CHCCCS019 Recognise and respond to crisis situations

Release 1

Learner guide

Aspire learning resources

CHCCCS019

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Aspire Version 1.2

Aspire learning resources

Copyright Warning

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	January 2019	Minor corrections as part of our continuous improvement program. Updates to government body and framework p68.

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All websites referred to in this unit were accessed and deemed appropriate at time of publication.

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CHCCCS019 Recognise and respond to crisis situations Release 1

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCCCS019 Recognise and respond to crisis situations*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete. The features of this learner guide are detailed in the following table.

Feature of the learner guide	How you can use each feature
Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

The following table outlines specific foundation skills noted for your learning in this learner guide.

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

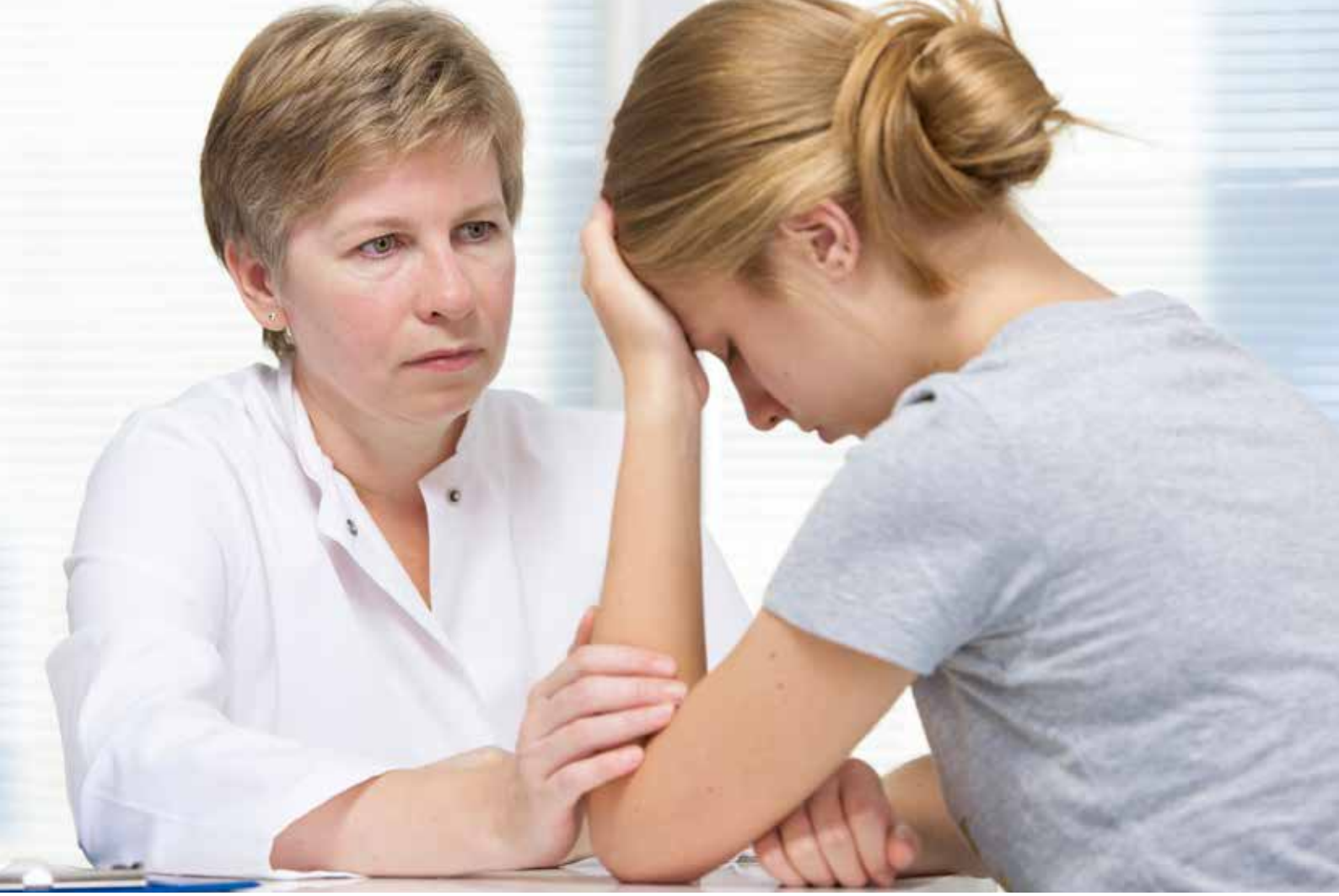
Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Identify imminent crisis situations	1A Recognise and respond to signs indicating safety issues for people	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Consider indicators from communication that suggest the presence of safety issues	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Ask about safety issues and take immediate action based on organisation's procedures	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Address immediate safety concerns	2A Listen empathetically to details of current crisis situation	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Affirm and strengthen links to safety and living	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Provide strategies for dealing with the immediate crisis	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Respond to person's current capacity for decision-making and coping	☐ Confident ☐ Basic understanding ☐ Not confident
	2E Reduce immediate danger and seek emergency assistance as required	☐ Confident ☐ Basic understanding ☐ Not confident
	2F Confirm actions are legal, ethical and meet duty-of-care requirements	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
	2G Seek advice or assistance from supervisor	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Provide referral for crisis intervention support	3A Empower person to make informed choices about further help	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Explore barriers to seeking help and respond	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Plan agreed first steps to access informal and professional help	☐ Confident ☐ Basic understanding ☐ Not confident
	3D Refer to appropriate professionals as required	☐ Confident ☐ Basic understanding ☐ Not confident
	3E Complete and maintain accurate documentation	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 4 Care for self	4A Minimise risks to self when providing crisis support	☐ Confident ☐ Basic understanding ☐ Not confident
	4B Identify and respond to the need for supervision and debriefing	☐ Confident ☐ Basic understanding ☐ Not confident



Topic 1

In this topic you will learn how to:

1A **Recognise and respond to signs indicating safety issues for people**

1B **Consider indicators from communication that suggest the presence of safety issues**

1C **Ask about safety issues and take immediate action based on organisation's procedures**

Identify imminent crisis situations

To work effectively with people in a community services setting, you need to be able to recognise signs that things are not going well for them.

As a support person, you may have more contact with the person than most other people do and so you may be best placed to notice and act on worrying changes in their attitude, behaviour or circumstances.

To make sure you have correctly read the situation, you also need to be a calm and clear communicator able to:

- show empathy and understanding
- ask the right questions in the right way
- quickly call on and engage the necessary help.

1A Recognise and respond to signs indicating safety issues for people

There may be a number of reasons that a person is at risk of harm. They may be at risk of self-harm or at risk of harm from a family member, neighbour or someone else. They may be living in a domestic violence situation or be experiencing abuse from outside the family. Assessing risk is difficult because human behaviour is complex; people may be reluctant to make full disclosure of their situation and the circumstances leading to harm can be complicated.

Life circumstances can cause feelings of hopelessness, isolation and despair, which lead some people toward suicidal acts; however, this result is not inevitable. While there are a number of factors associated with suicidal behaviour, the most pertinent factor to observe when assessing current and immediate risk is the person's behaviour and their current mental state. There are a number of indicators or signs that support workers can use to help identify when a person is at crisis point and actively considering suicide.

Emotional intelligence and well-developed intrapersonal skills can assist community services workers to recognise the warning signs that an individual's safety is under threat. Here are some factors that assist in reading these signs correctly.

Factors that assist in reading warning signs correctly

- Familiarity with the person's personality
- Knowledge of their circumstances
- Understanding of their life issues
- Background knowledge and context

Risk factors

While it is important to have an understanding of the factors that may place a person at risk, such as gender, age, recent relationship breakdown or ethnicity, assumptions should not be made about who is and who is not at risk.

For example, statistics may give an overall indication of the extent of family (or domestic) violence and the common circumstances or demographics where violence is most prevalent, but statistics do not preclude the possibility of family violence happening in any circumstance.

Unexplained bruising should be cause for concern whether it is noticed on a well-presented, educated person or an unkempt person who grew up in a poor and rough neighbourhood.

Support workers should be alert to potential risk with each individual in any situation. They must be able to identify individual signs, including statements, reactions, expressed thoughts and feelings, and behaviour. The ability to recognise and respond appropriately to indicators of harm can be lifesaving.

Here are some circumstances to consider in relation to potential risk.

Pregnancy or recent birth

- Family (or domestic) violence often commences or intensifies during pregnancy, and its occurrence during pregnancy is regarded as a significant indicator of future harm to the woman and her child.

Depression/mental illness

- People who have a mental illness may be more vulnerable to family violence.

Drug and/or alcohol misuse/abuse

- People who are experiencing family violence may use alcohol or other drugs to cope with the physical, emotional or psychological effects of the violence; this can lead to increased vulnerability.

Verbalisation of suicidal ideas or attempts to suicide

- Suicidal thoughts or attempts indicate that the person is extremely vulnerable and the situation has become critical.

Isolation

- A person is more vulnerable if she is isolated from family, friends and other social networks. Isolation also increases the likelihood of family violence and is not simply geographical. Other types of isolation include systemic factors that limit social interaction or support and/or the perpetrator of the violence not allowing the person experiencing the violence to have social interaction.

Complex factors

Many of the people accessing community services experience disadvantage. This disadvantage may have multiple causes. It may be material in the form of a lack of money or resources, or come about as a result of illness or disability.

Disadvantage can heighten risks to a person's safety and impede their ability to identify and address the risks themselves. These factors cause complications, usually on an ongoing basis, and are often difficult to address.

When a combination of factors is involved with any individual, risk can be seriously exacerbated. For example, if a person is under the influence of alcohol or drugs, then decision-making that is already affected by a mental illness will be further impaired.

In situations where a number of complicating factors are present, refer to your supervisor of specialist support services.

Examples of complex issues are:

- experiencing homelessness or living in substandard conditions including overcrowding
- drug and/or alcohol dependence
- physical disability
- chronic health conditions
- cognitive impairment

- illiteracy
- ongoing stress and emotional strain from long-term poverty
- caring responsibilities, including caring for children
- intergenerational poverty that has impacted on access to education and other social supports
- unemployment or underemployment.

Signs of risk

A person's behaviour can indicate a crisis and potential for self-harm. Identifying potential risk involves being mindful of and present to the behaviour of others.

The behaviour of an individual should be benchmarked to what has been typically observed or what is in their usual range. This involves comparing current behaviour with behaviour exhibited by the person when their sense of wellbeing is high and with the sort of behaviour they are known for when they are unwell or experiencing difficulties.

The following list of warning signs identifies some of the changes in behaviour that may indicate there is a crisis for a person. Several of these indicators may occur together.

You can access more information about signs of risk at http://aspirelr.link/suicideline-signs-of-risk

Changes in behaviour
Withdrawing from family/friends
Not wanting to be left alone
Not wanting to be touched
Loss of interest in usual social activities
Developing violent, argumentative or disruptive behaviour
Problems with relationships

Personal changes
Skipping classes or opting out of school activities
Absences from work or poor work performance
Apathy about dress, appearance and personal hygiene

Mental health and illness
Loss of interest in previously pleasurable activities
Marked weight increase or decrease due to changes in eating habits
Lack of concentration
Changes in sleeping patterns (too much or too little)
Delusions or hallucinations
Lack of energy or motivation

Lack of interest in the future

Talk of being worthless, useless or hopeless

Sudden happiness after a lengthy period of depression

Unusually disruptive or rebellious behaviour

Death or suicide themes dominating written, artistic or creative work

Noticeable increase in compulsive behaviour

Unrealistic expectations of self

Risk-taking behaviour

Running away from home, truanting from school or an increase in sick days from work

Careless, accident-prone behaviour and taking personal risks

Increased or heavy use of alcohol or other drugs

Final arrangements

Making a will

Giving away valued possessions

Organising own funeral

Saying goodbye

Self-harm and suicide

Self-mutilation, such as cigarette burns or cutting oneself

Having made previous suicide attempt/s -- this is one of the most important and reliable indicators of risk

Verbal expressions

‘I wish I was dead’

‘You won’t have to bother with me anymore’

‘I think dead people must be happier than when they were alive’

Respond to risk

When responding to safety issues, actions must be prompt and directed to the most appropriate legal and/or support service. Common safety risks and the required responses will be carefully detailed in the operational policies and procedures of your organisation.

When confronted with risks and safety issues, follow these established procedures closely and remember that it is far better to overreact than to not sufficiently address these.

Understanding risk is an important part of responding well. The risk frameworks your organisational policies are based on will contain a staged response process.

Whatever the most appropriate response in the circumstances, always keep yourself safe as a first priority. Endangering yourself will not assist anyone.

If you feel that you do not have the skills or experience to respond to the person who is indicating a risk of self-harm, immediately seek the support of colleagues and your supervisor. To do nothing is negligent. You have a legal and ethical responsibility and a duty of care to respond appropriately.

General guidelines for responding to signs of self-harm

- Assess whether the person is at risk of suicide. Ask direct questions about intentions.
- If the situation is life-threatening or dangerous, seek assistance from colleagues and call 000 for emergency services. Stay with the person until help arrives.
- Assess your own safety and the safety of others.
- Use effective communication skills, actively listen without judgment, demonstrate empathy, ask questions, acknowledge feelings and observe nonverbal communication.
- Take each situation seriously, no matter how many times a person may have threatened suicide in the past. This demonstrates that someone cares what happens to them.
- If possible, remove access to medication and other means for the person to take their life.
- If the person is intoxicated or using drugs, discuss the impact this has on their wellbeing and the danger to self.
- Identify internal sources of support, such as coping skills and religious beliefs.
- Let them know what support you can provide and what supports can be put in place, such as 24-hour phone counselling services, and visits from family and friends.
- Get the support that you need. Debrief with a supervisor who will determine whether they should communicate your concerns to other senior staff and/or the person's psychiatrist.

Potential suicide

People can be exposed to harm and suffering, both physical and emotional, and may feel they have no escape, particularly if the harm is coming from within the home or family.

Most people who contemplate suicide are looking for an escape or an end to psychological pain, not looking to die. If you are able to identify their distress, respond promptly and appropriately and get them the support they need, they may be able to overcome the desire to self-harm.

'Suicidal ideation' is a term used to describe having thoughts of suicide. Clearly no-one is privy to these thoughts except the person themselves and so unless they express these verbally, questioning is the only way to know for sure whether a person has ideas of suicide.

Suicidal ideation

Whatever the cause of suicidal ideation, a person's verbal and nonverbal messages, including their behaviour, may indicate that they are not feeling connected to living. However difficult, you must directly ask a person if you suspect they may be contemplating suicide. Your question will not contribute to the event. Not asking the question, however, will prevent you from ruling in or ruling out possible courses of action that may save a life.

Any suicidal thoughts or acts of deliberate self-harm signal significant distress and should be taken seriously. Most people who have died by suicide have done so when they have been alone; suicidal people must not be left alone.

However, the number of young people who die by suicide in Australia each year is relatively low compared with the number who self-harm. The risk factors for suicide are similar to those for self-harm. Here is some information about these risk factors.

Risk factors
Sociodemographic factors Sex (female for self-harm and male for suicide) Low socioeconomic status Lesbian, gay, bisexual, transgender or intersex (LGBTI) sexual orientation
Significant life events and family adversity Parental separation Adverse childhood experiences History of physical or sexual abuse Family history of mental illness or suicidal behaviour Bullying Interpersonal difficulties

Psychiatric and psychological factors
Mental illness (in particular, depression, anxiety and ADHD)

Abuse or misuse of drugs and alcohol

Low self-esteem

Poor social problem-solving skills

Perfectionism

Hopelessness

Respond to potential suicide

When determining risk, consideration is given to factors that link a person to life and living, their strengths and protective factors such as their coping skills, resilience, support from family and friends, religious beliefs and access to community services.

Many people who try to end their own lives give verbal or nonverbal clues about their intent. Any suggestion of suicidal thoughts should always be taken seriously.

If you think a person may be so unhappy that they might consider suicide, ask about suicidal thoughts—this won't make them attempt to end their own life, but will help you to get appropriate help for them.

Crisis communication

People are often concerned about raising the issue of suicide with someone who may be at risk, fearing that discussion may encourage a vulnerable person to act on thoughts of ending their own life. In fact, a troubled person may be relieved that somebody has recognised that living has become difficult for them.

Ask directly but compassionately, by saying something like, 'Are things so bad for you that you've been thinking about hurting yourself?' Even if the person says they are not having suicidal thoughts, the signs listed previously may indicate difficulties with depression, anxiety or personal circumstances.

The person should be encouraged to speak about these issues to a professional, such as a school counsellor, psychologist, youth worker, GP or other health professional.

Points to remember

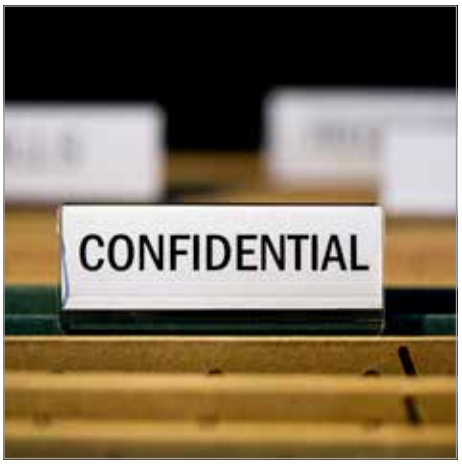
Keep cool and stay level
Don't panic. The person would sense your unease, so you should aim to be as calm and clear in your reactions as possible.

Don't be afraid to talk
Ask if they have a plan to act on their thoughts. Take them at their word and if they seem very distressed or close to hurting themselves, remove any items they may use.

Get help
Seek urgent professional support for any children.

If there is an immediate risk, contact a mental health crisis team or ambulance.

Confidentiality



Sometimes a young person might disclose suicidal thoughts or behaviour but ask you not to tell anyone. The risk of suicide is one of a few situations where you MUST break confidentiality. You have to tell others (but only those who need to know) if there is a risk of violence, abuse, suicide or self-harm.

Never promise to keep such issues secret. You may need to explain this to the young person, firmly but in an understanding way—either in general terms or when you expect a disclosure, or even after they have told you they are thinking about suicide.

Signs of violence

When people talk about family (or domestic) violence, they are often referring to the physical abuse of a spouse or intimate partner. Physical abuse is the use of physical force against someone in a way that injures or endangers that person. Physical assault or battering is a crime, whether it occurs inside or outside the family. The police have the power and authority to protect you from physical attack.

Family violence and abuse are used for one purpose and one purpose only: to gain and maintain total control over you. An abuser doesn't 'play fair'. Abusers use fear, guilt, shame and intimidation to wear you down and keep you under their thumb. Your abuser may also threaten you, or hurt you or hurt those around you.

Family violence does not discriminate; it happens among heterosexual couples and in same-sex partnerships. It occurs within all age ranges, ethnic backgrounds and socioeconomic levels. And while women are much more commonly victimised, men are also abused—especially verbally and emotionally, although sometimes physically as well.

The bottom line is that violent, abusive behaviour is never acceptable, whether it's coming from a man, a woman, a young person or an older adult. You deserve to feel valued, respected and safe.

Here are some signs to watch out for in relation to family violence.

People who are being physically abused may:

- Have frequent injuries, with the excuse of "accidents"
- Frequently miss work, school or social occasions without explanation
- Dress to hide bruises or scars (e.g. long sleeves in hot weather or sunglasses indoors)

Respond to violence

If you suspect that someone you know is being abused, speak up! If you're hesitating—telling yourself it's none of your business, you might be wrong or the person might not want to talk about it—keep in mind that expressing your concern will let the person know you care and may even save their life.

Talk to the person in private and let them know that you're concerned. Point out the things you've noticed that make you worried. Tell the person that you are there whenever they feel ready to talk. Reassure the person that you will keep whatever is said between the two of you and let them know that you'll help in any way you can.

Remember, abusers are very good at controlling and manipulating their victims. People who have been emotionally abused or battered are often depressed, drained, scared, ashamed and confused. They need help to get out, yet they have often been isolated from their family and friends. By picking up on the warning signs and offering support, you can help them escape an abusive situation and then begin healing.

Signs of abuse

Family or domestic abuse, also known as spousal abuse, occurs when one person in an intimate relationship or marriage tries to dominate and control the other person. Family abuse that includes physical violence is called family (or domestic) violence.

There are many signs of an abusive relationship. The most telling sign is a person feeling afraid of their partner. If they feel like they have to walk on eggshells around their partner—constantly watching what they say and do in order to avoid a blow-up—chances are their relationship is unhealthy and abusive. Other signs that a person may be in an abusive relationship include having a partner who belittles them or tries to control them, and feelings of self-loathing, helplessness and desperation.

To determine whether a person's relationship is abusive, try the following questions. The more 'yes' answers, the more likely it is that they are in an abusive relationship.

Does the person:

- feel afraid of their partner much of the time
- avoid certain topics out of fear of angering their partner
- believe that they deserve to be hurt or mistreated
- wonder if they're the one who is crazy
- feel emotionally numb or helpless
- check in often with their partner to report where they are and what they're doing
- go along with everything their partner says and does?

Abuse and violence

Violence is not just the product of physical abuse. All forms of abuse are about exercising control or power over someone else and all are unlawful. While physical abuse is clearly seen as violence by most people, other forms of abuse may not be so clearly identified as violence, particularly by those experiencing the abuse.

Each state in Australia has laws defining and prohibiting family violence. Under Victorian law, for example, family violence is defined as 'harmful behaviour that occurs when someone threatens or controls a family member through fear'.

Family violence law applies to:

- married couples
- de facto couples
- gay and lesbian relationships
- parents and children
- other relatives
- family-like relationships such as those with carers and between flatmates.

Physical abuse
Showing lack of consideration for the person's physical comfort or safety (such as dangerous driving)
Pushing, shoving, hitting, slapping, choking, hair-pulling, punching or using weapons
Destroying possessions
(Note: acts are physically abusive even if they do not result in physical injury)

Threats/intimidation
Smashing things, destroying possessions
Putting a fist through the wall
Handling guns or other weapons in the presence of the person
Using intimidating body language such as angry looks, raised voice
Hostile questioning
Recklessly driving a vehicle with the person in the car
Harassing the person by making persistent phone calls, sending text messages or emails, following her or loitering near her home or workplace

Economic or financial abuse

Forced handover of income or assets

Coercion to take on debt

Stopping the person from earning income

Denying the person access to money, including their own

Demanding that the family live on inadequate resources

Incurring debt in the person's name

Making significant financial decisions without consulting the person

Selling the person's possessions

(Note: these can be contributing factors to women becoming trapped in violent situations)

Sexual abuse

Any unwanted sexual activity

Rape (which includes being forced to perform unwanted sexual acts or to have sex with others)

Being pressured to agree to sex

Unwanted touching of sexual or private parts

Causing injury to the person's sexual organs

Emotional abuse

Any behaviour that deliberately undermines the person's confidence (for example, that leads her to believe she is stupid, a 'bad mother', useless or even crazy or insane)

Acts that humiliate, degrade and demean the person

Threatening to harm the person, her friend or family member; to take her children; or to suicide

Silence and withdrawal as a means of abuse

Threatening to report the person to authorities such as Centrelink or Immigration

Dominance

Dictating what the person does, who she sees and talks to or where she goes

Keeping the person from making friends, talking to her family or having money of her own

Preventing the person from going to work

Not allowing the person to express her own feelings or thoughts

Not allowing the person any privacy

Forcing the person to go without food or water

Social abuse

Isolating the person from her social networks and supports, either by preventing her from having contact with her family or friends, or by verbally or physically abusing her in public or in front of others

Continually putting friends and family down so the person is slowly disconnected from her support network

Preventing the person from having contact with people who speak her language and/or share her culture

Respond to abuse

Family abuse often escalates from threats and verbal abuse to violence. And while physical injury may be the most obvious danger, the emotional and psychological consequences of family abuse are also severe. Emotionally abusive relationships can destroy a person's self-worth, lead to anxiety and depression, and make them feel helpless and alone.

No-one should have to endure this kind of pain—and a person's first step towards breaking free is recognising that their situation is abusive. Once they acknowledge the reality of the abusive situation, then they can get the help they need.

Here is some information about the general behaviours of abusers.

Abuse

- The abusive partner lashes out with aggressive, belittling or violent behaviour.
- The abuse is a power play designed to show 'who is boss'.

Guilt

- After abusing the person, the abuser feels guilt but not over what they have done.
- They are more worried about the possibility of being caught and facing consequences for their abusive behaviour.

Excuses

- The abuser rationalises what they have done.
- They may come up with a string of excuses or blame the person experiencing the abuse for the abusive behaviour – anything to avoid taking responsibility.

'Normal' behaviour

- The abuser does everything they can to regain control and keep the person in the relationship.
- They may act as if nothing has happened or they may turn on the charm.
- This peaceful 'honeymoon' phase may give the person hope that the abuser has really changed this time.

Fantasy and planning

- The abuser begins to fantasise about abusing the person again.
- They spend a lot of time thinking about what the person has done wrong and how they will make them pay.
- Then they make a plan for turning the fantasy of abuse into reality.

Set-up

- The abuser sets the person up and puts their plan in motion, creating a situation where they can justify abusing them.

Signs of child abuse

Child abuse is both physically and emotionally damaging. The initial effects and the long-term consequences of abuse impact on the child, the family, community services and the community as a whole. Early identification and effective intervention can lessen the long-term effects of abuse and promote recovery.

Abuse, neglect and maltreatment describe situations where a child may need protection. Child abuse can be defined as something done or not done by an adult that endangers or impairs the child's emotional or physical health or development, or impairs the child's emotional or physical health or development.

Factors that might lead to child abuse

It is important that you can identify children who:

- may be vulnerable to abuse
- may not seem vulnerable to abuse but show signs that are concerning
- are demonstrating uncharacteristic behaviours that indicate abuse may be occurring
- are demonstrating or presenting with indicators that abuse has already occurred

Factors that indicate a child may be vulnerable to abuse include the following:

Community and society

- High crime rate
- Lack of or few social services
- High poverty rate
- High unemployment rate

Parental issues

- A parent with a history of physical or sexual abuse themselves as a child
- A young parent
- A single parent
- A parent who is emotionally immature
- Poor coping skills
- Low self-esteem
- Substance abuse
- A history of abusing children
- A lack of support, particularly from extended family
- Family (domestic) violence
- A lack of parenting skills
- A lack of preparation for the stress of a new infant
- Depression or other mental illness
- Multiple young children
- An unwanted pregnancy

Denial of pregnancy

- Pregnancy and birth issues including prematurity
- Low birth weight
- Disability

Indicators of vulnerability

If a child is in a situation that makes them vulnerable to abuse, this does not mean they are being abused. There are many healthy, happy, well-cared-for children who live in families faced with challenges. Conversely, there are also many abused children at risk of further harm in families that seem to be healthy, happy and well adjusted.

It is essential that you connect indicators of vulnerability with indicators of abuse, to ensure your concern for a child's wellbeing is justified.

Your knowledge of the indicators of abuse and the backgrounds that may make a child vulnerable to abuse can assist you to manage these situations as early as possible and in the most effective way possible.

Indicators of abuse

Children are the most vulnerable members of our community. They do not have the power to stop abuse. Therefore, they rely on others to help them and, as an educator, you have a responsibility to make sure children in your care are safe and their needs are met.

When monitoring children for indicators of abuse during everyday practice, you need to be aware of a range of different behaviours and signs. In addition to physical signs and symptoms, you may notice uncharacteristic behaviours or behaviours that are unusual for a particular child or for children of a particular age or stage. At times, these uncharacteristic behaviours may be the only signs you can identify.

Abuse is described in four different ways as shown in the following:

Physical harm

Physical abuse is forceful behaviour that may result in injury and may include being:

- pushed or thrown
- slapped, hit or punched
- burned; for example, with a cigarette
- kicked
- bitten
- choked
- tied down
- assaulted with a weapon
- shaken violently.

Physical harm may be the consequence of a physical punishment or physically aggressive treatment of a child. Physical abuse may also occur as a result of neglect.

You should consider that physical harm may have occurred if a child:

- has injuries that don't match the story of how they occurred
- has unexplained bruises, welts, bites, broken bones or burns
- has injuries in the shape of an object; for example, a belt buckle or cord
- has faded bruises or other noticeable marks after they have been absent from care
- shrinks at the approach of adults
- reports an incident
- has not received medical help for an injury needing care
- demonstrates extremes in behaviour; for example, is aggressive, withdrawn or shy
- is fearful or overly upset about going home
- is afraid of a particular person
- demonstrates unusual or extreme dramatic play
- is described in a negative way by their parent/carer
- seems to be subjected to harsh discipline at home.

Neglect

Neglect refers to a situation where the carer of a child fails to provide the basic necessities to ensure the child is not harmed; things such as food, clothing, shelter, medical attention or supervision.

You should consider that neglect may have occurred if a child:

- is frequently absent
- is observed to lack medical or dental care
- is consistently dirty and/or has severe body odour
- lacks appropriate clothing; for example, warm clothing in winter
- discusses use of drugs or alcohol
- is left alone at home for long periods (relevant to age and maturity)
- shows a failure to thrive or malnutrition
- exhibits constant hunger or begs, steals or hides food
- is extremely willing to please
- is treated indifferently by their parent or carer
- is cared for by a parent or carer who is apathetic or overtly depressed
- has a parent or carer who is irrational or demonstrates strange behaviour
- has a parent or carer who seems to abuse alcohol and/or drugs.

Sexual harm

Sexual harm refers to a situation in which a person involves a child in sexual activity. Physical force is sometimes also used.

Child sexual abuse involves a wide range of sexual activity including:

- fondling a child's genitals
- masturbation
- oral sex
- vaginal or anal penetration
- exposing a child to pornography.

You should consider that sexual harm may have occurred if a child:

- has difficulty walking or sitting
- urinates frequently
- suddenly refuses to change clothing in front of others
- refuses to participate in usual physical activities
- demonstrates bizarre, sophisticated or unusual sexual knowledge or behaviour for their age
- becomes pregnant
- contracts a sexually transmitted infection
- reports sexual abuse
- has pain, swelling or itching of the genital area
- has stained or bloody underwear
- demonstrates a sudden change in achievement
- displays regressive or childlike behaviour

Sexual harm continued ...

- reports being shown pornography
- shows they don't like being hugged, kissed or wrestled with by an adult
- receives sexual attention or is approached using sexual mannerisms by their parent or carer
- is called sexual names (such as stud, whore, slut) by their parent or carer.

Emotional harm

Emotional harm refers to a situation where a child is repeatedly rejected or threatened in a way that is frightening. This may include:

- name calling
- put downs
- continual coldness.

These actions occur to the extent that this significantly affects the child's development. You will notice there are similarities between emotional harm and neglect.

You should consider that emotional harm may have occurred if a child:

- shows extremes in behaviour; for example, is overly compliant or demanding, extremely passive or aggressive
- acts inappropriately, like an adult
- acts inappropriately, like a younger child
- is delayed in physical or emotional development
- exhibits signs of depression or attempts suicide
- displays severe anxiety
- shows signs of low self-esteem
- finds it very difficult to learn
- is constantly blamed, belittled or berated by their parent or carer
- has a parent or carer who is unconcerned about the child and refuses to consider offers of help for any problem
- is overtly rejected by the parent or carer.

Threats

Threats against a person may be part of a cycle of abuse and intimidation. Threats can be equal to actual violence in the impact they have on people not feeling safe. Family violence includes threats of violence. Family violence legislation in many state jurisdictions defines domestic and family violence as being threatening and coercive and including behaviour such as 'causing or threatening injury to a person'.

Just one violent act in the past can serve to make a current threat of violence real and give it power.

As part of verbal abuse, threats may be either explicit or implicit. An explicit threat contains details of the violence or action that the abuser is threatening to take. An implicit threat is less clear and concrete, but can still have great impact on someone.

Threats to self-harm can be used as a way of trying to gain power or manipulate a relationship. While they do not threaten another person's physical safety, they can cause mental and emotional anguish and worry.

Threats may be made to take actions other than violence. For example, someone may threaten to discredit or spread information about another person in an attempt to damage them or manipulate them.

Here are some examples of explicit and implicit threats.

Examples of explicit and implicit threats

Explicit threats

I will smash your teeth in.

If you come anywhere near me, I'll smack you.

You are dead meat.

If you say anything, you'll get it.

Implicit threats

You'll be sorry.

I wouldn't be surprised if you had an accident one day.

I know where you live.

Do you love your kids?

Signs of self-harm

People who engage in self-harm deliberately hurt their bodies. The term 'self-harm' (also referred to as 'deliberate self-injury' or 'parasuicide') refers to a range of behaviours, not a mental illness.

The most common methods of self-harm among young people are cutting parts of the body and deliberately overdosing on medication (self-poisoning). Other methods include burning the body, pinching or scratching oneself, hitting or banging body parts, hanging and interfering with wound healing.

Support workers must be vigilant in looking for and exploring signs of risk of self-harm in people who have a mental illness. People with a mental illness are at greater risk of suicide than the general population, so support workers must demonstrate the skills required to appropriately assess and respond to signs indicating a person may be at risk.

Here are some psychological and physical signs that a person may be at risk of self-harm.

Psychological signs

- Dramatic changes in mood

  Strange excuses provided for injuries

  Dramatic drop in performance and interactions at school, work or home

  Avoiding situations where their arms or legs are exposed (e.g. swimming)

  Changes in sleeping and eating patterns

  Losing interest and pleasure in activities that were once enjoyed

  Social withdrawal – decreased participation and poor communication with friends and family

Physical signs

- Unexplained injuries, such as scratches or cigarette burns

  Unexplained physical complaints, such as headaches or stomach pains

  Wearing clothes that are inappropriate to weather conditions (e.g. long sleeves and pants in very hot weather)

  Hiding objects such as razor blades or lighters in unusual places

  Hiding their clothes or washing them separately

Functions of self-harm

In many cases self-harm is not intended to be fatal, but should still be taken seriously. While it might seem counterintuitive, in many cases people use self-harm as a coping mechanism to continue to live rather than ending their life. For many people, self-harm functions as a way to alleviate intense emotional pain or distress, or overwhelming negative feelings, thoughts or memories. Other reasons include self-punishment, to end experiences of dissociation or numbness, or as a way to show others how bad the person feels.

Respond to self-harm

Many young people try to hide their self-harming behaviour and only approximately 50 per cent of young people who engage in self-harm seek help. Often this is through informal sources such as friends and family, rather than professionals.

You can access more information about self-harm and self-injury at http://aspirelr.link/beyondblue-self-harm

If you do see evidence of self-harm or a person confides in you, you must not panic, but you also must deal with any immediate medical concerns such as tending wounds.

The single most important part of your response is to avoid making assumptions and judgments. Instead, take the approach that this is something that can be talked about and can be understood. This is not the same as telling the person you understand their actions, however. Be honest about your thoughts and feelings.

For the person who is self-harming, acknowledgment and recognition of their distress are more important than understanding.

What to do when responding to self-harm:

- Stay calm
- Be supportive
- Avoid making judgments
- Don't make assumptions
- Listen to the person and find out what they need
- Educate yourself about self-harm
- Don't discourage self-harm
- See the person, not the injuries
- Get help with your own reactions

Move on from self-harm

To support a person who is self-harming, you need to assist them to find alternative coping strategies. This may involve referring the person to appropriate healthcare professionals who can address both their emotional and physical needs. The person's GP is often the person who leads these interventions or plans.

One of the responsibilities of the support worker is to ensure that documentation is completed and a verbal handover of the issues is given to the work supervisor.

Here are some coping strategies for moving on from self-harm.

Coping strategies
Help the person find alternative coping strategies to express their pain and to do something different in those moments when, in the past, they would have self-harmed.
They must decide not to use self-harming any more. You can't decide for someone else. The motivation must be theirs, not yours.
You can help them find other ways to express the pain and find healthier ways to get the feeling of release that self-harming offered.
Acknowledge to the person that self-harming may have been a means of survival for them and reassure any fears that they have about living without it.
As someone gradually comes off self-harming, you can encourage them at every little step they take in the right direction.

Example

Recognise and respond to signs indicating safety issues for people

John is 34 years old; he now lives alone following the breakdown of his marriage. He has been unemployed for the last three months. He has been living with depression for seven months, diagnosed following an overdose of medication when his marriage ended.

John receives support from the local community mental health team. His support worker is visiting him at home. Usually they meet out in the community; however, John has said he is not in the mood to go out. This is unusual because he generally appreciates getting out of the house.

The support worker is concerned that John may self-harm. He raises this directly with him, in a respectful way, and listens as John talks about feelings of hopelessness and despair. The support worker asks directly about any plans John has made to end his life. John responds that he has thought about this and has decided that medication can't be relied on, so he will hang himself.

The support worker assesses John to be at high risk of self-harm. He informs John that he is very concerned for his wellbeing and will not leave him alone. He then contacts his supervisor to discuss his concerns and seeks advice on how to proceed.

Practice task 1

1. What are the signs that suggest a person may be at risk of suicide?

2. What are the signs that suggest a person may be experiencing abuse?

3. List three indicators that a child may be experiencing emotional abuse.

Click to complete Practice task 1

1B Consider indicators from communication that suggest the presence of safety issues

The signs of abuse and violence may not be obvious, particularly with forms other than physical violence.

If your professional relationship with a person is one where true listening occurs along with open communication, it is possible that they will mention a safety issue to you. They may not be explicit about it. They may give subtle hints or make comments that could be interpreted in different ways. Usually this is in order for them to be able to plausibly deny anything is happening in case they are asked about it.

The cycle of abuse, for example, involves many stages and a person may want to seek help at one stage and then want to run away from the problem at another stage. When, on reflection, you ask someone about something they said a week ago, they may have moved into a different emotional state and not feel like discussing or addressing their safety issue.

Crisis communication

Whether the source of risk is from others or themselves, the strategies for communicating with someone in a situation where their emotional or physical safety is threatened are similar.

Support workers may experience a sense that something is amiss while communicating with people, especially those they know well. It can be difficult to rationalise these feelings, to explain them; however, if these intuitions are suggesting that the person is at risk of harm, then the support worker has a professional obligation to act. There is a potential risk of injury or death and so these hunches must be acknowledged and acted on.

When assessing risk, listen to your intuition, because it may be based on subtle information being communicated to you by the person. The stigma, guilt and strong emotions associated with suicide can make people feel ashamed to be honest about their suicidal intentions. Others at risk may not have recognised that they are heading towards a crisis. They may be unable or unwilling to articulate their distress. However, sometimes this distress manifests subtly, nonverbally.

Here are some nonverbal communication signs that may indicate someone is at risk.

Nonverbal communication signs that may indicate someone is at risk

- Closed body language, including stooped posture and facial expressions such as frowning and scowling, not smiling
- Emotional distress, crying or becoming angry with the support worker for no obvious reason
- Use of language; flat voice, slow speech
- Being distracted, not focused
- Avoiding talk about the future
- Change of demeanour; for example, a usually engaged person becomes disconnected

Communication about abuse

Many of the steps that can be taken by support workers to encourage people to talk about family violence, to ensure there are no immediate serious risks and to help them be safer, are simple and do not require specialist knowledge.

A compassionate, non-judgmental and informed approach, and referrals to the right specialist services will be appropriate for many service sectors.

When working with people experiencing family violence, all agencies that respond to family violence should adopt a rights-based approach that demonstrates respect, non-judgmental communication, culturally informed and sensitive practices, informing people of their options, service delivery accountability and promotion of social justice.

You can access more detailed information about family violence at:

- http://aspirelr.link/family-violence

Follow a framework

Following a family violence response framework offers a consistent approach for assessing and managing family violence throughout the service system. It helps to ensure that the focus of intervention and support remains on the safety and wellbeing of each individual woman and her children, acknowledging their individual circumstances, needs and resilience. It also ensures that all professionals who identify and respond to family violence do so through a coordinated approach, using consistent standards and language.

The framework is for use by:

- professionals working in mainstream settings who encounter people they believe to be experiencing family violence
- professionals who work with people experiencing family violence and play a role in initial risk assessment, but for whom responses to family violence are not their only core business
- specialist family violence professionals working with women and children who are experiencing family violence.

Face-to-face communication offers many advantages over other forms of communication when dealing with sensitive and taboo subjects such as self-harm and abuse.

Some benefits of using a framework are that it:

- recognises the ways that gender inequality is manifested in family violence
- is respectful
- uses non-judgmental communication
- is culturally informed and sensitive
- recognises people's rights to information about all of their options
- demonstrates the accountability of the service system
- promotes social justice
- recognises the importance of preventing violence in the future.

Disclosure of information

In the context of information sharing, seeking consent before disclosing information with other agencies is best practice for upholding the rights-based approach. This should be informed consent, which means you should explain the reasons for collecting and sharing information, how the information will be used or shared and the possible consequences for the person.

However, in all circumstances, as articulated in the *Privacy Act 1988* (Cth), information can be shared or disclosed when the disclosure is for the primary purpose for which it was collected, regardless of whether you have explicit consent from the person experiencing abuse or the abuser. In addition, information can be disclosed for a purpose related to the primary purpose where the individual would reasonably expect the disclosure.

This means that agencies working with people experiencing family violence and/or perpetrators of family violence that collect information for the purposes of support, protection, prevention of violence and/or accountability for violence can disclose the information for these purposes. When working with people experiencing family violence or perpetrators, you need to be clear with them about the function of your agency,

the reasons you are collecting information from them and what it will be used for. It can then be disclosed so long as it is related to the primary purpose for which it was collected.

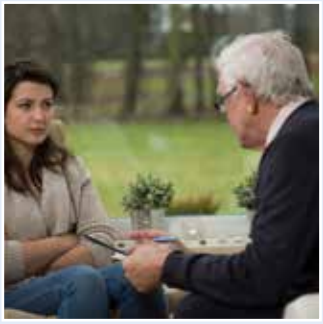
Here is more about when information can be shared without consent.

It is acceptable to share information without consent in cases of:

- a serious and imminent threat to an individual's life, health, safety or welfare
- a serious threat to public health, public safety or public welfare
- unlawful activity and it is disclosed in investigation or reporting of concerns to relevant persons or authorities.

Example

Consider indicators that suggest the presence of safety issues



Anika, a young woman who attends a computer group at the local neighbourhood house, often seems very tired and lacking in energy. She rarely talks to other members of the group and when she does, it is usually to tell them to be quiet or to 'get a life'.

The coordinator, Jason, catches her as she is leaving one day and invites her into his office. He is aware that changes in mood and behaviour are key indicators that a person may be at risk.

Anika comes into the office but is angry. 'What?' she yells. 'Am I in trouble or something?'

Jason ignores her attitude and makes small talk, asking her how her class is going and what she is learning. After a while, Anika relaxes and confides in Jason that she has been kicked out of home by her dad and she has nowhere to live. She is sleeping on a friend's couch, but they are getting sick of having her around.

Jason notices fresh scars on her forearms and asks Anika if she has plans for the future.

She scoffs. 'Best plan I could make is to get out of everyone's life.' She gets up to leave and adds, 'Including yours'.

Jason is concerned and does not want her to leave because he believes she is at risk of suicide. He asks her to sit back down, telling her that she is part of the neighbourhood house community and 'everyone looks after each other here'.

Practice task 2

1. What is the value of having a framework to guide practice when it comes to identifying safety concerns?

2. Does a person always need to give consent to disclose information about them according to the *Privacy Act 1988* (Cth)? Explain your answer.

3. List two nonverbal indicators that may appear in the communication of a person in distress.

Click to complete Practice task 2

1C Ask about safety issues and take immediate action based on organisation's procedures

If a support worker has observed warning signs and is concerned that a person may harm themselves, they cannot avoid the situation. They must ask the person direct questions about thoughts of suicide.

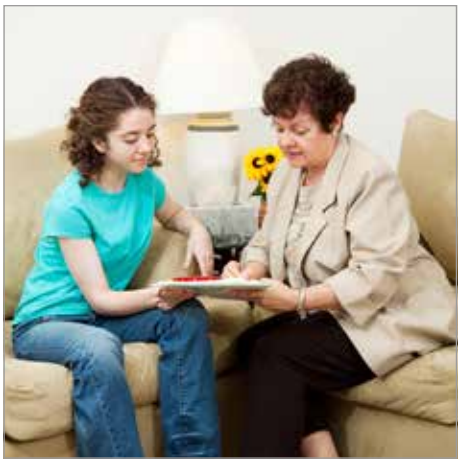
In Australian society, suicide is not openly discussed. It is considered a taboo topic. There is a belief that talking about suicide may increase its incidence and media organisations observe a code of conduct when reporting deaths by suicide.

The death by suicide of a celebrity might raise some discussion, but people rarely feel comfortable talking about their own suicidal thoughts, often because of embarrassment and shame. Tragically, these feelings stop some people from getting the support they need and they go on to harm themselves.

Family violence is also a topic that many people find difficult to discuss. The nature of abuse is that people often blame themselves or feel they may deserve it in some way. People experiencing abuse are often so disempowered and feel so worthless that they may also believe there is nothing they can do to stop it and no-one will really care about their plight.

Act on safety concerns

The purpose of asking a person about thoughts of suicide is to assess the risk of harm by ascertaining whether suicidal thoughts are present and, if they are, the risk of immediate harm. Support workers must overcome any reluctance towards asking about thoughts of suicide. They can do this by exploring their own beliefs and the reasons for this reluctance.



Effective communication skills can help to develop rapport with people. Rapport helps grow mutual trust, which allows a person to feel emotionally safe and therefore more able to communicate openly. As with all communication, support workers must be respectful, use active listening to get good understanding and observe nonverbal communication.

Asking questions about suicidal thoughts will not trigger suicidal thoughts; on the contrary, this demonstrates that the support worker cares about the person's wellbeing and provides them with the opportunity to talk about their feelings, reducing the intensity of these feelings and decreasing feelings of isolation. Asking questions also allows a person to identify connections to life that may parallel thoughts of suicide.

Competence level

Support workers must be able to assess their own competence and ability in responding to people who are having suicidal thoughts. If you are with a person accessing the service and concerned about a risk of suicide but don't feel competent to address this concern, get assistance from a colleague or supervisor immediately. These concerns must be taken seriously and not ignored.

If you have established rapport with the person and they feel they can trust you, they are unlikely to react to your respectful concern with anger. However, if a person does become angry, this may be a strategy to hide deeper feelings that they are having difficulty expressing.

Question techniques

Support workers can ask open questions that encourage a comprehensive response or closed questions that require a yes/no answer. Closed questions are useful if a person is reluctant to answer questions or there are other factors affecting communication, such as intoxication, language ability, cognitive disability or medication side effects.

Closed questions can be answered with either a single word such as 'yes' or 'no' or a short phrase such as 'I'm okay'. Examples of closed questions are 'How old are you?' and 'What time is your doctor's appointment?'

Open questions encourage a person to speak in detail. For example, 'You mentioned this week is the first anniversary of your husband's death. How are you feeling about it?' or 'You said you were in a bad mood. How do you behave when you're in a bad mood?' If you ask open questions like these, you are likely to receive a more comprehensive response.

Here is more about closed and open questions.

Closed questions

- Give you facts and are quick and easy to answer
- Give the questioner control of the conversation

Open questions

- Ask the other person to think and reflect on their opinions and feelings
- Provide additional information
- Give control of the conversation to the other person

Violence and abuse

Questioning about possible family violence should begin with an explanation that sets the context for such personal probing. This might be along the lines of 'I am a little concerned about you because [list family violence indicators that are present] and would just like to ask you some questions about how things are at home. Is that okay with you?'

Questions should not be asked one by one in survey style. Rather, they should provide trigger points for a conversation about possible violence in the family home. Each question should be explored in detail if a response is ambiguous; for example, 'Can you tell me more about that?' could help to clarify responses.

Questioning does not need to be kept to the above questions and more information can be elicited through further inquiry. If family violence is detected, for example, it may be appropriate to ask 'How is the violence affecting you?'

Once the person has indicated willingness to talk, more probing questions can be asked. The following questions are direct because research indicates that people experiencing violence are more likely to accurately answer direct questions.

Examples of direct questions to ask a person who may be in an abusive relationship:

- Are you ever afraid of someone in your family or household? If so, who?
- Has someone in your family ever put you down, humiliated you or tried to control what you can or cannot do?
- Has someone in your family or household ever threatened to hurt you?
- Has someone in your family or household ever pushed, hit, kicked, punched or otherwise hurt you?
- Are you worried about your children or someone else in your family or your household?
- Would you like help with any of this now?

Self-harm and suicide

Questioning about a person's intentions regarding suicide must aim to establish the immediate risk. A comprehensive suicide risk assessment includes a number of questions on four key topics as shown here.

Current suicidal thoughts	Presence of a suicidal plan
Are suicidal thoughts present? When did these thoughts begin? How persistent are they? Can the person control them? What has stopped the person from acting on their thoughts so far?	Has the person made any plans? Is there a specific method and place? How often does the person think about the plan?

Access to means	History of suicidal behaviour
Does the person have access to means to carry out their plan? For example, is there a firearm available? How deadly is the method? What is the person's type of occupation? For example, police officer, farmer (access to guns), health worker (access to drugs).	Has the person felt like this before? Has the person harmed themselves before? What were the details and circumstances of the previous attempts? Are there similarities in the current circumstances?

Critical incident procedures

If responses to the trigger questions indicate that family violence is present, consideration must be given to contacting the police, state government child protection services and/or a specialist family violence service for comprehensive assessment and support. The police, child protection and the specialist family violence service are able to conduct a more detailed risk and safety assessment and develop an appropriate risk management strategy.

Mainstream services must be aware of family violence response options within their local area. At a minimum, they should ensure the contact details for the relevant 24-hour helpline is available to all staff, such as Safe Steps, the new Victorian family violence response centre (formerly known as the Women's Domestic Violence Crisis Service) whose freecall number is 1800 015 188. Mainstream services should compile a list of local referrals using the template at the end of this guide.

If staff from a mainstream service consider that a crime has been committed, evidence such as weapons or torn or bloodstained clothing should be carefully set aside where possible and police contacted. Staff should also make notes in relation to their conversation with and observations of the person who has experienced violence as soon as possible. This information may be required to help police investigate the possible crime.

If family violence is detected but there is no immediate threat or the person accessing the service indicates they do not want assistance, consideration should still be given to referring them to a specialist family violence service for detailed assessment, support and monitoring. Arrangements should also be made between the mainstream professional and the person for ongoing contact and monitoring, because it is important that the professional continues to engage with them and encourages them to accept an appropriate referral for their safety.

Children and vulnerable people

If family violence is detected, the person experiencing the violence should be asked about any children or other adults who may also be involved. Questions for consideration include:

- Are you worried about the children?
- How is this affecting the children?
- Is there anyone else in the family who is experiencing or witnessing what you are?

If it is clear that children are residing in a family where violence is occurring, the professional needs to determine an appropriate course of action based on policies and procedures within their organisation, and consideration of the rights and best interests of the children.

If children are considered to be unsafe and at risk of physical, emotional or other types of harm, a referral to state government child protection services must be made. If concerns are held for the wellbeing of children in the present and future, contact could be made with the local child protection office to discuss appropriate responses/options; in Victoria, for example, there is a referral service known as Child FIRST.

If other vulnerable adults are also found to be experiencing violence, for example, women with a disability or elderly adults, consideration should be given to contacting the police or the Office of the Public Advocate for further investigation.

Support emergency intervention

Many state and territory health services have policies and protocols that require health workers, including emergency workers, to report incidents of family violence and child abuse and neglect that may result from family violence to the police where there has been an injury. In addition, state and territory legislation may require reporting of incidents to either child protection authorities or the police. This is called mandatory reporting.

You need to familiarise yourself with your legal obligations. In addition to these legal obligations, your organisation may have other protocols and policies that address family violence.

The way emergency service workers respond to family violence and sexual abuse is governed by protocols and procedures set out by each state and territory or by the health service within which they work.

Workers at the frontline of emergency work with people affected by family violence focus on the injury management issues and are not expected to provide a family violence intervention. Nonetheless, responding appropriately to the violence or abuse is vital to the overall provision of appropriate interventions.

Good practice for workers attending emergency situations includes:

- Ensuring that the person experiencing abuse is kept away from ongoing exposure to the perpetrator
- Believing the person alleging violence or abuse; it is more likely that family violence will be hidden due to fear or shame than falsely alleged.
- Providing a safe environment for disclosure; if the question 'How did this happen?' is asked, support workers should ensure that the conversation is private.

Example

Ask about safety issues and take immediate action based on organisation's procedures

Paul is 27 years old; he has been living with borderline personality disorder. He is in emotional distress after the recent breakdown of a five-year relationship with his partner, Robert. He has always kept his sexuality a secret from work colleagues, acquaintances and his parents, fearing rejection by his father, who has 'traditional' views. Since he and Robert separated, Paul has been drinking heavily, missed days at work, stopped exercising (something he did at least five times per week previously), and dropped out of his part-time university course, and he often cries uncontrollably.

The mental health support worker is concerned that Paul may harm himself. She says to him, 'Paul, I'm very concerned about you. I can see you're really distressed about the split with Robert. It's a really sad time, how are you coping with this pain?'

Paul replies, 'I don't want to be alone. I'm tired of the struggle'.

The support worker asks, 'Are you saying you want to end your own life?'

Paul's evasive response then prompts the support worker to ask, 'What plans have you made?'

Practice task 3

Read the case study, then answer the questions that follow.

Case study

Giorgio is 55 years old. He has complex, long-term mental illness and lives in a supported accommodation unit with four other men. He occasionally becomes depressed and isolates himself from people.

Recently his 15-year-old dog, which lived with his mother, died. Since then Giorgio has been demonstrating disruptive behaviour, becoming argumentative and angry with the other residents. He is losing weight because he isn't eating regular meals and his cigarette smoking has increased. Alcohol is not allowed on the premises, but Giorgio has been seen by another resident taking a bottle of whiskey to his room.

1. What are the reasons for concern about Giorgio's behaviour?

2. How could you ask Giorgio directly about thoughts of suicide? Prepare examples of questions you could ask.

3. What could support workers do to make Giorgio feel comfortable to reveal his feelings and intentions?

4. If Giorgio becomes more aggressive and so poses a physical threat to the other residents, what would be appropriate courses of action in this emergency situation?

Click to complete Practice task 3

Summary

1. Safety issues include abuse, threats and violence from others, as well as self-harm and suicidal ideation.
2. Risk factors may indicate the likelihood of people of certain backgrounds or with certain life situations experiencing abuse or contemplating self-harm.Workers should never simply make assumptions that safety issues are not present because risk factors are not evident.
3. Risk factors for self-harm and suicide can be sociodemographic, circumstantial and/or psychological. A professional risk assessment should be arranged in cases of violence and abuse, and this assessment is typically ongoing.
4. Responding to self-harm and thoughts of suicide involves asking the person direct questions and talking frankly about the issue. Never make promises to keep discussions about self-harm and suicide confidential.
5. Violence is not just physical; it can take the form of threats or intimidation, or be emotional, financial, social, psychological or sexual. When responding to any violence, the first priority must be protection of the person experiencing the violence.
6. Violence and abuse commonly follow a cycle that repeats predictably. Threats may make a person feel just as unsafe as other forms of violence.
7. When responding to self-harm, avoid judgment and understand that the behaviour is being used as a coping mechanism.
8. Crisis communication should be direct and honest, and aim to make the person safer.
9. Frameworks have been developed for responding to family violence, to help services coordinate their responses in a way that is sensitive to the person experiencing violence and effectively supports them to access the help they need.
10. The *Privacy Act 1988* (Cth) outlines how information is permitted to be shared between agencies and how consent may be obtained.
11. A support worker must address safety concerns by asking the person directly about self-harm and suicide, and by using trigger questions. Workers must be aware of a range of support services that can respond in critical incidents.
12. The involvement of children and vulnerable people in situations of abuse affects the urgency and best type of response.
13. A support worker should know how to access support emergency intervention if it is needed.

Learning checkpoint 1
Identify imminent crisis situations

This learning checkpoint allows you to review your skills and knowledge in identifying imminent crisis situations.

Part A

1. Name two factors that assist in correctly reading warning signs that an individual's safety is under threat.

2. List two risk factors for family (or domestic) violence.

3. List three sorts of behavioural changes that may indicate crisis situations.

4. List three steps for responding to a potential suicide.

5. List five groups that family violence law applies to.

6. List two circumstances under which sharing of information without consent may be permitted.

7. List two advantages of using closed questions when asking people about crisis situations.

8. Write two examples of closed questions that could be used to find out about self-harm or suicide.

9. List two things a support worker can do to support emergency intervention in a crisis situation.

10. List two psychological signs of self-harm.

11. What are the four types of abuse that children may be subjected to?

Part B

Read the case study, then answer the questions that follow.

Case study

Denise is a 25-year-old Aboriginal woman living with her partner, Dan, and her two daughters (aged 6 and 11 years). She also has full-time care of her nephew (aged 5). Dan, who is not Aboriginal, is depressed and drinks heavily.

After several episodes of increasingly severe violence, Denise is feeling that her situation is hopeless and there is no escape from Dan's violent behaviour.

A teacher at the children's school, Gina, notices bruises on Denise's neck. She asks quietly if Denise is okay when they are alone together one morning. Denise breaks down and cries, but says nothing other than thanking the teacher for her concern.

Denise avoids Gina the next week. The teacher notices when Denise is dropping off the children that she is wearing a high-necked cotton jumper even though the day is warm.

Gina also notices that the older daughter, Selene, has become more withdrawn lately. She is hanging out with a different group of students, who miss class and return late from lunch breaks. Gina has smelled cigarette smoke on Selene's clothes a couple of times.

1. Who is at risk in this situation?

2. What are two indicators that Denise is at risk?

3. What are two indicators that Denise's children are at risk?

4. What action should the teacher take?

5. If Denise discloses that her partner is abusing her, what action should the teacher take?

6. What obligations does the teacher have to Denise if she asks the teacher not to tell anyone about the violence?

Topic 2

In this topic you will learn how to:

- **2A Listen empathetically to details of current crisis situation**
- **2B Affirm and strengthen links to safety and living**
- **2C Provide strategies for dealing with the immediate crisis**
- **2D Respond to person's current capacity for decision-making and coping**
- **2E Reduce immediate danger and seek emergency assistance as required**
- **2F Confirm actions are legal, ethical and meet duty-of-care requirements**
- **2G Seek advice or assistance from supervisor**

Address immediate safety concerns

When a person's safety is at risk, you must have all the relevant information and apply clear thinking to the situation in order to get a good outcome.

Clearly, it is always considered a good outcome when we deal with the immediate danger to safety without injury or harm. However, abuse and self-harm both involve a cycle of thinking and behaviour, and a lasting outcome where the risk does not immediately or regularly recur requires good process to be followed.

This can be very challenging in emotion-packed, crisis situations where the consequences of inaction or taking the wrong action can be grave.

2A Listen empathetically to details of current crisis situation

A good relationship and effective communication between a support worker and a person accessing support services increases the likelihood that the person will get the support they need.

A collaborative, empathetic relationship is a cooperative relationship where the support worker:

- demonstrates understanding of the feelings and motives of the person
- demonstrates commitment to the person and their recovery
- creates an environment where feelings of security are enhanced, so that the person is more likely to feel emotionally safe to disclose:
  - suicidal thoughts
  - self-harming behaviour
  - abuse or violence experienced
  - abuse or violence perpetrated.

Listening skills

A support worker's primary aim when listening to a person they suspect has a safety issue is to suspend judgment and listen to the specifics of the situation, rather than just hearing some key words and then filling in the gaps based on a load of assumptions.

To establish meaning from communication, interpretation of information is required. Everyone risks misinterpreting a message by making assumptions based on their own perspective. True understanding comes from gaining the meaning from the speaker's perspective.

Despite the commonalities that exist, each situation of risk and harm is unique, and the first step to handling the situation effectively is to listen patiently and without expectations.

This can be especially difficult for workers who are anxious and eager to jump into implementing a solution for fear of something terrible occurring otherwise. It is also particularly challenging for workers who have spent a lot of time or have a lot of experience dealing with people in crisis.

Here are two common listening strategies for effective listening.

Active listening

- Active listening is the application of attention and focus, by not only hearing what a person is saying, but also observing and interpreting what is being communicated, both verbally and nonverbally, so as to truly understand the meaning and feelings being conveyed by the speaker.

Reflective listening

- Reflective listening uses communication strategies to clarify and restate what is being said so as to increase the listener's understanding and emphasise their willingness to hear.

  Techniques for reflective listening include summarising what has been said by the speaker and paraphrasing. Phrases that can be used include:

  'Do you mean ...?'

  'Let me see if I understand ...'

  'Correct me if I'm wrong ...'

Collaboration

Support workers who foster a collaborative working relationship demonstrate commitment to the self-determination, human rights and empowerment of the people they support.

A collaborative approach focuses on a common goal and aims for an honest, equal relationship where contributions by all parties are respected. The support worker acknowledges that they do not have all the answers and nor do other services they may refer the person to. They see the person with the safety concern as a valuable contributor to solving the problem.

As well as leading to better solutions, a collaborative approach has the additional benefits of being a great way of developing rapport and fostering empathetic, mutual understanding.

A collaborative approach recognises that a support worker can only help to implement lasting solutions in partnership with the person.

The importance of empathy

When someone truly feels empathy for another person, they have a sense of what it is like to be in the other person's shoes. Empathy cannot (and should not) be faked. If a support worker is not genuine about the degree to which they understand another person's situation, this will destroy trust and create barriers.

Being able to empathise means you are able to identify with a person's perspective without necessarily agreeing with it yourself. Empathetic communication builds trust, because when a person feels someone is truly trying to understand them (rather than judge them), this naturally leads to more open and complete sharing.

By enabling sharing of our common humanity, empathy removes the need for judgment and so also removes a major source of potential conflict and argument between support workers and people who may be at risk.

For some, empathy is a tricky concept. Here are some key distinctions that help us to better understand empathy.

Understanding empathy

1. **Empathy and sympathy**
   Empathy and sympathy are different. Sympathy is when support workers share the feelings of suffering, sharing the pain. Rather than understanding from an observer's perspective and demonstrating engaged detachment, a sympathetic support worker is sharing the suffering.

2. **The problem with sympathy**
   Sympathy is not helpful to developing a healthy rapport, because support workers become entangled in the distress and are therefore unable to provide understanding or support because they are suffering themselves.

3. **Empathy is not agreement**
   Agreement is connected to judgment and therefore does not have a role in an empathetic relationship. Empathy is neither agreement nor disagreement. It is an attempt at understanding through imagining ourselves in the same situation.

4. **Empathy is not sharing**
   Empathetic listening does not require personal sharing, although this may be part of a genuine reaction to the discussion. Professional boundaries cannot be ignored even when striving to create a collaborative dynamic. You may need to consider what is appropriate to share and what is better to withhold even if you see parallels with situations you have experienced in your own life.

5. **Empathy is not understanding**
   This is a key distinction. Empathy does not require understanding, but an attempt at understanding. Do not claim to understand a situation you have not experienced.

   When listening empathetically, you may feel the need to express yourself from time to time by saying things like, 'I can only imagine how that must be for you'.

Listen with empathy

People who work in community services and particularly in support roles are typically people who want to make a positive difference to the lives of others. In a crisis care situation, this attitude is key to being able to listen to people with true empathy.

Just as important (but perhaps less common) are the beliefs that people are the experts in their own lives, that all things are temporary and that there is a solution to every problem. With these beliefs, a support worker can commit to helping people find their own answers.

A support person should bring the attitude that they themselves do not hold all the answers and they are only a mirror (or perhaps eye-glasses) to enable the person in crisis to better understand their situation and pursue a solution.

Factors to use in empathetic relationships include

- Use active listening to get a clear understanding of the situation; use effective communication skills including respectful responding and questioning; give your full attention without interruption.
- Do not try to show empathy by saying things like 'I know what you're feeling', because this is a bold claim that is only likely to be contested by the person.
- Keep an open mind – gather as much information as you can and be open to listening without fitting the experience into theories or preconceived notions of understanding.
- Consider how the person may be feeling and put yourself in their shoes.
- Be patient and let the person tell their story their way; if there are restrictions on the time available for them to speak, let them know that at the beginning.
- Validate their feelings – you don't have to understand why immediately; allow the person space to express their feelings, showing that you value them and acknowledge their experiences.
- Offer support and indicate you are committed to assisting them to deal with their issues.

Barriers to an empathetic approach

Some support workers may be reluctant to demonstrate empathy, believing that this takes considerable time and emotional energy. However, empathetic communication should not be emotionally exhausting, because the support worker should not become enmeshed in the distress being experienced by the person.

The aim is understanding, not involvement. While it is a human reaction to confuse empathy with sympathy and so get emotionally involved in circumstances where safety is at risk and people are suffering, ultimately this would make you less effective in performing your role.

Most support workers do have this sort of emotional response to what they hear in some cases. It is completely understandable, but unhelpful at the same time. Try not to take a position on the issue or the behaviour of the people involved, such as who may be at fault.

To avoid taking on the distress and burning themselves out emotionally, support workers should discuss this with their supervisor to minimise their experience of vicarious trauma.

Myths about those at risk

The reasons behind a decision to attempt suicide are complex. Some individuals may be in a high-risk category for suicide but not consider it, while others who are considered at low risk may have suicidal thoughts.

This is why it is so important not to make assumptions about who is at risk. Instead, observations of individual behaviour are a far better indicator of the possible risk of harm, although there are triggers that may push some people into having suicidal thoughts.

The presence of risk factors alone is not a reliable indicator of the level of risk; however, if someone is in a high-risk group and they have recently experienced a trigger, then they should be assessed to determine whether they are at risk of suicide.

Here is more information about suicide risks and triggers.

Groups at greater risk of suicide

- People with a mental illness
- Same-sex attracted people
- Men, particularly those living in rural communities
- Aboriginal and Torres Strait Islander peoples
- Problem gamblers

Life event triggers

- Relationship breakdown
- Job loss
- Suicide of someone known to the person
- A traumatic event such as an assault
- Public embarrassment or humiliation
- An adverse medical diagnosis

Assumptions about self-harm

Some common misconceptions exist about self-harm and if support workers believe these, then they are unlikely to be able to identify those at risk or to deal effectively with someone who is self-harming.

As is often the case, there are even contradictory assumptions that serve to understate or overstate the seriousness of self-harm.

The following lists some common assumptions about self-harm.

If you self-harm, you're mentally ill

Self-harm is a behaviour or symptom, not an illness. Self-harming behaviour is strongly suggestive of an underlying psychological or emotional problem, but many young people who self-harm do not meet the criteria for diagnosis of any specific mental illness.

Self-harm is an attempt at suicide

Often what frightens people most about self-harm is the assumption that the person is trying to kill themselves. This is not true. In the vast majority of cases, self-harm is a coping mechanism, not a suicide attempt. It may seem counterintuitive, but in many cases people use self-harm as a way to stay alive rather than ending their life.

It's just attention seeking

Self-harm is not about seeking attention. Most young people who self-harm go to great lengths to hide their behaviour by self-harming in private and by harming parts of the body that are not visible to others.

It's a fashion, a trendy thing

Self-harm is not a new behaviour that has arrived with a particular subculture or trend among young people. Mental health professionals have been studying and treating self-harm for decades. Despite this, self-harm continues to be associated with particular subcultures, resulting in stereotyped beliefs that only 'certain kinds of people' self-harm.

Assumptions about suicide

Statistics do show that people who have a mental illness are at an increased risk of suicide and that those with more than one mental illness are at even greater risk.

The reasons for this are complex and not always clear. In some cases it can be because of the symptoms of the illness, in others because of the impact the illness has on the person's life.

However, two of the most hazardous assumptions about those at risk of suicide revolve around mental health. Here is more about these two assumptions.

Mental illness

Only people with a mental illness would consider suicide

Suicide (like self-harm) is a symptom of a person experiencing a great deal of distress. While suicidal thoughts are strongly suggestive of an underlying psychological or emotional problem, many people do not meet the criteria for diagnosis of any specific mental illness. Suicide is not just something that 'crazy' people contemplate.

Treatment

Medical treatment and medication prevent suicide

Treatment and medication usually have a positive impact, but the risk does not disappear immediately.

People with a mental illness are at particular risk of suicide immediately after discharge from psychiatric in-patient or emergency departments.

People in the early phases of recovery from depression may also be at increased risk of suicide. It takes a few weeks before many antidepressants raise the brain's serotonin levels; however, over the same time the medication may lift motivation levels. This has the unfortunate effect of giving people with depression a lift in their energy levels and their ability to get things done before their mood is appreciably better.

Be aware of assumptions about abuse

Assumptions about abuse, particularly by people who have never experienced it, will likely make them blind to both occurrences and the risks involved. Sometimes we find going along with common assumptions or 'conventional wisdom' comfortable because this gives us an excuse for not tackling a difficult problem.

Many assumptions also involve value judgments, which are always unhelpful when trying to develop understanding of each unique situation.

Here are some common but mistaken assumptions about abuse.

It takes two to have an argument

- This line of thinking assumes that blame must always be shared and that the person on the receiving end of the abuse or violence must have contributed in some way.

Real violence results in physical injuries

- This assumption proposes that emotional, social, financial and other types of abuse are lesser forms and do not really constitute violence or a serious threat to the person's safety.

We all express ourselves differently

- When faced with evidence of abuse such as verbal threats and intimidation that is verbal, a convenient assumption to make is that this was a misunderstanding or an example of different styles of communication not working together.

Example

Listen empathetically to details of current crisis situation

Ranitha is being supported by Mary, a mental health worker, following a diagnosis of postnatal depression after the birth of her first child. Ranitha is at first reluctant to engage with Mary; her words and actions make it clear that there are cultural barriers and attitudes to her participation in support activities.

During Mary's first visit, Ranitha discloses that her husband is not providing her with sufficient funds to manage the household and he becomes aggressive when she asks for more money. The stress from this behaviour is further affecting Ranitha's mental health and contributing to her feelings of hopelessness and despair.

Mary provides Ranitha with the opportunity to express her feelings, letting Ranitha tell the story in her own way. Mary uses open body language and responses such as nodding and facial expressions to demonstrate support and encouragement. She also uses reflective listening and asks questions that demonstrate a desire to understand what Ranitha is experiencing.

Together, Ranitha and Mary explore Ranitha's options, discussing the advantages and disadvantages of different actions that could be taken. The decision about how and when to proceed is then made by Ranitha, with Mary's support.

Practice task 4

Read the case study, then answer the questions that follow.

Case study

Carley is a 30-year-old Aboriginal and Torres Strait Islander woman. She has a long history of depression and anxiety, first diagnosed when she was 21 and living in a violent relationship. She attempted suicide when she was 23.

Carley is now a sole parent with three children aged 11, 9 and 6. She lives in state housing next door to a person who is regularly verbally abusive, has reported her to Centrelink for allegedly living with a partner while claiming sole-parent benefits and steals her mail. The neighbour also shouts racially derogatory comments at her children when they are playing outside in the back garden.

The situation is causing Carley a significant amount of stress, which is affecting her mental health. She has called the police several times and is now considering applying for a restraining order against the neighbour.

1. Which aspects of Carley's story can you empathise with that you may never have actually experienced?

2. Which parts of Carley's story would you find hard not to judge?

Click to complete Practice task 4

2B Affirm and strengthen links to safety and living

When a person is in a crisis situation and feeling hopeless or helpless, they can feel that they have no escape. They may be in fight-or-flight mode: unable to fight because they are experiencing violence or because their enemy is internal and unable to flee because they feel they have nowhere to go for help or relief.

In this sort of situation, the priority for a support worker is to help the person see outside this all-consuming web of suffering and negativity. The support worker must believe that everyone is capable of finding a solution to their problems and must act as a bridge between the impossible situation the person is caught in and the possibility that there is another way of being.

One way to do this is to help reconnect the person to the things that give them joy and reasons to live. Support workers should recognise that every person is unique and may have different motivations to their own.

Strengths-based practice

Strengths-based practice should be used when providing support, so that you can explore with the person the resources they have to address their issues. Every person has strengths, but circumstances can be so overwhelmingly distressing that they have difficulty in identifying or utilising these strengths. Your role as a support worker is to identify and utilise a person's strengths to link them to safety and living.

A person-centred, strengths-based approach to addressing safety concerns is the best chance for a lasting resolution that:

- connects a person to safety
- empowers the person to make changes
- breaks the cycle of abuse or harm
- satisfies legal, ethical and organisational obligations
- allows the support worker to feel supported.

Factors for resilience

When strengthening links to safety and living, you should explore with the person their own internal strengths and the external resources they have available to assist them. Be creative, as these links could range from love of a pet to plans to see a favourite band in concert in six weeks' time.

Strengths could include: an inner feeling of resilience, coping skills, family support, financial assistance, stable accommodation and so on. Every person has strengths, but someone can be so distressed that they have difficulty identifying or utilising them.

The ability to bounce back, adapt to change and cope with negative events demonstrates resilience. Strengths-based practice supports the principles of resilience; positive internal or external factors in a person's life can cushion or protect them from the negative impacts of traumatic experiences. Building on strengths improves the ability to cope and adapt.

Some factors that build resilience are:

- being strongly connected to the community through a hobby or a passion
- having access to services when needed
- practising and feeling proud of one's own culture
- being physically fit.

Understand what another is thinking

When people have suicidal thoughts, they are often feeling fearful or trapped. By understanding the person's feelings and why they are contemplating suicide, a support worker can suggest alternative strategies to address the distress.

For example, if a person comments, 'No-one cares about me, I may as well be dead', the support worker can get the person to help identify people who do care about them, suggest that these people may be unaware of their emotional distress and discuss how the person could access support from people around them, including work colleagues, family and professional supports. If the person is feeling alone, they and the support worker can collaboratively determine how the person could improve their social network.

Support workers should gain an understanding of why suicidal thoughts are present. This understanding will assist them to be aware of any underlying short or long-term issues that the person has been experiencing and to identify what strengths could be utilised to develop strategies to address the emotional distress.

It is the person who determines what is important to them and what could be causing their distress. What is important for one person should not be minimised. For example, many people are very attached to their pets and when a pet dies, they experience intense grief. People who don't have pets may not understand this strong emotional response.

Values and beliefs

Values and beliefs are deeply personal and often strongly held. They direct our behaviour throughout our lives and give us a moral compass: a way of judging what is okay and what is not okay.

There are some universal values, those that everyone holds, such as the sanctity of human life and the right to self-determination.

In truth, though, universal values are few in number in a multicultural society compared to the diverse religious, ethnic, cultural, subcultural, socio-economic and even generational values and beliefs held by different groups.

Because of their personal and culturally specific nature, our values and beliefs cannot be allowed to direct our professional practice in any area of the community service centre.

Part of being a professional support worker involves acting in way required by industry best practice and following organisational procedures irrespective of how this interacts with our personal beliefs.

Personal judgment must be put aside when dealing with people with safety issues. It really has no place. Being a truly empathetic listener and an effective responder to all sort of crisis situations relies on setting aside personal values and beliefs when fulfilling a professional role.

The values, beliefs and attitudes that form the code of practice for professional support workers are built on:

- the desire to make a positive difference to people's lives
- the belief that everyone is expert in their own lives
- the attitude that their role is to help the person understand their situation
- the attitude that every person is unique and everyone has a right and a reason to live.

Connections and possibilities

Connections to life and living are present alongside thoughts of suicide and can provide foundations to build on in increasing the safety of a person at risk.

If you have known the person for some time, you will have an idea of what these links could be; for example:

- responsibilities such as to children or other family
- love for friends and family
- hobbies
- employment
- a love of music, art or sport.

Basic counselling

If suicidal thoughts are present but there is no immediate risk of harm, support workers should use basic counselling skills to gain an understanding of why suicide is being considered. This understanding will assist them to become aware of any underlying short-or long-term issues that the person has been experiencing and to identify what strengths can be utilised to develop strategies to address the emotional distress.

By identifying links with life and making a commitment to attend to the pain of a person at risk, support workers can assess the protective factors that will discourage suicidal intentions and work towards safe, life-sustaining outcomes.

Basic counselling skills involve helping a person explore feelings, gain understanding of the issues and identify strategies to address their concerns.

Effective communication skills essential to counselling include:

- establishing rapport
- demonstrating empathy
- active listening to verbal and nonverbal messages
- respectful responses
- appropriate use of questions.

Example

Affirm and strengthen links to safety and living

Brenda has been living with depression for three years and has contemplated suicide on a number of occasions.

She is visited by her mental health worker, Margaret, who knows Brenda well enough to immediately identify that she is in extreme emotional distress. Brenda's long-term relationship has ended suddenly; her partner was unable to cope with her emotional instability. Margaret has a well-established rapport with Brenda and spends some time allowing Brenda to express her emotions.

She says, 'This is a difficult time for you, Brenda, and if you think you need to have a good cry about it with me, then please do. You sound really sad and confused about the sudden ending of your relationship'.

After the initial emotional distress recedes, Margaret assesses Brenda's suicide risk. She is concerned because Brenda has contemplated suicide in the past. Margaret shares her concern with Brenda and together they discuss aspects of Brenda's life that connect her to living and give her hope, and the qualities and skills she has to overcome the distress she is feeling.

Brenda states that her mother is visiting from interstate next week. She is looking forward to this visit and tells Margaret about some of the activities she has planned. Brenda has also started working three days a week for a couple of hours a day as an assistant at a community house she has been accessing for over two years. She is very proud to be employed again and is going to save up to pay for driving lessons so that she can get her driver's licence.

Practice task 5

Read the case study, then answer the questions that follow.

Case study

Narelle is a young mother of two children. She is currently experiencing homelessness and living in a women's refuge after leaving her physically and emotionally abusive partner. She has been diagnosed with depression, which began with the birth of her first child four years ago.

Narelle also experienced a traumatic childhood, being physically and sexually abused by her father. She is feeling helpless and discloses to you that she is contemplating suicide, but is reluctant to act because she fears her children will go into state care or be placed with her parents. Ultimately, she is a very caring mother.

Narelle is also a talented singer and plays the guitar. Her guitar is currently at the pawnbrokers. She is originally from a rural community and is well known around town for her musical talent.

Narelle is socially isolated. A background of family violence means she has lost touch with many of her friends. She would like to reconnect with two girls she went to school with. She is estranged from her sister, but would like to make contact with her, at least by phone, as she thinks this may assist in her healing.

1. What attributes and resources would assist Narelle to cope with her circumstances?

2. What is connecting Narelle to life and how could these factors be strengthened to minimise her risk of suicide?

Click to complete Practice task 5

2C Provide strategies for dealing with the immediate crisis

Strategies for dealing with an immediate crisis should be provided by the person at risk. They will have far more ownership of and investment in whatever course of action is decided if they have made the decision themselves.

Providing the structure to make clear decisions about the appropriate strategy is the role of the organisation and the support worker. A person at risk usually has many barriers to deal with that may stop them from making good decisions. They often need help:

- identifying their options
- comparing their options
- imagining the consequences of each option.

Reflective listening

Reflective listening is a listening strategy that assists the listener to check their understanding, but also serves to hold up a mirror to the person at risk as they speak so they can see what they are saying.

This helps in the decision-making process, because it allows the person to more clearly see:

- the true nature of the situation
- their role in it
- how their behaviour is affecting the situation.

The support worker must provide the structure to enable this reflective listening to take place. Here is more about how to provide this structure.

As a minimum, for reflective listening to be effective, the support worker must provide:

- a safe place for conversation
- sufficient time to cover the main issues
- some separation from the emotionally charged crisis situation.

Enabling thoughts

Thoughts and thinking processes often follow a cycle. In abusive situations or when a person is self-harming or considering suicide, these cycles can repeat almost endlessly.

The person may feel they are caught in a loop or on a treadmill and that there is no possible escape. These are dangerous thoughts to have, because when a person cannot see any prospect of change or when they don't hold out hope for things to improve, suicide can seem like an attractive option.

In this situation, the support worker's role is to help the person see that there are other possibilities (or at least one other possibility) that might make things better.

Black and white thinking

In order to enable a person to consider the possibility of a better future, one strategy is to help them imagine a range of possible states that they cannot currently see. It is characteristic of people under stress that they see things in absolute terms, either one way or another but nothing in between. This is sometimes referred to as 'black and white thinking'.

To people outside the crisis, this thinking may seem highly emotional, dramatic or overblown. But rather than judging in this way, support workers should instead be aware of the phenomenon and structure their dealings with the person in a way that can highlight what is happening.

In a crisis situation, panic is a common reaction. When people are panicked, often their options narrow to two: fight or flight.

In the same way, a person's thinking on difficult issues may narrow to the point where they are considering a range of dichotomies. What they lose is the ability to see shades of grey. As well as using extreme language, they tend to exaggerate the frequency of things using terms such as 'always' and 'never'.

Here is a list of some of common dichotomies that people may become stuck in.

Black and white dichotomies	
▶ Innocent	▶ Supportive
▶ Guilty	▶ Destructive
▶ Blameless	▶ True
▶ At fault	▶ False
▶ Right	▶ Good
▶ Wrong	▶ Evil

Shades of grey

Professional counselling or cognitive therapy can be very useful in highlighting black and white thinking and other unhelpful thought patterns. However, these professional responses may not be effective if used as an immediate response to a crisis or when people are highly emotional and feeling threatened.

A support worker can help people facing safety issues to see the shades of grey in a situation by questioning the absolute views the person has. However, it is not wise to tackle this head on, as it may sound like disagreement and deter the person from developing trust and sharing.

A better strategy, as part of reflective listening, is to show the person the language they are using. They may start to see the exaggeration for themselves and therefore be able to come around to a more useful way of looking at things.

When reflecting back to a person, make sure to highlight the unqualified statements that they make. Look for instances when they say 'always' and 'never'. Reflect this back to them as a question; for example, 'So you've never learnt anything from studying there in three whole years?'

Here is a list of some other absolute terms to look out for as evidence of black and white thinking.

Absolute terms		
Likelihood	Certain, sure	Impossible
Consequences	Magical	Hellish
Frequency	Always	Never
Degree	Completely, totally	None

Enabling behaviour

In the immediate response phase, coping strategies are the most important behaviour that a support worker can enable.

The person will already have their own form of coping strategy if they have been experiencing the threat to their safety for some time. In the case of self-harming behaviour, this is in itself often a coping strategy for dealing with other distress.

The problem is that many coping strategies are counterproductive or worse: dangerous and destructive. While support workers should not seek to prevent a person from using a coping strategy, they should aim to provide a foundation from which more helpful strategies can be adopted.

Here is a list of destructive coping strategies and alternative coping strategies.

Self-defeating

It may involve drinking, drug-taking.

It may involve self-harm or risk-taking behaviour.

It may involve abusing or alienating people close to the person.

Self-actualising

Exercise releases pent-up energy and endorphins that make a person feel good.

Diarising allows thoughts to be released and clarifies a person's thinking and perspective.

Finding out about how others experience and respond to the same or similar phenomena can reduce isolation.

Example

Provide strategies for dealing with the immediate crisis

Helena is experiencing family violence at home at the hands of her husband. She has wanted to leave the situation for months, but she feels trapped. She has a 12-year-old daughter, Anna, and she doesn't know where to go with her to be safe. Her support worker, Greta, discusses options for crisis accommodation, but Helena does not see any possibility of leaving her husband.

She refuses to go to a government or charity-run facility. She says she has no family or friends who could help her because all her family members live miles away and since she has been married, her husband has fallen out with all of her friends and they never talk anymore. She says no-one cares about her and they all believe 'she has made her bed and she has to lie in it'.

Greta uses reflective listening to question Helena about the options she has among her family and friends. Greta asks her, 'So you don't talk to anyone in your family anymore?'

Helena says that the only contact she has with anyone is with an aunt two hours away, who always send cards for hers and Anna's birthdays. Greta asks Helena more about the aunt and she recalls that the aunt now lives alone since her uncle died and that in her last card she invited Helena to come and visit.

Greta supports Helena to get in touch with her aunt and discuss the possibility of coming to stay for a period of time. When the aunt understands Helena's situation, she tells her she must come and stay with her, and that she and her daughter are welcome for as long as they like.

Practice task 6

Read the case study, then answer the questions that follow.

Case study

After Miranda got married, she continued working as a chef for about a year before she quit work to have a family. She and her husband now have two young boys, one 3 years old and the other just 10 months.

They have a joint bank account, but Miranda is only permitted to spend from this account with the approval of her husband. He transfers money to another account for her to spend on food and household shopping, but this money is woefully inadequate and the amount has not increased since the second child was born. Miranda struggles to feed the family on this money and her husband screams at her when she serves up meals that he considers inadequate.

Miranda has sought help about her situation from a support worker at the local community health centre, who listens empathetically to Miranda's story.

'There's nothing I can do', Miranda tells the worker. 'He won't give me a cent more and I just can't make ends meet. It's impossible. He checks the bank statement every week and interrogates me about it. No one at Centrelink will help me. I can't get a bank account of my own or a credit card without a job. There's nowhere else I can get money from. No-one would give me a job anyway. He says I'm useless and I can't do anything right. I'm not even a good mother to my kids because I feed them cheap, rubbish food.'

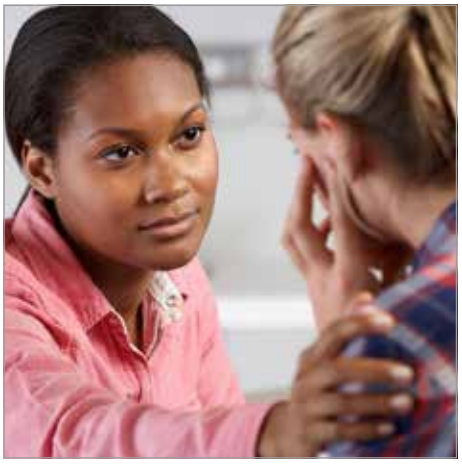
1. List at least four statements that are evidence of Miranda's black and white thinking.

2. Using these statements as a starting point, what could you ask Miranda to help her see some possibilities?

3. What are some more enabling thoughts that you could encourage Miranda to consider?

Click to complete Practice task 6

2D Respond to person's current capacity for decision-making and coping



When working with people who have safety issues, a collaborative approach is the ideal. As we have already mentioned, a person is naturally more committed to a solution that they have helped create.

However, in many crisis situations, time may be of the essence. Collaboration and consensus decision-making are not fast. It takes time to explore options, consider costs and benefits, and then make an informed choice.

However, time is not the only factor that may impose a limit on a collaborative approach to making decisions. There are a number of reasons that a person may not fully collaborate with a support person to create a possibility for action. Some of these reasons are:

- cognitive impairment
- mental illness
- being drug or alcohol affected.

Vary your approach

While the process of working with people at risk should have certain features, it is important to treat each person as an individual and this means allowing some flexibility to your approach.

Every person has motivators or drivers, things that give them the incentive to act, but these are different for each person. People have different values and beliefs too, and all of these must be respected.

It is important to understand that not every person will have the same degree of insight into their plight. Without significant advice, prompting and direction, they may choose a course of action that is not likely to have good results.

As a principle, however, always aim for the highest level of self-determination in decision-making that is safe in the circumstances.

You may even need to consciously vary your approach when supporting the same person at different times and in different circumstances.

Factors that may require you to vary your approach include:

- use of alcohol and drugs
- stress
- fear
- desperation
- lack of sleep.

Be collaborative

Think of full collaboration as being one end of a continuum with full direction at the other end. A fully collaborative approach may not always be possible given constraints such as time, money and safety concerns. A range of approaches are possible from the totally collaborative to the totally directive. In the middle there are suggestion, encouragement and guidance.

To whatever degree you feel you need to control the direction of the conversation, you must not disempower the person. Take care not to communicate that you know best or are more expert in the person's situation.

Be directive

The degree to which you should be prepared to be directive will depend on your assessment of the decision-making capacity of the person at risk whom you are supporting.

This assessment is not usually conducted formally; it is based on your knowledge of the person and the context. For example, if they are affected by alcohol or medication, sleep deprived or emotionally raw, you may take a more directive stance.

You could be directive through restricting the number of choices you offer a person or by using more directive language.

Example

Respond to person's current capacity for decision-making and coping

Joshua has been separated from his wife and teenage children for three months. She moved interstate with them to live with her mother without any warning, and Joshua is missing them terribly and feeling very depressed.

He looks exhausted and tells you that he has barely slept in the last four or five nights because his sister has been staying with him with her three-month-old baby daughter, who still has very irregular sleep patterns. You empathise with Joshua and he adds that he has run out of his antidepressant medication recently and his script has no repeats left on it.

Joshua tells you that he is going to call in sick to his job tomorrow and do the eight-hour drive up to his mother-in-law's place and demand to see his kids.

You recognise that Joshua's normal capacity for making good decisions has been affected by going off his medication suddenly and his lack of sleep. You strongly encourage him to rethink his decision, but he becomes angry and tells you that they are his kids and he has a right to see them.

You change the subject but return to the topic a bit later, saying that you think it is a great idea that he is taking the following day off work. You suggest that he actually makes an appointment with his doctor and gets a new script organised. You support him to do this and discuss with Joshua ways that he could get a good night's sleep. Together, you work out a way he could reorganise the sleeping arrangements at home so that his sister's baby does not disturb him during the night.

Feeling calmer, Joshua tells you that he should probably get the car serviced before he contemplates a long drive. You listen as he phones his mechanic and books his car in.

Practice task 7

Read the case study, then answer the questions that follow.

Case study

Joshua's wife has walked out on him suddenly, taking their son and daughter to her mother's place interstate. Joshua has been very depressed and discussed having suicidal thoughts, but his antidepressant medication has run out. He has also slept badly for a number of consecutive nights because his sister is staying over with her new baby.

He tells Marron, his support worker, that he is going to call in sick to his job tomorrow and do the eight-hour drive up to his mother-in-law's place and demand to see his kids.

Marron suspects that Joshua's normal capacity for making good decisions has been affected by going off his medication suddenly and his lack of sleep. Marron strongly encourages Joshua to rethink his decision, telling him he is making a mistake.

Joshua becomes angry and shouts at Marron that they are his kids and he has a right to see them.

Marron changes the subject but returns to the topic a bit later, saying that he agrees with Joshua that it is a great idea for him to take the next day off work. He further suggests Joshua actually makes an appointment with his doctor and gets a new script organised. Joshua agrees and Marron supports him to do this. He also discusses with Joshua ways that he could get a good night's sleep. Together, they work out a way Joshua could reorganise the sleeping arrangements at home so that his sister's baby does not disturb him during the night.

A much calmer Joshua tells Marron that his car needs a service. Marron asks him whether he thinks it will manage a long drive interstate without being serviced. Joshua says that he should probably get the car serviced before he tackles the long drive. Marron listens as Joshua phones his mechanic and books his car in.

1. Where in this situation has Marron been too directive?

2. How has Marron demonstrated to Joshua that he wants to work with him?

3. How has collaborating with Joshua led to a better outcome?

Click to complete Practice task 7

2E Reduce immediate danger and seek emergency assistance as required

There will be times when support workers must deal with a crisis. They must think quickly and clearly to address the problem and resolve it while keeping everyone safe. This involves working with the person at risk to respond in a way that reduces the immediate danger.

Be clear about situations that may require emergency or specialist assistance and be prepared to call on this help where needed.

Steps for reducing immediate danger
▶ Work with the person at risk to clarify their wishes and get their consent for any action.
▶ Be clear about your organisational processes.
▶ Be clear about your legal obligations.
▶ Work cooperatively with the person and any others involved such as children.
▶ The involvement of children or other vulnerable people may affect the best response to the situation.
▶ Be prepared to be directive if needed.

Crisis intervention

'Crisis intervention' is the term used to define the response made by support workers to a critical incident. This crisis could be an event such as a death or injury, or an emotional state such as extreme distress or suicidal intentions.

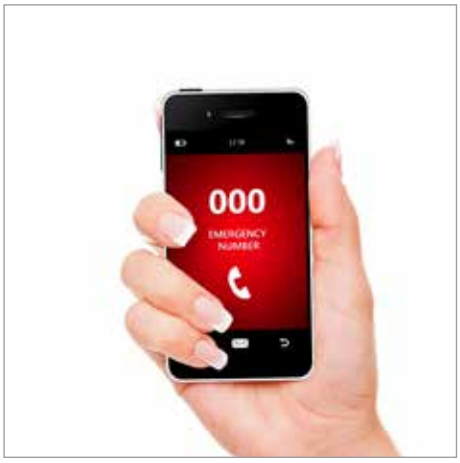
Here is a checklist of the steps involved in a crisis intervention.

When responding to a crisis, support workers should:

- define the problem
- make sure the person and others are safe
- assess their own ability to manage the situation
- get assistance if necessary
- give support
- look at alternatives
- get commitment from the person for any interventions
- make plans.

Access emergency assistance

If, in following organisational procedures, you find it necessary to contact the emergency services, the time for collaboration with the person may have passed.



You will need to respond to specific questions asked of you by the 000 operator and need to give clear and calm answers to make sure that you enable a prompt and appropriate response.

If the situation is critical, you may need to act under the direction of an ambulance officer or paramedic over the phone until emergency assistance arrives. Your ability to stay calm and keep a clear head is key to providing the emergency services with the information they need to properly direct your actions.

The emergency numbers for police, fire and ambulance in Australia are:

- 000 – from all telephones and connected through to an operator
- 112 – from mobile phones and connected through to an operator
- 106 – a text emergency relay service for people who have a hearing or speech impairment.

Identify actions

If emergency assistance is not required, you can collaborate with the person to identify and agree on actions to be taken to reduce immediate danger.

Communicate with empathy. Seek to create a calm environment to promote safety for the person at risk, caregiver and any others involved in the situation. Affirm and build on the person's desire for help and safety implicit in the helping relationship.

At the same time, be vigilant about safety and remain aware that risks to life and safety can often be greater than individuals recognise or intend. Always be mindful of and monitor the level of risk. Safe outcomes are your primary focus, regardless of the person's stated intentions. Risks to life and safety can be greater than you realise at the time, and your own health and safety and those of other members of the community must protected too.

Never rule out the option of emergency assistance; you will possibly need to reassess this decision if the situation changes.

Responding to a crisis can be stressful, and trying to think clearly to ensure everyone's safety while meeting organisational and legal obligations can be difficult. Your response should enable prompt, timely action that increases informal and professional support and enhances personal safety.

Here is information about a collaborative process.

Process for collaboration
Establish boundaries, ensuring the person is aware of your role and its limitations.
Undertake a thorough assessment so that the actions you take are appropriate responses to the person's situation.
Provide options consistent with organisational policy and with your ethical and legal obligations.
Focus specifically on factors, plans and behaviours, including unsafe use of alcohol and other drugs, that endanger the person at risk at this particular time. Seek to engage the person cooperatively in steps that safely manage and reduce immediate risk.

Agree on actions

As we have discussed in relation to collaboration, the more involved a person is developing a solution, the more invested they are in making that solution work. Therefore, gaining agreement on any actions to be taken greatly increases the chances of that course of action leading to a good outcome that lasts.

As a support worker, you should always operate on the basis of having the consent of the person you are assisting, unless your duty of care overrides this principle.

However, while cooperation and agreement are preferred, avoid bargaining to achieve this.

The person may be deeply threatened by a proposed course of action even if on some level they understand it is the right way to go. Out of fear, the person may be inclined to make promises to forestall this action. In these cases, try to highlight this behaviour, rather than being placed in a position of having to negotiate or enforce the agreed action.

Be very explicit about what is agreed and get agreement on details such as when and how these actions will take place. Check with the person whether their agreement is conditional on anything and get them to verbally express their commitment to this course of action.

Here are examples of bargaining behaviour.

Examples of bargaining
▶ I'm not quite ready.
▶ The time's not quite right.
▶ C'mon, just give me one more chance.
▶ I promise it will never happen again.

Example

Reduce immediate danger and seek emergency assistance as required

Milan is a bicultural Serbian-speaking mental health worker at a community mental health service. He receives a phone call late one afternoon from a man who lives nearby. Johannes is extremely distressed: his son, Peter, has been drinking heavily and, in response to ongoing conflict between the two, has stated that he will kill himself to escape his father. Peter has locked himself in his bedroom with a knife from the kitchen. Johannes has tried contacting the police, but due to his distress has been unable to communicate his needs in English.

Milan agrees to contact the police on Johannes's behalf. The family is known to the police, who agree to attend but state that they are unlikely to get to the house for at least half an hour.

Milan would like to go to Johannes's home immediately, but contacts his manager for support. The manager is concerned that Milan will put himself in physical danger if he visits the home; however, Milan argues that Peter is a danger to himself and he does not think he will harm anyone else.

Milan's manager agrees to visit the house together, but insists that Milan is never to be alone with Peter. Their strategy is to keep Peter talking while they wait for the police to arrive, for Milan to assist Johannes to communicate with the police and to get their assistance to take Peter to hospital for an assessment.

Practice task 8

1. Identify two steps for reducing immediate danger.

2. List three actions a support worker should take when responding to a crisis.

3. What is the emergency number you call from telephones in Australia to access the police, fire or ambulance service?

Click to complete Practice task 8

2F Confirm actions are legal, ethical and meet duty-of-care requirements

Supporting people in crisis or at risk to take action that will lead to a good outcome is a great responsibility, but if you are in this situation you don't need to do it on your own.

Your approach to working with the person should be guided by the principles of strengths-based and person-centred practice, as well as organisational policies for crisis support and intervention.

Whatever the outcome, you will be protected by the law if you follow your organisation's policies and exercise your duty of care. A sound knowledge of your organisation's policies and procedures should equip you with all the structure you require to ensure you act both legally and ethically in a crisis.

The organisation should also have clearly defined job or position descriptions, and you must not act outside your role or beyond your qualifications.

Codes of practice – family violence

Each state and territory has different laws governing family violence. A number of states also have best practice guides that are non-binding – unlike legislation.

In some cases, rights organisations or peak bodies, such as Safe Steps Victoria, have produced these codes for use in specialist service areas.

For support workers who are not specialists in harm or risk prevention and do not have this as their core role, a very useful resource is the risk assessment and risk management framework developed by the Department of Health and Human Services in Victoria. Revised in 2017, this comprehensive framework is also used by other states and outlines principles and practices, illustrating both with detailed case studies. It includes three practice guides to support assessment.

You can access the framework at:

- http://aspirelr.link/family-violence-risk-assess-manage-framework

Here is an outline of the DHHS risk assessment and risk management framework.

DHHS family violence risk assessment and risk management framework
▶ Component 1: Shared understanding of risk and family violence
▶ Component 2: Standardised risk assessment
▶ Component 3: Referral pathways and information sharing
▶ Component 4: Risk management strategies
▶ Component 5: Data collection and analysis
▶ Component 6: Quality assurance
▶ Practice guide 1: Identifying family violence
▶ Practice guide 2: Preliminary assessment
▶ Practice guide 3: Comprehensive assessment

Codes of practice – self-harm and suicide

There are a range of suicide risk assessment tools available from simple checklists to more extensive guides that cover risk factors and ways of talking about suicide.

There are also specific assessment tools in relation to self-harm, again across the range from simple to comprehensive. Sometimes these are referred to as NSSI (non-suicidal self-injury) tools.

Various organisations, such as state police forces, have also developed their own codes of practice in consultation with peak bodies and experts to guide their approach to dealing with people at risk of self-harm or suicide.

If your organisation typically or routinely deals with people with safety issues, the organisation should have developed policies and procedures based on these codes and assessment tools.

A full psychiatric assessment can only be carried out by specialists in the mental health field; however, a simple or basic assessment will help to determine what the appropriate referral is.

You can access more information regarding suicide at: http://aspirelr.link/mens-suicide-prevention

A code of practice typically includes:

- Definitions
- Impact/consequences
- Background information
- Suggested responses
- Common misconceptions
- Dos and don'ts
- Risk profile
- Referral and contact information

Organisational policies

With the shift in the community services sector to strengths-based, person-centred approaches and individualised funding models, more care and support are being provided in the community and outside the institutional or group setting. This has required a shift in the way service organisations deal with risk and a corresponding rewriting of policy.

Community services organisations have often integrated their responses to at risk behaviours or situations into a common risk management policy.

All policies are firstly focused on compliance with legal and regulatory requirements, including international, national and funding agency standards.

Secondly, policies should include clear procedures to guide staff in best practice approaches.

Risk management aims to:

- improve the quality of decision-making (appropriate, fast, accurate and effective)
- enable effective implementation of decisions (improved confidence, known quantity)
- when embedded within an organisation's day-to-day operations, be part of 'business as usual' rather than an additional task or burden
- when integrated with business strategy, ensure that strategic decisions are informed and based on up-to-date information and sound judgment
- improve planning processes by enabling the key focus to remain on core activities and so help ensure continuity of service delivery.

Responsibilities and boundaries

Make sure that your actions fall within the boundaries of your duty of care to the person and to others. Support workers have a legal and ethical responsibility to act only within the limits of their job role and their competence. Acting outside these boundaries may cause harm and result in legal action being brought for negligence.

Be clear about your role and seek outside assistance if you do not have the confidence or competence to respond appropriately. Access support and advice from your supervisor that reflect lawful, good crisis intervention practice, and follow crisis management and emergency procedures.

A comprehensive best practice framework such as the abovementioned DHHS family violence risk assessment and risk management framework is written to address professionals in a variety of capacities and roles. The three practice guides in this document each target a difference audience and offer guidance on the tasks at different stages of the support process.

You can access these guides at:

- http://aspirelr.link/family-violence-risk-assess-manage-framework

Here is more information about the three practice guides.

Practice guide 1: Identifying family violence

- This guide assists mainstream professionals who encounter people they believe to be experiencing family violence. It provides a set of possible indicators of family violence and clear advice on how to identify family violence, and suggests questions that should be asked and steps to take if family violence is identified.

Practice guide 2: Preliminary assessment

- This guide assists professionals who work with people experiencing family violence and who play a role in initial risk assessment, but for whom responses to family violence are not their only core business; for example, police, court workers, professionals in legal, child protection and homelessness services.

Practice guide 3: Comprehensive assessment

- This guide assists specialist family violence professionals working with women and children who are experiencing family violence. These professionals have very advanced skills in engaging people around family violence matters, detailed safety planning and case management. They have family violence responses as a designated part of their job role or work in family violence services.

Duty of care

Be mindful of your duty of care when determining whether or not to involve police or other emergency services in a situation. If you fear harm to others, consult with senior staff and follow organisational policy.

No policy or procedure can explicitly cover every potential situation. At times you will need to exercise your professional judgment to determine exactly what your duty of care obliges you to do in the circumstances.

Make sure, as much as possible, that you have all the relevant information needed to guide your decision. Your duty of care requires you to act in a way that keeps yourself and others safe from harm, but it does not require heroics. You must make sure you take all possible actions that are reasonable in the circumstances.

Privacy, confidentiality and disclosure

Support workers have a professional and ethical obligation to maintain confidentiality; however, this right is not absolute and must be balanced against the public interest. Where possible, ensure that the consent of the person is gained before disclosing information.

When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You almost always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

Maintaining confidentiality is part of respecting a person's privacy and their individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information, but this is generally only when you become aware that someone may be harmed.

You can read more about privacy, confidentiality and disclosure at the following websites:

- http://aspirelr.link/aacqa-privacy-policy
- http://aspirelr.link/law-handbook-privacy-confidentiality

Here is more about handling personal information and the 13 Australian Privacy Principles (APPs).

Collection, use and storage of personal information

1. **Open and transparent management of personal information**
   Ensures that organisations manage personal information in an open and transparent way.
2. **Anonymity and pseudonymity**
   Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.
3. **Collection of solicited personal information**
   Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
4. **Dealing with unsolicited personal information**
   Outlines how organisations must deal with unsolicited personal information.
5. **Notification of the collection of personal information**
   Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
6. **Use or disclosure of personal information**
   Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
7. **Direct marketing**
   An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

8 **Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

9 **Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

10 **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

11 **Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

12 **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

13 **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Mandatory reporting

While voluntary codes of practice and assessment tools are available to guide best practice in dealing with people at risk, legislation has been enacted in most states to impose mandatory reporting obligations on any service that becomes aware of certain risk or violent behaviours.

'Mandatory reporting' is a term used to describe the legislative requirement imposed on selected people to report suspected cases of child abuse and neglect to government authorities. These people in the community interact with children and young people in the course of their work and so are required to report. These include doctors, dentists, nurses, midwives, teachers, police officers, counsellors and coordinators of home-based care for children, public servants who deal directly with children and some others.

In the mental health sector, it is the responsibility of the supervisor to report, but the mental health care workers who support children need to report their concerns to their supervisor. Any person with a mental illness who suspects or witnesses any abuse or neglect should communicate their concerns to their mental health care worker, who can take it further as required. This is an example of the person understanding and exercising their rights in terms of their legal and ethical responsibilities.

You can access more information about the family violence legislation in your state at:

- http://aspirelr.link/domestic-violence-laws-aus

Example

Confirm actions are legal, ethical and meet duty-of-care requirements

Dimi is 41 years old and recently moved in with Paul, leaving her parents' home for the first time. Dimi has no speech and has poor gross motor skills. She communicates using a 'language' of facial expressions and noises. She attends a day activity centre three days a week. The centre staff and her family think Dimi is lucky to have a full-time 'carer' to help her with banking, shopping, cooking and transportation.

Dimi begins missing days at the centre. She seems unhappy and staff notice she is also losing weight. Dimi's caseworker, Joel, asks Paul if he is coping and keeping up with the cooking. Paul is reassuring and says all is well, just that Dimi has been a little sick lately.

Joel knows that Dimi is vulnerable and he owes her a higher duty of care than other people who attend the day service. He can't ignore the clear signs that she is increasingly unhappy. Joel mentions his concerns at a staff meeting at the centre. Another staff member mentions that he saw Paul treating Dimi roughly and taking money out of her purse during a drop-off.

Joel uses a communication board to ask Dimi if everything is okay at her house and whether she feels safe with Paul. Dimi indicates that things are not okay. Joel asks his supervisor what action he should take and, after checking the organisational policies and speaking again to Dimi, they make a referral to a family violence centre that specialises in supporting people with a disability.

The initial risk assessment identifies that Dimi is being verbally abused by Paul. He is also isolating her by refusing to transport her to social events and services, and by telling people that she is ill and doesn't want to attend these events.

Practice task 9

1. What is the difference between codes of practice and legislation?

2. Describe when a support worker is able to disclose personal information.

3. Which organisational policies will offer most guidance on dealing with crisis situations?

4. List three sources of direction on mandatory reporting obligations.

5. What does 'duty of care' mean for a support worker who suspects violence or abuse?

Click to complete Practice task 9

2G Seek advice or assistance from supervisor

Your employing organisation has a legal responsibility to provide you with the support you need to fulfil the requirements of your job.

You have a responsibility to access supervision and to integrate and apply any advice and learning you receive.

Your supervisor is responsible for monitoring your practice to ensure it is legally and ethically sound.

Your supervisor must also make sure you comply with:

- the law, including WHS legislation
- duty of care
- professional ethics
- organisational policy.

Ethical practices

Most organisations have a statement of ethical principles or a code of conduct that you are expected to adhere to in all your work.

Part of accepting a contract of employment with an organisation is agreeing to abide by and uphold its code of conduct. As part of your induction, you should be made aware of the requirements of the code. Ignorance is no excuse for breaching the code and doing so may put your employment in jeopardy.

Here is more about codes of conduct.

A code of conduct may include principles such as:

- respecting the dignity of the individual
- protecting the rights of the individual
- adhering to disclosure and confidentiality guidelines and laws
- providing services to people in a safe manner
- providing people with all relevant information
- respecting the individual's religious and cultural identity.

The supervisor's role

The National Practice Standards for the Mental Health Workforce (2002) suggest that support workers be provided with practice (or clinical) supervision, monitoring and support of the activities of their job, as well as the professional supervision needed for the development of professional identity. These roles can be undertaken by a supervisor, peers or an external agency, or in groups or teams.

Practice guidance is also provided by organisational policies and procedures that must be followed. Failure to adhere to organisational policy without good reason may lead to disciplinary action.

It is accepted practice for community services support workers and mental health support workers to participate in regular professional supervision. This supervision provides the opportunity for you to further develop professional competence and a clear sense of professional identity and purpose.

Supervision sessions are also an opportunity to discuss communication strategies and reflect on your practice, to explore challenging issues and to assist you to develop effective working relationships.

Supervision can be formal and structured, with a regular meeting time set aside, or informal, on an as-needed basis, often in response to a particular concern.

Professional supervision should address:

- the context of professional practice
- conceptual competence and ethical judgment
- technical skills
- critical self-awareness.

Example

Seek advice or assistance from supervisor

Queensland Health provides the following guidance about the role of professional supervision for allied mental health support workers.

Typical roles and responsibilities of a professional supervisor:

- Facilitating skills acquisition associated with clinical practice, with a focus on enhancing the person's outcomes
- Educating (teaching, facilitating, conceptualising about issues related to clinical practice, evidence-based interventions/best practice)
- Mentoring (e.g. monitoring, evaluating, promoting enhanced organisational skills)
- Supporting (listening, understanding, reflecting)
- Ethical issues
- Code of conduct issues
- Negotiating content of supervision agreement with support worker

You can access more information about the roles and responsibilities of supervisors at: http://aspirelr.link/qld-health-hr-policy

Practice task 10

1. List two areas that professional supervision should address.

2. List two principles that a code of conduct may include.

Click to complete Practice task 10

Summary

1. The key to listening empathetically is to listen without making judgments or assumptions. It is possible to empathise with a person without agreeing with them or their behaviour, or even fully understanding their situation.
2. Support workers should be aware of any positions or assumptions they have formed about self-harm and abuse. Understanding another person's situation and responses may only be possible through setting aside your own values and beliefs.
3. A strengths-based approach to support is key to helping an at-risk person make links to safety and living. This involves having an appreciation of what is important to a person.
4. Basic counselling involves supporting people to discover important answers by careful listening and asking questions. Strategies for dealing with an immediate crisis should be suggested by the person at risk wherever possible.
5. A strengths-based approach supports a person to be resilient and adapt to other ways of thinking and behaving that will strengthen their links to living.
6. A number of simple techniques can help a support worker informally assess a person's capacity for decision-making and the effectiveness of their coping mechanisms. Consent and agreement are important even in situations of reduced capacity.
7. Taking the right actions in each situation requires knowledge of organisational process, the person's wishes and the support services available.
8. Support workers should always operate within their area of responsibility and maintain professional boundaries. Support workers must know their obligations regarding mandatory reporting of abuse, violence and harm, and when to ask for guidance
9. Supervisors must make sure support staff are adequately trained for the situations that they typically encounter, and offer staff support to deal with traumatic work situations, including debriefing and formal counselling if needed.

Learning checkpoint 2
Address immediate safety concerns

This learning checkpoint allows you to review your skills and knowledge in addressing immediate safety concerns.

Part A

1. What are three advantages of a strengths-based approach to addressing safety concerns?

2. What is the best indicator of risk when it comes to crisis situations? Explain your answer.

3. List two common misunderstandings about people at risk of self-harm.

4. What are two aims of support workers when trying to strengthen a person's links to safety and living?

5. What is one thing a support worker must aim to do to enable a person in crisis to move towards more positive thinking?

6. What is the main factor that will determine how collaborative or directive a support worker should be in addressing immediate safety concerns?

7. List three important steps that guide crisis intervention.

8. List an organisation that has produced a code of practice to guide responses to family violence.

9. Responses to various crisis interventions are usually detailed in which organisational policy?

10. What are the implications of operating beyond your job role when dealing with persons at risk?

11. What are two principles that are important for support worker to understand if they are to exercise appropriate duty of care?

12. List one principle that should guide appropriate disclosure of information.

13. Where are two places you can look for details about mandatory reporting obligations?

14. What are two ethical considerations that a code of conduct usually offers direction on?

15. List one aim of regular professional supervision.

Part B

Read the case study, then answer the six questions that follow.

Case study

When Yuri met Svetlana, it was love at first sight. He was rich, charming and got along well with her children. Before her visa expired, Yuri proposed to her and they got married. Svetlana was then able to apply for a spouse visa.

Since getting married, Yuri's behaviour has changed. He has become more aggressive and made sexual demands that Svetlana doesn't feel comfortable with. On several occasions, Yuri has physically assaulted Svetlana and her children. He becomes remorseful and buys her lavish gifts, such as expensive rings, to make up for his violence.

One night during an outburst, Yuri smashes a hole in the wall and storms out of the house. In the middle of the night, Svetlana hears her 13-year-old daughter screaming and discovers Yuri standing over her daughter. As Svetlana speaks little English, she has been attending ESL classes. Unsure where to go and feeling desperate, the next day she attends class.

Normally immaculately dressed and composed, this day Svetlana is shaking and starts crying after she takes a phone call. Her teacher, John, is concerned and after class he asks her to stay behind. Svetlana tells him about her issues at home in her broken English. After getting Svetlana to okay it, John brings in a female colleague who speaks a little Russian to find out more.

John then contacts the state-wide crisis service, which organises to speak with Svetlana through a telephone interpreter. The interpreter is able to communicate with Svetlana and through their display of empathy, Svetlana is able to disclose the circumstances at home. After assessing the risk, the service organises immediate interim emergency accommodation and initiates a referral to a refuge.

At the refuge, Svetlana and her children are supported by the refuge workers and the state-wide family violence service for women from culturally and linguistically diverse communities. These organisations work together with the Department of Immigration and Citizenship to ensure that Svetlana and her children are not violating their visas and can stay in Australia. They are also able to obtain income support through Centrelink.

1. What are the barriers to Svetlana seeking help?

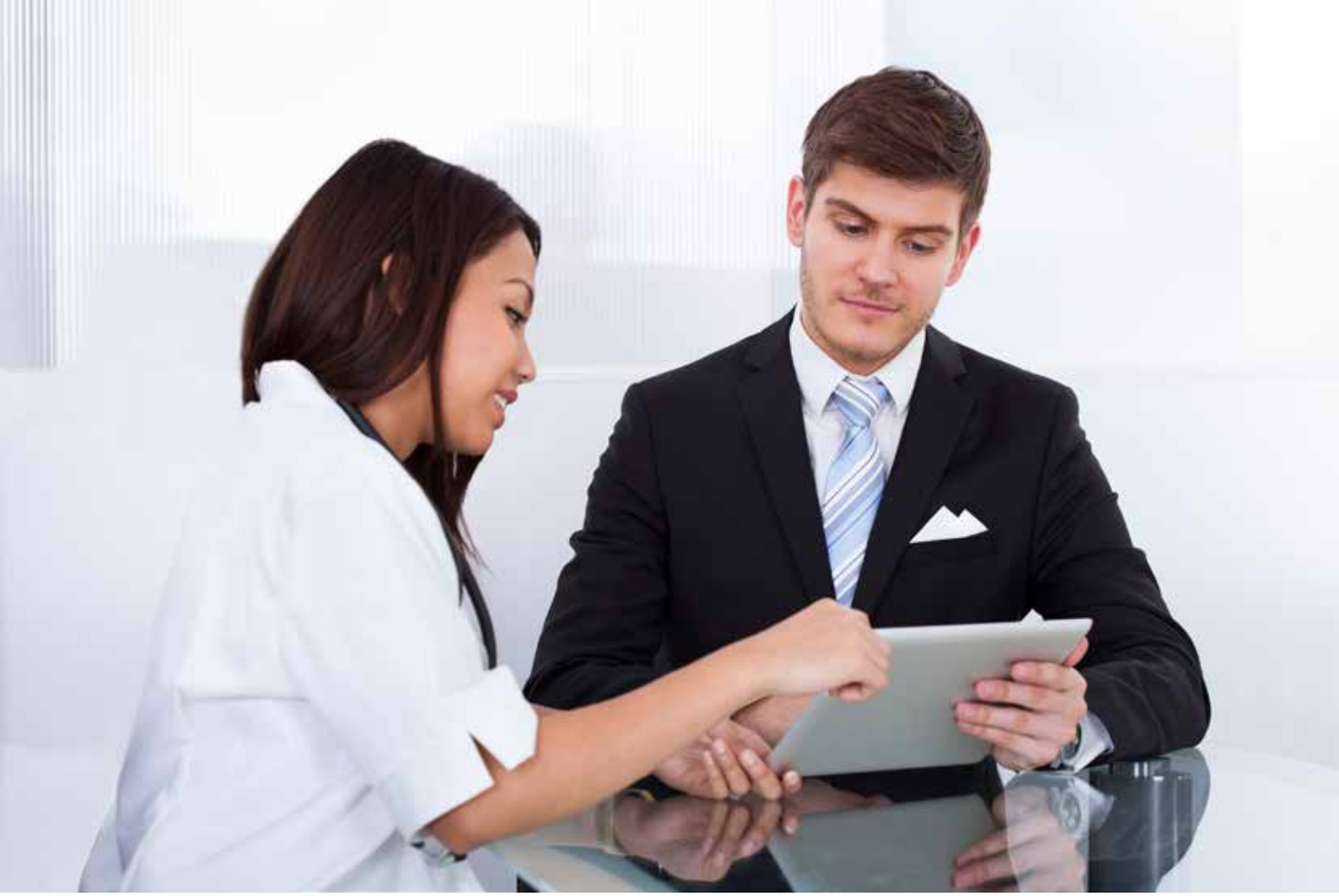
2. How does John provide the structure for Svetlana to get initial help?

3. What makes it difficult for John to work collaboratively with Svetlana to agree on action?

4. What legal issues complicate the situation?

5. Did John observe his obligations in relation to privacy and confidentiality when involving a colleague in his discussions with Svetlana? Explain your answer.

6. Is mandatory reporting required in this situation? Explain your answer.



Topic 3

In this topic you will learn how to:

- **3A Empower person to make informed choices about further help**
- **3B Explore barriers to seeking help and respond**
- **3C Plan agreed first steps to access informal and professional help**
- **3D Refer to appropriate professionals as required**
- **3E Complete and maintain accurate documentation**

Provide referral for crisis intervention support

Recognising and responding to a person who is at risk involves not only ensuring the person's immediate safety, but also exploring options for ongoing care. Support workers should give the person information about further care options and encourage them to make the choices that best suit them. Further care could include the support of a friend or family member, community support services, counselling, alcohol and other drugs and/or mental health services, or regular visits to their local doctor.

Collaborating with the person to make appropriate choices helps them re-establish a sense of control over their lives. People who are at risk may require ongoing support to help them deal with problems, learn coping skills and strengthen their links to life and living.

There are barriers to people seeking and accepting help. Indigenous people and people from a culturally and linguistically diverse (CALD) background may face additional barriers. It is important that any referrals for appropriate support are made in a timely manner.

3A Empower person to make informed choices about further help

Support workers within the community and mental health sectors must work in a manner that reflects legal and ethical requirements. Work practices and models that reflect these requirements, such as a person-centred approach and self-determination, have been developed. Communication with persons at risk and others must be empowering, focused on recovery and incorporate the values and principles of these work practices and models.

Choice is an important principle that guides quality care for people with a mental illness. Support workers should try to provide information that will best suit the person's needs and their current circumstances.

Informed choice

All people accessing a support service have the right to receive information about available supports and to make a choice about what best suits their needs. This is known as informed choice.

However, some people in an at-risk category may be unable to make a rational decision in the circumstances, while other individuals may not want to have to make choices.

A person may agree to let someone else make decisions on their behalf at a point in time, but this does not mean they have given up the right to self-determination in any ongoing sense.

A support worker should be aware of the signs that a person's decision-making capacity is diminished.

Ability of an individual to make decisions may be affected by:

- cognition or mental health status that limits rational decision-making and calls for emergency mental treatment or hospitalisation
- level of risk, particularly if strong, persistent thoughts of self-harm are evident
- use of alcohol and other drugs, and they may require a period of detoxification before they can engage in decision-making about their future
- trust issues, particularly where rapport has not been established
- medication side effects
- language needs
- their stage of the recovery process; for example, if they are in relapse.

Empowerment

Support workers need to assist a person to manage a crisis, ensuring that the person is encouraged to make their own decisions within their capacity. By supporting people to make their own choices, support workers are demonstrating commitment to empowerment.

Workers help create conditions where a person can become empowered by supporting them to develop the capacity and the desire to gain and exercise control. Control is never absolute, so help the person focus on taking control over what it's possible for them to control.

While closely connected, control and choice do not have a consistent relationship. For example, a person may choose to relinquish some of their control by trusting in the professional advice of others such as doctors, psychologists or medical specialists who are treating them.

People who are at risk of self-injury or injuring others need to be encouraged to recognise their need for ongoing support, and perhaps direction, to help them manage this risk and learn coping strategies. Support workers can urge people to collaborate with a range of support services to find out about and understand the supports available, their eligibility and the commitment required.

Here are some myths about control and choice.

Myths about control and choice
▶ That people can have control over everything in their lives
▶ That it is within the control of anyone to empower another
▶ That choice is the same thing as control
▶ That choosing not to choose is not a choice

Steps to further care

When providing assistance and referral, a support worker should encourage the person to acknowledge the risk they are facing and seek affirmation of the person's willingness to work towards their long-term health and wellbeing. The support worker can then ask the person what assistance they would most value.

The type of support that a person mentions will vary according to their individual needs.

Support workers should also encourage people to consider informal support options, such as connection to trusted family and friends, and self-help groups.

Ideally, family, friends, health professionals and community support organisations should work together to help a person at risk learn better coping strategies, improve their ability to manage difficult circumstances, recognise their own signs of distress and reach out for help when required.

Sources of formal assistance include:

- general practitioners
- telephone counselling services
- counsellors and psychologists
- community support services
- mental health services
- alcohol and other drugs services.

Make choices

Support workers should take a strengths-based approach in order to encourage and enable the capacity of an individual to make decisions about their future care. This means looking for an individual's personal resources and developing their confidence to make choices by asking them about situations they have managed well in the past.

When a person is experiencing prolonged violence or abuse, their confidence, self-belief and self-worth often get crushed. If a person has hurt themselves or others, they may be guilt-ridden or self-loathing.

Focusing on a person's abilities and strengths, rather than their mistakes, failures, guilt, grief or loss, helps them to see that they do have the potential to make a positive difference, make amends, achieve goals and take control of their own lives.

Here is information about disempowerment and empowerment.

Disempowered

- Ineffectual
- Incapable
- Failed
- Guilty
- Worthless

Empowered

- Able to make a difference
- Competent
- Possible
- Forward-looking
- Needed row

Example

Empower person to make informed choices about further help

The meaning of empowerment for persons and service providers is explored in the Community Resource Unit publication 'Guiding principles for person participation: A resource document for psychiatric disability support services and persons'. This guide provides the following information about empowerment:

'What it means for the person:

Becoming empowered is a journey of understanding who I am, and rightfully claiming control of my own life. It is a journey, because no-one can go from a state of disempowerment to empowerment in one step. It helps if I have dreams of a better life and want to have a larger say over the decisions that affect me.

What it means for the service:

The notion of empowerment is closely connected to notions of autonomy and self-determination. Empowerment means providing relevant information and assisting the individual to make their own decisions regarding their supports and their lives more broadly. It requires support from the service leadership, as it is they who create the culture that fosters empowerment. Empowering relationships are created by the support staff and the individual. In addition, it means the service is utilising a variety of approaches to enable participation for the individual including providing information and guidance, being willing to step in when required, and not taking power away. It requires that all service processes, for example: assessment record keeping; planning; tracking the funds; recruitment and supervision of staff and providing support; are all done in ways that allow two things:

- Respect and power given to the individual and
- Control over decision-making by the individual as much as possible.'

Practice task 11

Read the case study, then answer the questions that follow.

Case study

Isabella is a 57-year-old woman of Italian descent. She has lived in Australia for 20 years. Her English is not good; however, she refuses your offer of an interpreter. Isabella's husband recently died suddenly and she is experiencing extreme emotional distress. Last week she took an overdose of sleeping medication; she says this was accidental.

You are working with Isabella to ensure her immediate safety and to address the crisis she is currently experiencing.

1. What referral would you suggest for Isabella?

2. What barriers to accessing support may Isabella be experiencing?

Click to complete Practice task 11

3B Explore barriers to seeking help and respond

People can face a wide range of difficulties or barriers in seeking or accepting help. These difficulties may be factors that they can influence, such as their own actions, behaviours, motivations and feelings. Other internal barriers or conflicts include the person's own psychological attitudes, such as a sense of shame, guilt or embarrassment.

External factors over which they have little or no control relate to the attitudes of others, including not taking the person at risk seriously, social stigma and making incorrect assessments of the level of risk the individual faces.

By using effective communication to identify and explore these barriers, persons accessing support services and support workers can gain understanding of these difficulties and then develop strategies to address them. Support workers need to help people address barriers and encourage them to develop coping skills.

It is important for workers to assess the likelihood that individuals will seek further help as agreed and identify whether there are any barriers that may prevent them from doing so. Workers should ask the person directly whether they are prepared to seek help if necessary.

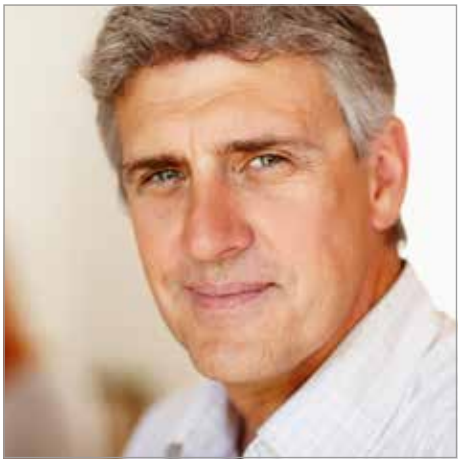
Explore barriers

Be aware of the common barriers experienced by many people when accessing services, so you can be sure to address these with each person.

Common barriers to seeking and accepting help include:

- feelings of shame about mental illness, emotional crisis or not being able to manage the crisis situation themselves
- illness symptoms that may affect communication, behaviour or insight into own situation
- medication side effects that can affect concentration, communication or behaviour
- drug and alcohol use affecting communication, concentration, thinking and decisionmaking
- limited local resources, particularly for people living in rural and remote areas
- restrictions in service delivery, such as limited access to in-patient facilities, particularly in non-metropolitan locations
- waiting periods for appointments due to high demand for services such as counselling.

Assist the person to seek help



If it is apparent that an individual is reluctant or ambivalent about seeking or accepting further help, a support worker should try to understand and identify the reasons for this and help them resolve the potential obstacles and difficulties they face. The worker could ask: 'What might stop you from you accessing and using sources of help?'

For any barriers the person identifies, the worker and the individual should discuss ways of dealing with the problem; for example, some people may be embarrassed about admitting that they are having thoughts of self-harm or of harming others and so are reluctant to ask for help. Workers should explore with the person why they feel this way and what they can do to overcome their feelings.

It may turn out that the person is more comfortable seeking help from anonymous sources such as telephone counselling services or getting a trusted family member or friend to ring their doctor or other identified source of support rather than having to do it alone.

Promote the person's right to receive help and gain that person's collaboration in identifying the steps they need to take in dealing with any potential barriers.

External barriers

Sometimes people face external barriers to obtaining help. This can occurs when service providers or others do not take the person's request for help seriously or do not believe they are at risk. In these cases, a person must insist on their right to receive a service or immediately request help from another service provider.

A strategy to help a person at risk could include providing contact numbers for a range of sources the person can use for help.

Social stigma related to mental illness may also make some individuals wary about accessing help.

Other barriers may include geographical isolation and lack of access to services. Fortunately, there are now free telephone counselling and crisis lines and internet counselling services so that people in isolated areas can obtain support.

It may be your job to ensure that everyone knows about these services and they're easily accessed.

Here are the contact details for some support services.

Telephone support services
▶ Beyond Blue 1300 22 4636
▶ Kids Helpline 1800 55 1800
▶ Lifeline 13 11 14
▶ SANE Helpline 1800 18 7263
▶ Alcoholics Anonymous 1300 222 222
▶ Narcotics Anonymous Australia 1300 652 820
▶ Mission Australia 13 11 14
▶ Police, fire, ambulance 000

Culture and barriers

People from culturally and linguistically diverse (CALD) backgrounds may have additional barriers to seeking and accepting help. In addition to language barriers, their understanding of mental illness and emotional crisis can be shaped by social or religious beliefs. In some cultures, mental illness is perceived as 'the will of God' or seen as a punishment. The shame and stigma associated with mental illness can lead to reluctance to engage with service providers.

Similarly, Indigenous Australians may be reluctant to seek assistance from mainstream services because they may be concerned that their issues will not be addressed in a culturally appropriate manner. They may prefer to access a service with Indigenous staff whom they consider more understanding of their culture, their values, their situation and the effects of living within Australian society.

Overcome barriers

One of the reasons that people at risk may need to obtain further care and support is to help them learn to be more resilient and develop coping strategies they can use in the future. These same strategies can also assist people to overcome barriers to obtaining ongoing support by helping them realise they have a right to such care.

Strategies to increase resilience and develop coping skills often involve behavioural interventions that teach people to change the way they think about themselves and the kind of self-talk they engage in. Thoughts and thought patterns maintain behavioural patterns that can prevent a person from breaking out of a cycle of abuse or self-harm.

Strategies should take a strengths-based approach, encouraging people to move from a position of helplessness to one of actively considering options and developing problem-solving skills and strategies.

Use problem-solving skills

Problem-solving skills are needed to address barriers to seeking and accepting help. These skills help support workers and the person with the safety issue to collaboratively identify strategies to address and overcome difficulties.

Support workers can use a problem-solving structure to break down the process into clear steps and to tackle key questions. The support worker may need to direct this problem-solving approach, but the answers should always come from the person. This ensures that they develop insight into their own thoughts and thought patterns, which are often the source of their internal barriers.

People from CALD backgrounds have additional barriers to accessing the support they need and so when problem-solving with a person from these groups, you may face a separate set of issues such as language difficulties.

Feelings of shame about mental illness, emotional crisis or not being able to manage a crisis situation alone can also be barriers to seeking and accepting help.

The following illustrates the process a person can take to identify and then act on their emotional distress.

Process for addressing emotional distress

1

Define the problem

Break the problem down into manageable chunks:

What exactly is the problem?

What are the negative effects of the problem?

What harm is being done? How is it affecting people around me?

What do I want to accomplish?

What barriers to progress am I experiencing?

2

How do you feel?

Is this problem causing you to feel negative emotions?

Feeling overwhelmed? Stressed? Distressed? Anxious?

Identifying and addressing these emotions can help a person think clearly and therefore become effective at solving problems.

3

Get some help (collaborate)

Who can help you work through this problem?

Friends? Family? Professional service providers?

4

Look at alternatives

Explore possible solutions. The more possible solutions there are, the more likely it is that an effective solution will be found.

Brainstorm creative ideas to collect a list of possible solutions without assessing their value.

5

Make a plan

Assess the list of possible solutions and decide which ones are practicable and manageable.

Are the resources available to implement these solutions within a suitable time frame?

6

Take action

Implement your plan.

Example

Explore barriers to seeking help and respond

Mika is a young Samoan man who plays football in Australia. Because he is a large, strong man and a football player, he is afraid he will be laughed at if he asks for help because he thinks about suicide a lot.

Jan, a community service worker, helps Mika realise that there is no shame attached to asking for help. She discusses with him difficult things that he has done in the past and how he has met challenges. Jan explains that seeking ongoing help is just another challenge and a way to solve a particular problem.

They explore options together and devise a plan for accessing help tailored to his needs. The plan includes a number of counselling services such as Men's Helpline, which Mika says he would feel comfortable talking to because they understand men's issues.

Jan has also found community organisations that cater to the needs of Polynesian people in Australia and have a number of Samoan workers on their staff. Mika is pleased that he will be able to speak in his own language to these workers and they will know how to support him in a culturally appropriate way.

Mika also has two close friends among his team-mates whom he knows he can count on if he needs support to access or continue receiving further care.

Practice task 12

Read the case study, then answer the questions that follow.

Case study

Jackson is a 19-year-old Indigenous man living in a regional community. He recently lost his job and also split up with his girlfriend. Jackson is feeling depressed and hopeless. He is drinking excessively. His mother is very supportive and wants him to get professional support. There is one service available in town, a state government mental health agency. The mother of Jackson's ex-girlfriend works there.

1. What is the barrier to Jackson accessing help? Define the problem.

2. How do you think Jackson might feel?

3. What is one question you could ask Jackson when collaborating with him about this problem?

4. What are two possible alternatives for Jackson?

Click to complete Practice task 12

3C Plan agreed first steps to access informal and professional help

Support workers must collaborate with the person to identify and access sources of informal support and professional help over the short and long term. This involves the individual considering the supports and services they may need to access for ongoing informal support and for professional help.

Often, referrals for specialist support must be made by a general practitioner if they are to be covered by Medicare; for example, mental health services and psychologists.

Developing a plan to access informal and professional supports ensures that all parties clearly understand what the expectations and responsibilities are. Having a plan in place also formalises the process and facilitates evaluation and review to find out what is working and what isn't. The review process allows changes to made to the plan to better meet the person's needs. Plans should include time frames and measures to make it easier to judge progress.

Provide information and referral

One role of the support worker is to provide information about the kind of services available to, and most suitable for, a person at risk. Workers should consider the person's individual needs when providing information; for example, a person who has a substance abuse issue but is not receiving any treatment may need to prioritise this before considering other support.

People should be given information about services available in their area and made aware of how other health professionals such as doctors and counsellors may be able to help them address their at-risk behaviour.

You should provide people with information in a way that they understand, so they can make an informed choice. This may involve discussing services with people who have low literacy or involving a translator for people who do not have strong spoken English.

Once the person has made a decision to use a particular service, the support worker should help them plan how and when they will use the service. All details should be recorded in the person's safety management or support plan.

A person with high needs for support may need to see a counsellor as often as once a week to help them build their resilience and problem-solving ability. They may also need visits twice a week from a mental health or community services worker. In addition, they may want to attend a support group for people at risk of suicide once a month.

Over time, as the person at risk becomes more confident in their ability to manage their own behaviour, they may decide to continue with only one of these services. Any changes to participation in formal services should be documented in their ongoing management plan.

Informal supports

Workers should also encourage individuals to consider the informal supports available to assist them in the longer term, including trusted family members, friends and perhaps community volunteers.

Informal supports are likely to form the first line of support for a person at risk, as these supports are more available and usually based on a deeper connection. Informal support people must understand the need to offer supportive and non-judgmental listening when a person requires their help. They should also know how to access emergency help if required.

It is a good idea to obtain consent to include the names and contact details of the person's main informal support people in an ongoing management plan.

Informal supports may be needed:

- to provide transport to appointments or treatment commitments
- to act as a sounding board during challenging periods
- to provide encouragement or remind the person of their strengths to help them stay engaged in services or treatment
- to help the person problem-solve situations where they are feeling unsure or vulnerable.

First steps to accessing informal and professional help

In order for a person at risk to access and use both informal and professional help, they must first acknowledge that they need help and be willing to establish and maintain connection with these supports.

Establishing a connection with informal supports and with professional help requires the person to self-disclose and discuss their issues. They should understand the need to share honestly about their circumstances and concerns to get the most out their involvement.

Support workers may make a formal referral to a professional service and then leave it up to the person to make a first appointment. The worker should then follow up with both the person and the service provider to ensure that the person did make contact with the service and did attend the appointment. If the person says that they are not happy with the service being provided, the worker should discuss the matter with them and provide other options if necessary.

The person may find connecting with informal supports easier, because these are usually people well-known to them. In cases where the person is apprehensive about requesting help from a relative or friend, workers should discuss with the person ways that they can best approach the matter. Emphasise that having such supports will help the person protect themselves and strengthen their personal relationships and connections to their community.

Many people will find the first call or conversation the most difficult. Others may go cold on the idea once they have time to think about it. They may visualise the first meeting negatively and become fearful of what they imagine will happen.

As a support worker, you need to challenge these preconceptions and focus on the longer term benefits of having this kind of help.

Here is more about the benefits of informal and professional help for a person at risk.

The benefits of informal and professional help
▶ Learning new ways of coping
▶ Becoming stronger and more able to help themselves
▶ Learning more about themselves
▶ Having someone to talk to about problems and concerns when they most need it
▶ Being able to help others in the same situation
▶ Developing better relationships

Support planning

A support or support management plan must incorporate actions, measurements of success and time lines so that informal and professional supports can be evaluated over time.

This plan may also include a safety plan detailing strategies a person could follow to keep themselves safe from harm whether at the hands of others or themselves.

Here is more to consider in developing a support plan.

When developing a support plan, consider the following:

- The capacity of the person to collaborate in the planning process
- A person's right to be actively involved in their care and decision-making, and the support worker's obligation to support empowerment
- Clear identification of the goal or purpose of the plan, so that everyone is focused on the same outcome
- Ensuring that the informal supports or professional services have the capacity and the willingness to assist
- Providing a plan with clear manageable steps, indicating responsibility for actions, a time frame and a review process
- Ensuring the person is committed to the plan

A safety plan

When intervening in instances of family violence, a safety plan can help a person stay safe by giving them tips on avoiding risk situations, and putting the strategies and resources to help them at their fingertips if confronted with a safety issue.

In self-harm situations, a safety plan can support a person with strategies they can follow to avoid presenting a risk to themselves.

In both cases, safety planning should take place when the person is feeling well, calm and clearheaded. This will aid recollection and also result in development of more useful strategies.

Here is more about safety plans.

Abuse safety plan

- Tips for staying safe in the home
- Steps to follow in the event of a crisis at home
- Ways to assist any children involved to manage their safety
- Staying safe when using the phone
- Safety tips outside the home, in the workplace and in the community
- Contact numbers for support and emergency services

Self-harm safety plan

- When to use the plan: the sorts of situations, thoughts, feelings or other warning signs that may trigger the plan
- Calming and comforting activities that a person can engage in when feeling distressed or suicidal
- Activities or situations to avoid that may make the person feel worse
- A list of reasons for living and the positive motivations the person has in their life
- Contact details of people in the person's informal support network, as well as emergency contacts

Example

Plan agreed first steps to access informal and professional help

Peter is a 45-year-old man who lives alone on the family farm in regional Australia. He has a sister who lives with her family in the closest town, 20 minutes' drive away. Peter has been experiencing depression for many years, but it has worsened lately. As a result, his doctor has changed Peter's antidepressant medication and he is visited by a mental health support worker once a week. He also keeps an appointment with his doctor once a week. The mental health support worker and Peter develop a safety plan to keep him safe from self-harm in the short term, with the expectation that any suicidal feelings will ease when the new medication starts to take effect.

Here is the safety plan Peter and his mental health support worker have developed together.

Activity	Person responsible	Time frame
Peter to identify when he is at risk of hurting himself and to seek the help and support he needs.	Peter	Always
Peter to keep regular appointments with his GP and mental health support worker.	Peter GP Mental health support worker	GP appointment – every Tuesday Mental health appointment – every Friday
Peter's mother and sister to organise a schedule so that one of them phones Peter for a chat and to ask about his suicidal intentions every evening.	Peter's mum Peter's sister	Every day
Peter to access a 24-hour counselling line when necessary. He will call the service for a practice call to become familiar with the process for accessing the service and to lessen his anxiety about asking for help.	Peter	As necessary
Peter to stop drinking alcohol for the next three weeks, as it may interact with the medication and affects his mood.	Peter	Every day
Peter to join his brother-in-law at football training every Wednesday night to improve his fitness and engage in a social activity.	Peter Peter's brother-in-law	Every Wednesday
All guns are to be removed from the property. Peter's neighbour has agreed to store them safely on his property. The local police have agreed to transport the guns today.	Peter's neighbour Police	Immediately
If suicidal feelings become overwhelming, Peter will be admitted to hospital, with his father agreeing to come and manage the farm.	Peter Peter's father	If necessary

Practice task 13

Read the case study, then answer the questions that follow.

Case study

Stella is a 30-year-old woman who is married with two small children aged four and two. She is living with depression, which is affecting her ability to parent effectively. Stella finds it difficult to get motivated to spend quality time with the children and to get them bathed and dressed in the morning. She has stopped attending mother's group and is feeling isolated at home. She can't keep up with the housework and while her husband is supportive, he works away from home on a rolling two weeks on/one week off roster. Occasionally he becomes frustrated with her.

1. What would you discuss including in a support management plan for Stella?

2. Who could provide informal support?

Click to complete Practice task 13

3D Refer to appropriate professionals as required

When people show willingness to help themselves and actively collaborate in planning how they can ensure their safety, support workers should acknowledge this with positive feedback. This helps validate the person and builds confidence to continue efforts to work towards life-sustaining outcomes.

An important part of the helping relationship is that it is based on rapport and collaboration. This helps the person feel safe and trust that the support worker has their best interests in mind. When a person trusts a support worker, they are more likely to want to collaborate with them and pursue further care options.

Support workers should discuss with the person how they see their future and what care options would suit them best. This assists people to see that they do have options for living and helps to set the foundation for further care.

A person's initial experience when accessing a service can frame their attitude to engaging in an ongoing therapeutic relationship. If the experience is a positive one, the person is more likely to remain engaged; if it is a negative experience, they may stop using the service.

Groups of people who are marginalised by society, such as those living in poverty, those with a disability and Indigenous Australians, are least likely to complain when they receive a service they are dissatisfied with. Instead of speaking up, they will simply stop attending appointments. Support workers should encourage people to address difficulties and make a complaint if they are not receiving the care they need.

Foundation for further care

Some people may have had significant exposure to community services, mental health services and/or other service delivery agencies, while other people may never have accessed a service themselves.

Previous experience or familiarity with service provision can have either a positive or a negative influence on a person engaging in further care. People with significant previous experience may have had bad experiences and so developed negative perceptions. They may therefore come to new services with negative preconceptions. A level of familiarity may also be a good thing and mean that the person understands the helping relationship, the role of the professional and the commitment or attitude needed to gain most from the service.

Understanding of any previous treatment or support experiences is key to supporting the person effectively.

People from CALD backgrounds who come from countries where service delivery follows a different model may also have preconceptions that simply don't apply to service delivery in Australia. Equally, their experience may be of a country that has few or no community services to assist with mental health issues or personal crisis situations. They may not understand the nature of the helping relationship or how this can be a foundation on which further care is provided.

Support workers play an important role in establishing confidence in what services can achieve, identifying preconceptions and demystifying service provision.

If the person feels confident in the assistance they are receiving, they will remain engaged in the process, which contributes to their recovery.

A positive helping relationship provides a foundation for further care by:

- educating the person about their rights and their responsibilities, such as confidentiality, empowerment and self-determination
- educating people about the boundaries of the helping relationship
- role-modelling appropriate quality care, including the use of effective communication skills, so that the person learn what quality care looks and feels like
- developing rapport so the person feels emotionally safe and trusting of service delivery agencies
- easing their initial extreme emotional distress so the person can articulate their concerns and can gain insight into their situation
- making the initial assessment and planning for further assistance, including making appropriate referrals to the necessary agencies.

Acknowledge what has been achieved in the current intervention

Support for people at risk may include a range of strategies to stabilise the person, develop safety plans to help them deal with threats independently and consider options for future care.

Once the person affirms that they are willing to take steps to help themselves, they must be able to acknowledge and summarise what has been agreed to in the current intervention. By doing so, they reaffirm their commitment to take action to obtain further care.

Workers should also acknowledge the individual's role in the outcome of the intervention.

Here are some of the benefits of acknowledgment.

Benefits of acknowledgment

- It validates the person.
- It shows respect for the person and acknowledges their dignity as a self-determining individual.
- It recognises the person's strengths and initiative in the decision-making process.
- It acknowledges the soundness of the decisions made.
- It enhances the person's sense of control over their lives.
- It encourages the person to take active steps to help themselves.
- It fosters ongoing links to other options for support and care.
- It establishes a basis for ongoing care based on self-determination and resilience.

Sources of support

When you are unable to assist an individual at risk, it may be appropriate to refer them to an external service provider that has the necessary skills, experience and resources to provide what is needed. Specialist professionals are able to provide specific support to assist a person with their particular needs. If a person has more than one issue, there may be a number of specialists involved at the same time.

There are many sources of support for people, delivered by both government and nongovernment services.

See the following for information about health facilities and professionals and the services they offer, so you know where to refer people when their issue is outside the boundaries of the organisation you as the support worker are employed in.

Doctor

- GPs can provide assessment, appropriate medications and ongoing care of people at risk of suicide.

Psychiatrists

- Psychiatrists are mental health experts and can diagnose people who may have mental illness, prescribe medication and offer other appropriate interventions.

Psychologists

- Psychologists can conduct mental health and suicide-risk assessments, and provide counselling and appropriate behavioural interventions.

Counsellors

- Counsellors help people work through problems and provide behaviour change strategies.

Mental health workers

- Mental health workers may have different roles according to their background and the type of service they work for; for example, some mental health workers provide crisis assessment and interventions, while others focus on community support or provide case management for people with mental illness.

Alcohol and other drugs (AOD) workers

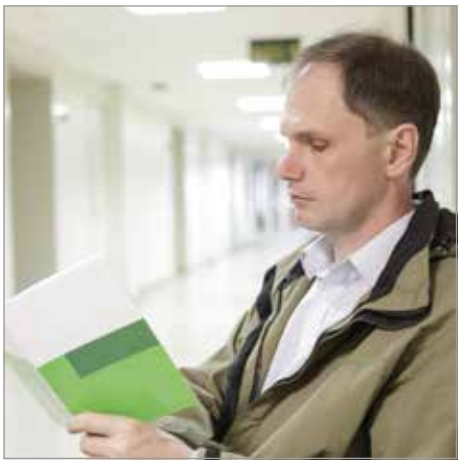
- People at risk of suicide who appear to be abusing drugs and/or alcohol may need to be referred to an alcohol and other drugs (AOD) service for support in managing substance abuse.

Hospitals and emergency departments

- People who are at high risk of suicide or have already attempted self-harm may need to go into hospital for treatment and to stabilise their condition.

Procedures for making referrals

The first step in making a referral involves obtaining the person's consent to make the referral. You should then:



- collect information to make the referral
- decide on the appropriate referral agency
- contact the agency to discuss the appropriateness of the referral
- make the referral; complete the appropriate referral form if one is used and check that the person knows where to go
- make a note to follow up to ensure that the referral appointment has taken place and that the person is willing to continue.

When making a referral, assess the level of support required for the person to access the service. This level of support may vary. Some people may need only a small amount of encouragement to make contact, such as allowing them to use the phone in your office, while others may need greater assistance, including for you to make the initial contact.

Remember, however, that it is your responsibility as a support worker to facilitate empowerment, which includes assisting people to build the skills required to facilitate their own recovery.

Example

Refer to appropriate professionals as required

Jacqui is 45 years old and lost her job over a year ago. She has not been able to find other work and is being treated for depression. She finds herself regularly thinking about suicide by taking an overdose of prescription drugs. Sue works with Jacqui to help her find work. When Jacqui admits to Sue that she is thinking about suicide, Sue acts to intervene.

Jacqui's sense of hopelessness over not being able to find a job has resulted in her losing confidence in her ability to make decisions that affect her life. Sue works with Jacqui to explore options for further care. She encourages Jacqui to set goals that she can easily achieve, such as attending a support group for people at risk of suicide once a fortnight; making sure she has regular contact with friends; ensuring she has one or two friends who understand her situation and will be there if she needs to talk; and making sure she visits her doctor for regular appointments.

Sue also asks Jacqui what other things she could do to increase her enjoyment in living and ensure her own safety. Jacqui thinks for a while and then says she would like to do some volunteer work to help other people, especially older people, who may have no family of their own. Jacqui says she thinks that helping others would be the best thing to help her forget about herself and do something constructive for other people.

Sue congratulates Jacqui on making such a positive decision.

Practice task 14

1. Explain how positive feedback can encourage a person to continue to make positive changes for their safety.

2. Describe two ways that a positive helping relationship provides a foundation for further care.

3. List two benefits of acknowledgment for the person.

4. What should support workers consider when making a referral for a person to another service?

Click to complete Practice task 14

3E Complete and maintain accurate documentation

In order to comply with work health and safety (WHS) guidelines, workers must ensure that they fill out relevant reports, case notes and incident reports when they or a person they are supporting have been involved in an incident that has placed them at risk of harm.

Incident reports clearly document what has taken place and what actions the worker took. A critical incident may include an attempted suicide or even a situation where a person is considering suicide and a worker has provided a suicide intervention.

Workers must also write case notes for a person after every contact. Case notes should be objective, clear and factual and must avoid personal comments or feelings.

Take care to ensure the security of both paper and computer records by locking paper files in filing cabinets and locking your workstation whenever taking a break from accessing computer records.

Complete documentation and plans

Support and support management plans require initial assessment, setting of objectives, strategy implementation or service engagement, and progress evaluation. Each step should be based on evidence and therefore requires reporting and documentation.

Formal and professional supports usually entail more planning and reporting than informal supports.

Organisations have policies and procedures for reporting that meet all their statutory obligations and reflect the organisations' ethos.

Organisational requirements usually specify the frequency of reporting, the form of reporting and the storage of reports. Report storage must meet privacy and confidentiality requirements relating to the security of documents and prudential requirements in terms of how long documentation must be retained.

Here is a list of possible reporting requirements in each of the planning stages.

Initial assessment	Objectives
Assessments may be required of the person's physical, cognitive and/or emotional state. Assessments are usually documented by specialists, but may require input and observations from support workers and supervisors familiar with the person.	An individualised, person-centred plan is always based on a person's own goals. Input from the person and people close to them such as family, friends and carers needs to be captured in the plan. The plan should include an agreed action plan about which services to engage to achieve the stated goals.
Strategy implementation	**Progress evaluation**
The workability of the strategies contained in the plan is the first concern once the action plan has been developed. Strategies may require risk assessments to be made to ensure they are a safe way to work. When problems are encountered, support workers must be willing to document these and seek advice from colleagues or supervisor on ways to work around them.	Information on progress being made towards achieving goals should come from all relevant sources; that is, all the people helping a person work towards those goals. The person should be encouraged to self-assess and compare their perspective to those of support workers, people in their informal support network and counsellors, psychologist and other specialists. As achievements are made, goals need to be reassessed and reset.

Report changes

Every organisation will have its own system for recording and reporting changes and significant events.

The reporting may also be completed in different formats such as written documentation, computer records and verbal exchange of information. Three common forms of recording this information are explained here.

Case notes

Case notes can be recorded using software that enables all support workers involved with a person to have ready access to up-to-date information relevant to their skill development. This includes observed or reported changes to the person's health, medication, living situation and relationships.

The policies of your organisation will guide your reporting requirements and how to advise other support workers of important changes.

Incident report

An incident report forms part of an organisation's work health and safety (WHS) system. It is used to describe incidents, near misses and concerning changes that you have witnessed. Generally, the form then needs be lodged with your supervisor and followed up by a WHS specialist.

An incident report is also a legal document and you must record accurately and objectively what you have observed.

Critical incident report

Organisational policies on critical incident reporting will closely mirror those in practice guides or instructions from regulatory or funding agencies, and include direction on mandatory reporting obligations. Agencies may have specific reporting templates that must be filled out. Service providers may be required to file copies of all critical incident reports relating to the person in the person's file and review the incidents as part of quality assurance.

Critical incident reports

Legislation in the state your service operates in, along with the guidelines of your funding body (also possibly state-based), will largely determine the requirements for documenting critical incidents.

Regulatory or funding agencies may have reporting templates that must be filled out. Service providers may be required to file copies of all critical incident reports relating to the person in the person's file and review the incidents as part of quality assurance.

Service providers may also need to keep a critical incident register or database and make sure it is up to date and available for audit.

Paper-based reports and related electronic data must be stored securely and only accessed by staff that have a legitimate business purpose. Best practice for storage of paper reports is usually in a locked cabinet in an area that is restricted to staff only. Access to electronic data should be limited to appropriate staff only through password restrictions or access permissions attached to a user profile.

You can access more information on critical incident reporting at:

- http://aspirelr.link/incident-reporting

Here is information from: DHHS Victoria about critical incident types.

Critical incident types

- Behaviour: behaviour that may need to be reported includes dangerous, disruptive or sexual (inappropriate or exploitative) behaviours
- Breach of privacy/confidentiality matters: inappropriate disclosure of confidential personal information
- Death of a person being supported, another person or a staff member
- Drug/alcohol: use or misuse of drugs and/or alcohol and/or other substances

- Medication errors – including taking incorrect medication, missing a dose, dispensing error at the pharmacy, refusal of medication, incorrect use of restraint medication
- Physical assault: actions, or attempted actions, that involve the use of physical force against a person that results in or has the potential to cause harm
- Property damage/disruption: damage or disruption to premises that involves or affects people being supported
- Suicide attempted: actions that intentionally cause harm with the intention to end one's own life
- Sexual assault and rape: penetration or attempted penetration (anal, oral, vaginal) through the use of physical force, intimidation and/or coercion without that person's consent
- Self-harm: actions that intentionally cause harm or injury to self

Document and action concerns

Your duty of care does not end once you have monitored and evaluated the success of the strategies being used and recorded these in the case notes or management plan of the person. Where you are concerned for the person's wellbeing or believe further action is necessary, you should consult your supervisor as soon as possible and bring the issue to their attention directly.

As a support worker, you may have the most contact with the person of anyone in their network. Regardless of how good your rapport with the person is, you should never shoulder responsibility for their wellbeing if you believe they are at any risk. Make every attempt to discuss with your supervisor in the clearest terms possible any unusual or uncharacteristic behaviour you have noticed.

Mandatory reporting

Mandatory reporting of certain abuse situations may be enforced by legislation that makes it an offence not to make a report.

Many states have mandatory reporting laws in relation to child abuse. For example, in Victoria the law relating to failure to disclose child sexual abuse to the police came into effect on 27 October 2014.

There are guides generated by government and other agencies to assist workers to understand their mandatory reporting obligations in situations where they become concerned that a child or young person known to them is being abused or neglected, or is likely to be abused or neglected.

You can access the NSW Government interactive online Mandatory Reporter Guide at:

- http://aspirelr.link/childstory-reporter-nsw

The online Mandatory Reporter Guide covers:

- physical abuse
- neglect – in relation to supervision, shelter, food, hygiene, medical care
- sexual abuse
- psychological harm
- danger to self or others
- carer concern.

Referral reviews

The formal review of a support or management plan is usually undertaken by supervisors. As a key player in the success of the implementation of the person's plan, the support worker should give input to the review.

A support worker can contribute direct insights into the effectiveness of the strategies in place. The worker is also the person most likely to have the person's trust and respect, so having them at the review will usually help the person engage in the review process and speak up.

Where a person is not capable of making decisions for themselves, a guardian or advocate may be involved on their behalf.

The formal review process consists of:

- revisiting the person's plan
- reading through all documents that relate to the individual plan
- providing evidence that it is not working
- clarifying anything that is unclear
- considering whether a formal assessment is required
- revisiting the support goals and reconfirming or changing them
- inviting the person to discuss their current strategies
- redesigning strategies to meet the revised goals
- considering additional equipment, resources or training
- drafting a new plan.

Example

Complete and maintain accurate documentation

Suri is 19 years old and has been in a relationship for five months with her boyfriend, Jamie, who has a number of convictions for assault. Suri moved into Jamie's flat three months ago and gave up the lease on her own unit. Suri has a history of alcohol abuse and recently lost her job because she came to work drunk. Suri has just found out she is pregnant.

At a recent antenatal check with her general practitioner, Dr Cochrane, Suri presents with bruising to her eye, shoulders and chest. With Suri's permission, Dr Cochrane contacts the local family violence service, which arranges for Suri to be transported to its office in a taxi.

The agency undertakes a comprehensive assessment, which indicates there is an elevated risk to Suri and her unborn baby and, following discussion with Suri, organises a referral to a refuge for accommodation. Once Suri has settled in at the refuge, the risk assessment is reviewed. The refuge worker identifies significant concerns for the wellbeing of Suri's baby and suggests a number of additional supports to address these issues.

With Suri's permission, the family violence worker coordinates referrals to:

- the courts and a community legal centre so Suri can seek an intervention order
- a drug and alcohol agency so Suri gets support with her alcohol abuse
- Centrelink and the Department of Human Services Housing Service so that Suri can access appropriate benefits and housing.

The refuge worker also refers Suri to Child FIRST to ensure she has access to appropriate maternity services and support. The family violence support service talks to Suri about police involvement, but she is adamant that she does not wish to make a formal report. The family violence support service maintains a case coordination role until such time as Suri's safety needs have been addressed and managed.

Practice task 15

1. List two components that should be included in the documentation of a plan and report.

2. List three examples of critical incidents.

3. List two components of the formal review process.

Click to complete Practice task 15

Summary

1. Choice is a guiding principle when supporting people at risk and people experiencing mental illness. Choice means a person actively participating in the planning and delivery of support services to themselves as far as they have the capacity to do this.
2. A person's ability to make choices and decisions may be diminished in certain circumstances, but they still have a right to self-determination. A strengths-based approach helps people emerging from a crisis to view themselves as able and effective and to trust their own choices.
3. There are internal and external barriers to a person seeking help.
4. Internal barriers to seeking help include shame, guilt and embarrassment. To help a person deal effectively with their internal barriers, you must gain an understanding of their situation and their personality.
5. External barriers to seeking help include societal attitudes and misunderstanding of some risk behaviours such as self-harm. A lack of appropriately targeted and funded services is another external barrier to people accessing help.
6. Getting help is made more difficult for CALD and Indigenous Australians by cultural and language barriers.
7. A support plan or management plan sets actions, measurements and time lines, and is critical to monitoring the effectiveness of supports.
8. A safety plan can help remind a person of what to do if they feel threatened or at risk. This may be developed separately or be included in a plan to access informal or formal supports.
9. Previous experience with service delivery may colour a person's view of certain options, either positively or negatively. For example, people from CALD backgrounds may have very different expectations of service delivery based on what they know from their own country.
10. Acknowledging achievement helps a person to see their progress more clearly and strengthens their commitment to further support and care.
11. Changes to a person's circumstances and risk profile should be captured in case notes and in incident reports and critical incident reports. Concerns for safety should be documented, actioned and followed up in all cases.
12. Mandatory reporting in relation to child abuse and neglect is an obligation in most states and to fail to do so is an offence that carries penalties.

Learning checkpoint 3
Provide referral for crisis intervention support

This learning checkpoint allows you to review your skills and knowledge in providing referral for crisis intervention support.

Part A

1. What is informed choice?

2. What are two conditions of empowerment that a support worker can help create?

3. How may violence and abuse impact on choice making?

4. How can a support worker assist people at risk to apply problem-solving skills to overcoming barriers?

5. List three common sources of ongoing care and support for people in crisis that can be contacted.

6. How can a support worker assist people to take the first steps in accessing ongoing help?

7. How may previous experiences of care impact on a person's attitude to receiving support?

8. Why is it important to acknowledge achievements and progress as part of crisis intervention?

9. List three ways of documenting changes to the risk situation of a person with a safety issue.

Part B

Read the case study, then answer the two questions that follow.

Case study

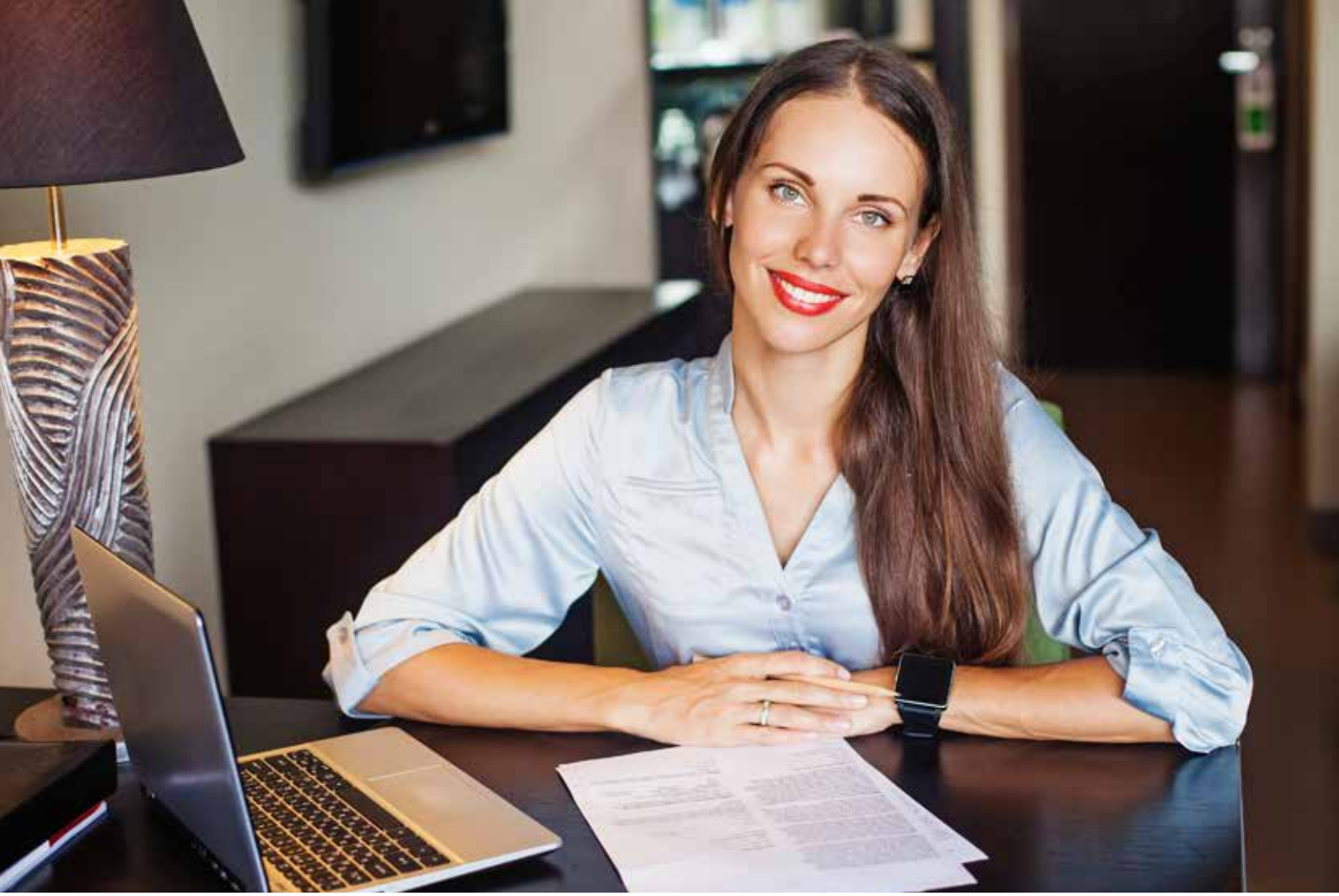
Jeff says he can't think of anyone to ask to act as an informal support. He doesn't want to ask any of his friends because they just wouldn't get it, and most of his family lives in another state. Tony, his support worker, persists and asks Jeff to think of anyone he knows well who lives reasonably close to him.

Jeff finally mentions his grandfather, Bob, a decorated soldier from the Vietnam War. Jeff says he is close to Bob, but he would not want to embarrass or shame him by telling him about his suicidal behaviour. Jeff tells Tony that Bob was wounded in the war and hardly ever talks about it. Tony says: 'Don't you think Bob would know more about living and dying than most?' Jeff agrees, but says he doesn't know how to bring it up. Tony says that sometimes the best approach is the most direct and simple one. He suggests that Jeff simply tells Bob about what he is going through and asks him if he would mind supporting him sometimes.

Jeff tells Bob and to his surprise, Bob says that he had a similar experience after the war. Bob tells Jeff that he has done the right thing to talk about it because Bob bottled it up and didn't get help. Bob goes on to say he went through years of pain, struggling to find a reason to stay alive. He says that he knows how hard it must have been for Jeff to ask him, but he is very pleased that he did and of course he will do everything to help him and at any time.

1. Give an example of an internal barrier to seeking help that Jeff experiences.

2. List three key considerations for Tony when developing a support management plan for Jeff.



Topic 4

In this topic you will learn how to:

4A Minimise risks to self when providing crisis support

4B Identify and respond to the need for supervision and debriefing

Care for self

Crisis support is a very demanding part of a support worker's role and it can be confronting and distressing. A worker must aim to be professional in their dealings, as well as empathetic. It is often difficult to strike this balance. It is hard for a support worker to leave the stress and emotion of critical incidents behind when they clock off.

WHS legislation states that workers have a duty of care to work in a manner that is not harmful to their own health and safety or the health and safety of others. Their employer also has obligations to provide a safe workplace and working conditions for them.

A worker must work within their job role and not put themselves at risk in dangerous situations. They must manage the special demands of handling risk situations effectively and have insight into how they are coping physically and emotionally. They must be prepared to get help from colleagues and supervisors when they need it.

At the same time, supervisors must be aware of and look for signs of stress and burnout in their staff and take active steps to protect their health and safety.

4A Minimise risks to self when providing crisis support

Work health and safety (WHS) legislation aims to keep workers and others safe in the workplace and the working environment. The *Work Health and Safety Act 2011* (Cth) came into effect on 1 January 2012, replacing the *Occupational Health and Safety Act 1991* (Cth) and the individual state and territory laws regarding health and safety.

WHS legislation aims to protect workers not only from physical injury and hazards, but also from hazards such as stress and fatigue.

Support workers must avoid taking on the emotional stress of dealing with people in crisis. They must implement strategies to deal effectively with stress if they are to be able to do their job well day in and day out.

You can access more information from WorkSafe Victoria at:

- http://aspirelr.link/worksafe-vic

Tips for a safer working environment

- Take reasonable care of your own health and safety at work.
- Tell your supervisor about potential hazards or personal physical problems in the workplace.
- Follow any safety guidelines according to your training and work instructions.
- Take reasonable care not to affect the health and safety of others by your acts or omissions.
- Work with your employer in any action taken to make working practices safer.
- Report any injury or crisis situation immediately to a supervisor.
- Avoid putting at risk the health and safety of others.

Self-management

Part of self-management for a support worker is looking after themselves after dealing with a particularly disturbing or emotionally draining crisis situation.

They must not be afraid to admit to or show vulnerability to their co-workers and supervisors, or else they will miss out on the collegiate support and mentoring that will help them deal with and get past difficult incidents.

In theory, effective support workers should have high levels of emotional intelligence and intrapersonal skills, but ironically it is often found that they are unable to use these skills to manage their own emotional responses to workplace trauma or tragedy.

Principles of self-care

People involved in crisis intervention and suicide-prevention work must take extra care to look after themselves to avoid stress-related health problems and burnout. Responding to individuals at risk can be extremely challenging and stressful, and organisations must have procedures in place for workers to debrief after an incident.

Workers should also ensure that they take steps to look after their own mental and physical health in order to carry out their work in an effective way.

The overriding principle of self-care is that you are no good to anyone else unless you look after yourself first. The dedication and selflessness of many support workers must be balanced with prioritising their own wellbeing when this is necessary.

Here is more about self-care.

Examples of self-care
▶ Taking time out after a stressful time at work
▶ Eating well, exercising and getting enough sleep
▶ Taking opportunities to attend peer or professional supervision
▶ Maintaining a healthy work–life balance
▶ Keeping interested in one's own life and friends

Principles of supervision

Supervision is to be carried out in an environment of trust, confidentiality and respect. In creating this atmosphere, a supervisor ensures that difficult issues can be brought up and dealt with cooperatively and satisfactorily, including any WHS issues posed by support work.

The specific content of supervision sessions is confidential, except where information is disclosed to a higher level of management or when there is mutual agreement, and/or if the information has serious implications for:

- the service
- the staff member concerned
- other staff
- the supervisor
- a person or persons receiving support
- members of the community.

Looking after others

Community service workers who are involved in crisis situations, such as attending to people at risk of suicide, must try to keep everyone safe.

Failure to take reasonable steps to ensure the safety of the person at risk or others may result in a negligence case being brought against the worker and their employer. In order to protect themselves, workers should confirm with their supervisors that everything possible has been done in a given situation to secure the safety of the individual and others.

There is a duty of care for workers to take reasonable steps to ensure the safety of the people they are working with and others where there is a risk of harm present.

Here are steps to minimise harm.

Steps to minimising risk:

- Try to calm and restore emotional equilibrium to all people present.
- Avoid placing yourself in danger.
- Ensure that any weapons or lethal means of suicide are removed or secured.
- Make sure that any highly stressed individuals are placed in a quiet, low-stimulus environment.
- Call in back-up and support to help manage the situation if necessary.
- Ensure the person at risk is not left alone if there is a risk of suicide.
- Provide information about services and ongoing care.
- Ask other people to leave a situation where their safety is at risk.
- Call the police if a person or persons are at risk of harm or being threatened or harmed in any way.

Example

Minimise risks to self when providing crisis support

Gabrielle is a mental health worker who supports young people affected by mental illness. She regularly hosts events where young people come together to socialise and support each other.

Gabrielle learns that one of the regular members of the group has died by suicide.

She feels very distressed. She meets with her supervisor, who provides immediate emotional support and organises an appointment with the organisation's employee assistance provider (EAP) for counselling that same afternoon. The supervisor suggests that in the meantime Gabrielle access her informal support networks, including colleagues, friends and family. Gabrielle phones a close friend – who also happens to be a health worker – and arranges to meet with her after work.

Gabrielle also organises with her supervisor to get support from a colleague to assist her when informing the young people in the group about the death of their friend. After this is done, Gabrielle will have a day off work to engage in some self-care activities such as a long walk with a friend and a massage. She will also be given time off work to attend the funeral and to access ongoing EAP support.

Practice task 16

1. Briefly define what is meant by the term ‘self-care’.

2. List two impacts on the individual of not effectively managing work-related stress.

3. Summarise the steps that are listed for preventing work-related stress.

Click to complete Practice task 16

4B Identify and respond to the need for supervision and debriefing

Supervision arrangements should be clearly understood by both parties and scheduled well ahead of time in a suitable location. Supervision meetings should never be cancelled without good reason and should be rescheduled promptly, rather than just waiting for the next one to roll around.

Supervision is a shared responsibility between the employee and the supervisor. Both take responsibility to set the agenda and ensure that it occurs.

However frequent supervision meetings are, the ability to call ad hoc meetings between the regular scheduled ones is important if staff are to feel supported and supervision is to be timely.

The ability for either party to instigate an extraordinary meeting as circumstances require will help ensure that staff have the outlets, support and coping strategies they need.

If a supervisor does not have an open-door policy, they should at least have a couple of windows in the work week when staff know they are available to be called on.

Signs of stress

Individuals all have their own ways of experiencing and handling stress. For some it will manifest as poor sleep or eating patterns, or as being short-tempered or distracted.

Support workers who have been trained to recognise signs of distress in others may have a blind spot in noticing the same in themselves. If they aware they are experiencing stress, they may try to ignore it or refuse to admit the degree to which it is affecting them.

Support workers may exhibit similar coping strategies to the people they support when dealing with stress, including drug use and absenteeism.

Witnessing self-harm, physical and psychological suffering and even death can be very traumatic and, apart from general workplace stressors, a particular event can have a profound effect on a worker and may even lead to an ongoing condition such as acute stress disorder (ASD) or post-traumatic stress disorder (PTSD).

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) is the name given to a set of reactions that can develop in people who have been through a traumatic event.

They may have experienced or observed an event that threatened their safety or their life, or that of others around them. In PTSD, the way an individual processes this event leads to feelings of overwhelming fear, helplessness or terror.

In any one year, it is estimated that around 200,000 people (around 1.3%) experience PTSD.

Signs of PTSD may not be evident straight away but can surface some time after the life-threatening or horrific event.

People with PTSD often experience feelings of panic or extreme fear. It may seem to them that they are reliving a fear similar to that they felt during the event itself.

Here is more information about PTSD.

Four main types of difficulties in PTSD
Reliving the event The person relives the event in regularly recurring memories, often in nightmares. They may experience panic or anxiety.
Hyperstimulation This may be experienced as sleeping difficulties, shortness of temper, impatience, lack of focus or becoming easily startled.
Avoidance The person intentionally avoids people, activities and locations that may lead to them experiencing fear, horror or bodily reactions that come with these memories.
Being disconnected The person becomes emotionally flat and numb to experiences that they once enjoyed. Their relationships suffer, as they feel detached from friends and family.

Debrief with colleagues and supervisors

Timely debriefing and counselling after a major stress event can help workers make sense of and deal with their feelings. These supports should be offered as a matter of course, as part of the organisational response to any worker who finds themselves in this situation.

Debriefing allows a worker to discuss the events of an intervention and to air any concerns they may have about the role they played. Debriefing usually takes place with a supervisor or counsellor and allows the worker to vent feelings that they may not be able to talk about outside the work environment because of privacy and confidentiality issues.

The process should be supportive to the worker and assist them to come to terms with events that they may be finding emotionally challenging or taxing.

Other sources of support

PTSD will clearly require treatment outside workplace supervision arrangements. Diagnosis of this disorder may be made by a mental health specialist and may involve cognitive behavioural therapy (CBT) and psychotherapy techniques such as eye movement desensitisation and reprocessing (EMDR).

The frequency and duration of supervision will vary according to the nature and complexity of work and the experience of the worker.

A range of supervision strategies are available to employees. Depending on resources, these can include group supervision with a facilitator, peer supervision, cross-agency supervision and external specialist supervision. Informal peer discussion/debriefing can occur alongside formal supervision, but does not replace it.

Advantages of supervision include:

- enabling frontline workers to share with others who know what they are experiencing and who can empathise
- identifying industry or sector trends and sharing strategies and approaches that work best
- incorporating specialist expertise and perspectives and leveraging off their knowledge.

Example

Identify and respond to the need for supervision and debriefing

Erin is working overnight in a residential setting the night that a person attempts suicide. Erin is alone and discovers the person in the bathroom when she goes in to stop a tap dripping. Erin handles the situation remarkably well at the time and the resident is taken to hospital and her life saved. Erin's supervisor meets her at the hospital early in the morning and they have a coffee and discuss what happened. Erin does not speak much, saying she is tired and just wants to go home to bed. Her supervisor suggests she takes a few days off and considers speaking with the employee assistance program (EAP) counsellors before she returns to work.

Erin has trouble sleeping that night, but after a few days she is not thinking about the incident and feels ready to return to work. She reluctantly has a session with the counsellor at the insistence of her supervisor, but does not get much out of it and doesn't make a follow-up appointment.

It seems like business as usual for Erin when she returns to work, until she does a nightshift and finds she feels anxious and is unable to remember what tasks she has and has not done. She decides to push through the anxiety until her series of nightshifts end.

When she asks to switch to dayshifts permanently, her supervisor asks her how she is going. Initially she is reluctant to talk and says she is fine, but her supervisor continues to pursue the issue and slowly Erin opens up and confides in him.

The supervisor arranges another counselling session and Erin engages more fully, opening up about her feelings. She willingly makes an appointment for another session and ends up seeing the counsellor each fortnight for around two months. The next time she does a nightshift, she feels a lot better.

Practice task 17

1. What supports are offered to Erin after the suicide attempt?

2. What signs of stress did Erin show following the incident?

Click to complete Practice task 17

Summary

1. Support workers must be mindful of the emotional demands of their job, operate professionally and stay within the scope of their role.
2. WHS legislation requires workers to keep themselves and others safe at all times, including managing stress.
3. WHS legislation requires employers to provide workers with a safe working environment and conditions, and this includes proper supervision.
4. Support workers must avoid taking on the emotional stress of dealing with people in crisis.
5. Self-care involves prioritising your own health and wellbeing so you can continue to be effective in your role.
6. To allow difficult issues to be discussed, supervision should take place in a context where there is mutual respect, trust and confidentiality.
7. Looking after the safety of all others involved, including community members, is vital in situations of risk.
8. Supervision meetings should never be cancelled or postponed without good reason and should be immediately rescheduled.
9. Signs of stress that workers show may be similar to the signs of distress shown by the people they support through crisis situations.
10. PTSD may be associated with major crisis events where a person was in danger of dying or witnessed the suffering or death of another person.
11. Debriefing and counselling help support staff through stressful crisis events.
12. Additional supports are needed to deal with stress disorders such as ASD and PTSD, including cognitive behavioural therapy and psychotherapy.

Learning checkpoint 4
Care for self

This learning checkpoint allows you to review your skills and knowledge in caring for self.

Part A

1. List two behaviours that will assist support workers to look after their own health and wellbeing at work.

2. List two circumstances where the confidentiality of supervision meetings may be broken.

3. List two actions a support worker can take to keep others safe in situations of potential harm.

4. Describe briefly one sign of post-traumatic stress disorder (PTSD).

Part B

Read the case study, then answer the two questions that follow.

Case study

Justin works in the alcohol and other drugs (AOD) sector. One day he is visiting a person, George, at home. He knocks on the door, but George does not answer. Justin finds the door unlocked and lets himself in. He soon finds George and it is apparent that he has taken his own life. Justin is deeply shocked and distressed. George had been doing well lately and appeared to have overcome his problems with alcohol and begun getting his life back on track.

Justin alerts the authorities in a calm and methodical way, and goes back to his organisation to report what has happened. When his supervisor asks him if he needs debriefing, Justin declines, saying he is okay.

Over the next few days, Justin realises that he is not okay. He constantly thinks about George and wonders what he could have done to save him. He has nightmares and feels emotionally exhausted. He knows that his mind is not on the job and he is not providing adequate care to others. He decides to go back to his supervisor and ask for a debriefing session. His supervisor immediately refers him to another supervisor, Marion, who is very experienced in providing debriefs.

Justin pours out the feelings that he has been trying to contain over the last few days. Marion listens and accepts all his feelings. Justin is relieved when Marion explains that everything he is feeling and experiencing is a normal reaction to a traumatic experience. She also explains that he can expect to have some ongoing reactions and provides information about how he can minimise the impact of what he has experienced.

After the debriefing session, Justin starts to feel better. Being able to share his emotional reactions to the traumatic event has helped him to process what happened and to realise that he should not blame himself for George's actions.

1. Describe how debriefing after an event can help a support worker deal with stress effectively.

2. What are two types of stress disorders that may affect workers after witnessing or experiencing high levels of stress?