td>&lt; 1 YR.</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>&gt; 1 YR.</td>
<td>16</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Education</td>
<td>HIGH SCHOOL DIPLOMA</td>
<td>5</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>≥ COLLEGE DEGREE</td>
<td>12</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Age</td>
<td>&lt; 25 YRS.</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>≥ 25 YRS.</td>
<td>16</td>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>
Table 2

Analysis of Variance for Scores on the Correctional Institution Environment Scale, Support subscale (S), 45 day Measurement (N=46)

<table>
<thead>
<tr>
<th>Source of Variance</th>
<th>df</th>
<th>Sum of Squares</th>
<th>Mean Squares</th>
<th>F</th>
<th>P &gt; F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (A)</td>
<td>2</td>
<td>1.64</td>
<td>0.82</td>
<td>1.91</td>
<td>0.165</td>
</tr>
<tr>
<td>Experience (B)</td>
<td>1</td>
<td>0.20</td>
<td>0.20</td>
<td>0.47</td>
<td>0.499</td>
</tr>
<tr>
<td>A x B</td>
<td>2</td>
<td>0.32</td>
<td>0.16</td>
<td>0.38</td>
<td>0.688</td>
</tr>
<tr>
<td>Education (C)</td>
<td>1</td>
<td>0.68</td>
<td>0.68</td>
<td>1.59</td>
<td>0.217</td>
</tr>
<tr>
<td>A x C</td>
<td>2</td>
<td>0.65</td>
<td>0.33</td>
<td>0.76</td>
<td>0.477</td>
</tr>
<tr>
<td>Age (D)</td>
<td>1</td>
<td>1.15</td>
<td>1.16</td>
<td>2.69</td>
<td>0.111</td>
</tr>
<tr>
<td>A x D</td>
<td>2</td>
<td>6.37</td>
<td>3.19</td>
<td>7.42</td>
<td>0.002*</td>
</tr>
<tr>
<td>Error</td>
<td>31</td>
<td>13.31</td>
<td>0.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>24.96</td>
<td></td>
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