CHCCCS019

Recognise and respond to crisis situations

Aspire
Learning Resources

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Release 1

Learner Guide

Aspire Version 1.1

Aspire
Learning Resources

CHCCCS019 Recognise and respond to crisis situations, Release 1

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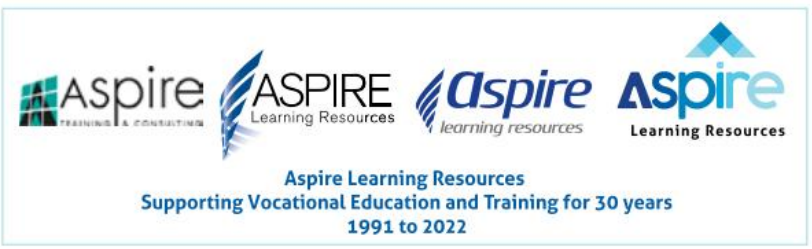


Contents

Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country

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.

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.

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	These 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.
Callouts	Callouts reiterate key learning points to help students revise for their assessments.
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.
Summaries	Key learning points are provided at the end of each topic.
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.

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.

These skills are listed below:

Foundation skill area	Foundation skill description
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
Learning	• Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	• Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and enterprise	• Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	• Working well with other people by cooperating, collaborating, encouraging and building rapport

Foundation skill area	Foundation skill description
Planning and organising	• Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	• Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	• Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

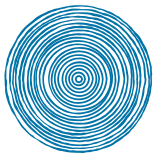
Note: Not every unit of competency will contain all foundation skills.

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 outcome	Rate your confidence in each section
Topic 1 Identify imminent crisis situations	1A Recognise crisis situations	❑ Confident ❑ Basic understanding ❑ Not confident
	1B Identify indications of imminent crisis	❑ Confident ❑ Basic understanding ❑ Not confident
	1C Ask questions when you have grounds for concern	❑ 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 Respond to the immediate crisis	❑ Confident ❑ Basic understanding ❑ Not confident

Topic	Key outcome	Rate your confidence in each section
Topic 3 Provide referral for crisis intervention support	3A Empower and support the person to seek further help	❑ Confident ❑ Basic understanding ❑ Not confident
	3B Refer to appropriate professionals as required	❑ Confident ❑ Basic understanding ❑ Not confident
Topic 4 Supporting self and others	4A Recognise and minimise risks to self in 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: Identify imminent crisis situations

1A Recognise crisis situations

1B Identify indications of imminent crisis

1C Ask questions when you have grounds for concern

1A Recognise crisis situations

A crisis is often a turning point in a client's life. The way your service responds can make a considerable difference.

A crisis is a critical period of difficulty or danger.

People who work in community services settings are often the first to see or hear signs that something is not right. Over time, you may learn a lot about a person's circumstances and gain their confidence and trust.

Factors that put people at risk of harm and crisis

Many people accessing community services have increased risk of crisis and harm.

The risk may have multiple causes. It may be the result of:

- poverty
- social or cultural disadvantage
- violent family or social background
- discrimination
- mental or physical illness
- disability.

These factors may not only put people at greater risk of harm and abuse than others, but also may reduce their ability to speak up for themselves or know their rights.

Compounding risk factors

Vulnerability to risk can be complicated by many different, and sometimes interconnected, factors.

For example, a person's ability to make decisions might be impaired by a mental illness. To help them cope with extreme emotions the person might use alcohol. The alcohol might further impair the person's ability to make safe decisions and put them at increased risk of harm.

Here are some further compounding factors that can complicate a person's vulnerability to risk of harm.

- Homelessness
- Drug and/or alcohol dependence
- Disability
- Chronic health conditions including mental illness
- Cognitive impairment such as dementia, intellectual disability or acquired brain injury
- Poverty
- Being a long-term carer for a person with high-level or complex needs

- Unemployment
- Stress
- Gambling

Types of personal crisis

There can be many complicating factors that lead to a personal crisis. Crisis situations can happen suddenly or may build over time.

Personal crisis situations may include:

- violence, including domestic violence
- child abuse
- elder abuse
- thoughts of self-harm
- suicidal thoughts.

This section will look more closely at these types of crisis.

Domestic and family violence

Violence, both physical and emotional, is illegal but unfortunately occurs at all levels of society. Domestic and family violence may be experienced by married and de facto partners of any gender; by children, parents, housemates, other relatives, carers or care recipients.

People exposed to violence may feel they have no escape, particularly if the harm is occurring within their home or family. The nature of abuse is that victims often think it is their fault or that they have earned it and deserve it.

Each state and territory in Australia has its own definition and laws covering family violence.

Family violence legislation in many state jurisdictions defines **domestic and family violence** as threatening and coercive behaviour, and includes grounds such as 'causing or threatening injury to a person'.

Here are some examples of different types of domestic violence.

Type of violence	Examples
Physical violence	• 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 – actions can be physically abusive even if they do not result in physical injury

People experiencing abuse are often so disempowered and feel so worthless that they believe there is nothing they can do to stop it happening, and that no-one cares about their plight.

Domestic and family violence Threatening, violent and coercive behaviour towards a partner, spouse, child, parent, housemate, carer or care recipient.

Type of violence	Examples
Threats/ intimidation	• Smashing things, destroying possessions • Putting a fist through a 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 unwanted text messages or emails, following them or loitering near their home or workplace
Coercive control	• Dictating what the person does, who they see and talk to or where they go • Keeping the person from making friends, talking to their family or having money of their own • Preventing the person from going to work • Not allowing the person to express their 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 their social networks and supports; by preventing them from having contact with their family or friends, or by verbally or physically abusing them in public or in front of others • Continually putting friends and family down so the person is gradually disconnected from their support network • Preventing the person from having contact with people who speak their language and/or share their culture

Risk factors for violence

Domestic violence is often gendered, with men more likely to perpetrate physical violence than women. Threats and verbal abuse often escalate to physical violence and, while this is the most obvious danger, the emotional and psychological consequences of family abuse are also serious. In some cases, family abuse starts or intensifies during pregnancy. When this occurs it is regarded as a significant indicator of future harm to the woman and her child.

Isolation also increases the likelihood of family violence. Whether isolation from family, friends and other social networks is physical or social, it makes a person more vulnerable. The perpetrator of the violence may deliberately reduce or remove the victim's social interactions.

Threats to harm others

If a person feels unsafe because they have been threatened this is a form of violence.

Threats to harm can be a way someone attempts to gain power or manipulate a relationship. This might not be a threat of physical violence. For example, someone may threaten to discredit or spread information about another person in an attempt to damage them or manipulate them.

Even if threats are not carried out, they can cause mental and emotional anguish and anxiety.

Threats may be either explicit or implicit. An explicit threat details the violence or action that the abuser is threatening. An implicit threat, such as "I wouldn't be surprised if you had an accident one day", is vague and can be intended to make victim worry that something bad could happen to them at any time.

Self-harm

People who engage in **self-harm** deliberately hurt their bodies.

Self-harm
Causing deliberate physical harm to a person's own self, with or without the intention to end their life.

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

The number of young people who die by suicide in Australia each year is relatively low compared with the number who self-harm. In many cases, self-harm works as a coping strategy to help the person continue to live. For many people, self-harm is a way to alleviate intense emotional pain or distress, or overwhelmingly negative feelings, thoughts or memories. Other reasons include self-punishment, to end episodes of dissociation or numbness, or as a way to let others know how they are feeling.

Risk factors for self-harm

Some groups or people are more at risk of self-harm than others.

Everyone can experience thoughts or actions relating to self-harm but these feelings are more likely to occur in groups with certain factors. Here are some examples:

- People with mental illness such as depression and anxiety
- Young people with a traumatic upbringing; such as a history of physical or sexual abuse, bullying, family history of mental illness or other trauma, are one of the groups at highest risk of self-harm

- Certain personality types can be a factor in the tendency to self-harm. This includes people with addictive personalities; such as those who use drugs and alcohol, people with low self-esteem, and people who define themselves as perfectionists
- Younger females are more likely to self-harm than young males, but they are also less likely to carry through with suicidal thoughts than young males or men

Suicidal ideation
Having thoughts of suicide.

Suicidal ideation

In Australian society, suicide tends not to be openly discussed. This is often because it is tied up with feelings of embarrassment and shame.

Tragically, feeling embarrassed or ashamed may stop people from getting the support they need. Sometimes there is no apparent trigger or life situation that leads a person to have thoughts of ending their own life. Alternatively, there may be obvious reasons for someone's feelings of desperation, despair or hopelessness. These feelings can be triggered or complicated by events such as relationship breakdowns, unemployment, grief and loss, ill health or loneliness.

While suicidal thoughts can affect any person from any background, there are some groups at greater risk than others. People who have made previous attempts to end their life are one of the highest risk groups.

Other risk factors can include:

- people with a mental illness
- younger people
- people who identify as LGBTIQ+
- men in rural communities
- older people
- Aboriginal and Torres Strait Islander peoples
- people with social problems such as gambling.

Elder abuse

Elder abuse
Harming an older person using financial, physical, sexual or emotional means, or through neglect.

Elder abuse may occur when there is a power imbalance between the older person and another person.

Elder abuse may happen to older people whether living in their own homes or in residential aged care. It may be perpetrated by partners, family, friends, aged care workers, intruders or other strangers such as tradespeople or other service providers.

Financial abuse	• Theft • Forced handover of income or assets, such as forcing them to change their will or home ownership • Denying the person access to their own money • Making significant financial decisions without consulting the person • Misusing the person's money or possessions
Sexual abuse	• Any unwanted sexual activity • Sexual activity which the person is not able to consent to • Sexual comments, suggestions or behaviour from aged care workers
Emotional abuse	• Acts that humiliate, degrade and demean the person • Threats • Silence and withdrawal as a way to punish or segregate
Neglect	• A person who has some responsibility for a vulnerable older person is using neglect if the older person: - does not have enough to eat or drink - does not have adequate warmth, shelter or protection from harm - is not helped to access required medical attention.

Child abuse

Child abuse can have serious long-term consequences for the child.

Child abuse
Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Like other types of abuse, child abuse can occur anywhere in society. However, certain groups are overrepresented in child protection services. There are complex factors involved in these groups' backgrounds including isolation, lack of role models, social problems and generational repetition of their own childhood abuse.

These groups include:

- families from low socioeconomic backgrounds
- parents with a history of child abuse
- Aboriginal and Torres Strait Islander communities
- people in rural and remote communities.

Type of abuse	Examples
Physical abuse	Physical abuse is any deliberate use of force towards the child. It 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.
Neglect	Neglect happens when those responsible for the child fail to provide the basic necessities to ensure physical and emotional wellbeing. These include: • food • love • warmth • clothing • shelter • medical attention • proper supervision.
Sexual abuse	Sexual abuse occurs when a child is exposed to sexual activity. This includes: • **grooming** • fondling a child's genitals • masturbation • oral sex • vaginal or anal penetration • exposing a child to pornography.
Emotional abuse	Emotional abuse is subjecting a child to ongoing verbal intimidation or humiliation. This can include: • name calling • threats of harm • put downs • isolating the child from social interactions.

Grooming
Common behaviour used by a child sex offender to prepare a child for sexual abuse.

Responding to signs

When people feel unsafe they have heightened emotions and greater levels of stress.

Once you have recognised signs of safety issues, an important first step is to start a conversation with the person. Try to build a connection with them. Ask them broad questions about how they are feeling, how their family is doing, how work is progressing.

If signs of safety issues or concerns are disclosed or suspected, you can ask the person more questions about their circumstances and supports, as long as it is safe to do so. Be careful to ensure that any conversations about safety, especially in domestic violence situations, take place in private without other family members present.

Consider the types of questions you can ask if you suspect risk of harm or distress.

Broad questions	Direct questions
• Is there anything else that might be troubling you which we haven't talked about? • Is there anything else that might be impacting your health or your children's health? • How are you going at home? • How are your relationships with other adults?	• Have you ever been hurt or physically threatened by your partner/ housemate/sibling/parent etc.? • Are you ever afraid of your partner/ housemate/sibling/parent etc.? • Do you feel safe right now?

Factors to consider when responding to signs

You must be aware of certain factors when responding to signs indicating there may be safety issues for the person. Consider the following points:

- Threats or coercive control may have increased but there may be no physical evidence of this.
- Remember the person's own safety when providing them with written material about domestic violence.
- Think about the person's own safety when communicating online, as internet and phone app history can be tracked.
- Use female interpreters with people from culturally diverse backgrounds.
- Use cultural interpreters, such as Aboriginal and Torres Strait Islander liaison officers, to support people from diverse cultures.

Example

Recognise situations of crisis

Preet is a personal care assistant who works for an organisation that provides home-based care for older people. She has developed a good relationship with Hyacinth, who is 80 years old and receives support with meal preparation and household chores. Recently, Hyacinth's adult son, Dean, moved into her home after separating from his wife.

On two occasions since Dean moved in, Preet has noticed bruising on Hyacinth's wrists. Generally, she appears much more anxious than usual. Preet is concerned and suspects that Dean may be abusing Hyacinth. She follows her organisation's procedures for addressing potential family violence.

Since Hyacinth is not in immediate danger or at risk of significant harm, Preet's first step is to talk to Hyacinth about her concerns in a safe and respectful way.

Practice Task 1

Question 1

List three types of crises that can affect people accessing community services.

Question 2

Which of the following are risk factors for suicidal ideation? Tick all that apply.

- ❑ Only people from low socioeconomic groups are at significant risk of acting on suicidal ideation.
- ❑ Self-harm is the first sign that a person is at risk of suicide.
- ❑ People who have made attempts to end their own life in the past are a high-risk group for suicide.
- ❑ Residing in aged care is a risk factor for suicide.
- ❑ Men in rural communities are a high-risk group, especially when there are signs of mental illness.

Question 3

Match each type of crisis situation to its definition/description.

Domestic and family violence	Deliberately causing physical harm to a person's own self, with or without the intention to end their life.
Child abuse	Threatening, violent or coercive behaviour towards a partner, spouse, child, parent, housemate, carer or care recipient.
Threats	Any physical, emotional, sexual abuse or neglect of a person under the age of 18.
Self-harm	A form of violence used to gain power or manipulate a relationship by provoking mental and emotional anguish and worry.

Question 4

List three questions you might ask a person you suspect may be at risk of harm or distress.

1B Identify indications of imminent crisis

Human behaviour is complex. Some people may tell you what is going on but others may be reluctant or unable to talk to you about their situation and emotions.

Support workers may get a sense that something is wrong when communicating with people, especially those they know well. It can be difficult to understand why you feel something is not right, or to explain these feelings, but it is very important to pay attention to your intuition.

Your concerns that a person may be unsafe could be prompted by a variety of indications, such as:

- small things the person says that hint at a personal threat or crisis
- observations you make about their behaviour, particularly if it is unusual or uncharacteristic
- subtle clues in the person's tone or body language
- observations told to you by other people about the person or family
- signs of physical changes such as bruising
- a direct conversation in which the person or child tells you about a situation or emotions that put them at risk.

Clues in conversation that indicate the person may be in crisis

It is important to look for clues in the person's conversation when you suspect they may be at risk of harm or distress.

The stigma, guilt and strong emotions associated with crisis situations such as domestic abuse, self-harm or suicide ideation can make people feel too ashamed to talk. It may be that they are unable or unwilling to articulate their distress. They might be frightened of repercussions from a perpetrator, or afraid of how they think medical professionals might respond. Sometimes, however, their distress will show itself through different forms of speech and communication.

Many people who try to end their own lives give verbal or nonverbal clues about their intent.

Conversational clues of suicidal ideation

The person might make a straightforward statement, such as, "I wish I was dead". Or their comment might be veiled, such as, "You won't have to bother with me anymore".

They might talk of feeling worthless, useless or hopeless. Their speech, as well

as any written, artistic or creative work, might be dominated by death or suicide themes.

They might talk of making final arrangements such as making a will, or giving away valued possessions. If the person has made previous attempts to take their own life they might return to talking about this. They might also appear to be saying a form of goodbye, such as telling you that they have appreciated what you have done for them.

Some people may suddenly appear to be happy following a lengthy period of depression. This can falsely reassure others that the person is doing well, when in fact their happiness can come from a sense of relief that they have made their decision.

Nonverbal clues that a person might be in crisis

Even if the person is attempting to hide signs that might indicate emotional changes such as fear, anxiety or sadness, their facial expressions and body language might suggest otherwise.

Here are some examples of nonverbal communication that may indicate someone is at risk:

- The person might not smile in their usual way, or they might sit in a closed, defensive posture, with a stony face, as if to say, "I don't want to open up to you".
- They might look distracted or be unable to focus on the conversation or meeting.
- They might be teary or look as if they have been crying.
- They might be argumentative, angry or dismissive.

Behavioural clues for harm or crisis

Every person is unique, which means everyone reacts and behaves differently when facing a personal crisis or trying to hide abuse or violence.

Unusual behaviour that is out of character for the person might alert you to the need to pay closer attention, and to consider whether the person may be at risk.

Anti-social behaviour

The person might show signs of reduced social activity, such as not attending school or work, or avoiding their usual social engagements. They might stop returning calls and turn down appointments or visits.

Some people who are in crisis might display violent, argumentative or disruptive behaviour as a result of extreme distress, and this can often lead to problems with relationships. On the other hand, it is important to note that these behaviours can also be signs that the person might be the perpetrator, rather than the victim, of family violence.

Risk-taking behaviour

Increased or heavy use of alcohol or other drugs can be a sign that the person is not coping. A child might run away from home frequently, or not go to school. An adult might take a lot of days off work without seeming to care about the possible consequences. The person might take other risks, such as driving their car dangerously or spending money they do not have.

Inability to focus

The person might have trouble concentrating on your conversation or frequently lose track of what they were saying. The standard of their performance at school or work may drop, and this can lead to more obvious problems such as the possibility of losing their job.

Hiding injuries

The person's behaviour might seem strange, suspicious or unusual. This can sometimes be a sign that they are trying to distract your attention to hide something they do not want you to know.

- They might be focused on hiding self-inflicted injuries or signs of physical violence on their bodies. This might mean they avoid situations where their arms or legs are exposed such as swimming, or they might wear tops with long sleeves on a hot day.
- They might sit or stand with an awkward posture in an attempt to hide injuries; they might wear a lot of make-up or a scarf, hat or dark glasses.
- If they live in a residential setting, they might hide their clothes or wash them separately to avoid others seeing blood stains resulting from physical or sexual violence. A person who is considering or using self-harm might also hide objects in unusual places, such as razor blades or lighters.

Reduced enjoyment of life

Lack of energy or losing interest and pleasure in activities that were previously enjoyed is a common sign that something is not right. Insomnia may be a sign of anxiety, but so may excessive sleep. A person who wants to sleep all day may also be trying to escape from anxiety or depression.

Fear

Signs that a person is afraid of their partner or family member might alert you to abuse. The person might behave as if they are constantly walking on eggshells, watching what they say and do in order to avoid a blow-up. 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.

Physical clues for risk of harm or crisis

If a person is trying to hide abuse or self-harm, they might make unlikely excuses for their or other family members' injuries. They might appear with unusual injuries such as cigarette burns, or have a series of 'co-incidental' or 'clumsy' accidents.

A person with severe depression or anxiety might have constant or recurring vague or unexplained physical complaints, such as headaches or stomach pains. They might stop caring about the way they dress and forget to look after their appearance and personal hygiene.

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

Example

Consider indicators of safety issues

Anika, a young woman who attends a digital literacy course 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 as asked but is angry and snaps at Jason saying she does not know why she is in trouble.

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 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. Anika says it is best if she gets out of everyone's life.

Indicators of child abuse

It is important that you can identify children who may be vulnerable to abuse, or those who show signs that it might be occurring even if they do not have risk factors for abuse.

Children may be living in a situation that makes them vulnerable to abuse, but this does not mean that 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 living in families that, from the outside, look stable and well adjusted.

If you work with children or families, you may notice behaviours that are uncharacteristic for a particular child or unusual for children of a particular age or stage.

Here are some signs that might alert you to the existence of child abuse:

Type of abuse	Indicators that you might notice
Physical abuse	Signs that a child might be being physically abused include: **Unexplained or suspicious injuries, such as:** • unexplained bruises, welts, bites, broken bones or burns • injuries that do not match the story of how they occurred • injuries in the shape of an object; for example, a belt buckle or cord • faded bruises or other noticeable marks after they have been absent from care • no medical help given for an injury needing care. **Changed behaviours, such as:** • shrinking at the approach of adults • extremes in behaviour; for example, aggressive, withdrawn or shy • being fearful or upset about going home • being afraid of a particular person • unusual or violent play. **Parents' or carers' behaviours, such as:** • a parent is controlling and displays signs of violence and aggression in public • subjecting the child to harsh discipline • unrealistic expectations of the child.

Type of abuse	Indicators that you might notice
Neglect	Neglect may have occurred if a child shows one or more of these signs: **Physical signs, such as:** • consistently being dirty and/or having severe body odour • lacking appropriate clothing for the weather or situation • weight loss or dehydration. **Behavioural signs, such as:** • frequently being absent from school • constant hunger or begging, stealing or hiding food. **Parents' or carers' behaviours, such as:** • treating the child indifferently or with resentment • using excessive drugs or alcohol in front of the child or when caring for the child • not providing the child with medical or dental care • leaving the child alone at home despite their young age.
Sexual abuse	There might be child sexual abuse if you become aware of: **Physical signs, such as:** • sexually transmitted infections • pain, swelling or itching of the genital area • stained or bloody underwear. **Behavioural signs, such as:** • regressive, babylike or childlike behaviour that is unusual for their age or stage • talking about sex or pornography • not liking to be touched, hugged or kissed by an adult. **Adults' behaviours, such as:** • using sexual language or suggestive behaviours towards the child • avoiding leaving the child in the care of other adults • cutting the child off if they start talking about their emotions.
Emotional abuse	Emotional abuse may have occurred if you see signs such as: **Physical signs, such as:** • self-harm or suicidal ideation. **Behavioural signs, such as:** • extremes in behaviour; such as being overly compliant or demanding, extremely passive or aggressive • depression or severe anxiety • low self-esteem • learning delays **Parents' or carers' behaviours, such as:** • blaming, belittling or humiliating the child • overtly rejecting the child.

Practice Task 2

Question 1

List four signs that a child might be being sexually abused.

Question 2

Which of the following statements are correct? Select yes or no for each one.

a. People at risk of ending their own life might begin to give away valued possessions.	Yes / No
b. Sudden happiness following a long period of depression is a positive indication that the person is no longer at risk of ending their life.	Yes / No
c. People who are experiencing domestic violence usually let someone know when the violence begins to escalate.	Yes / No
d. When a young person tries to hide parts of their body from other people, they might be trying to hide evidence of self-harm.	Yes / No
e. Increased use of alcohol or other drugs can be a sign that the person is not coping.	Yes / No

1C Ask questions when you have grounds for concern

Whenever there are grounds for concern, ask directly about safety issues, and take immediate action based on your organisation's procedures.

When you have grounds for concern, it is usually best to ask direct and honest questions, telling the person why you are concerned.

After some initial broad questioning, point out the things you have noticed that have worried you. Tell the person that you are there whenever they feel ready to talk. Reassure them you will help however you can and will keep whatever is said between the two of you.

When to avoid questioning

In some workplaces, and in certain situations, you might need to report your concerns to a manager rather than asking the person directly.

If you feel that you do not have the skills or experience to respond to the person who is indicating a risk of harm, immediately seek the support of colleagues and your supervisor.

You do not have to be sure about something or have it confirmed before reporting it. This is particularly true when you might suspect elder abuse or child abuse.

There are times you might be putting yourself or others at harm by asking questions, such as when a person with a severe mental illness is making violent threats. In such situations it is important to keep yourself safe and call the emergency services for help, rather than questioning the person about how and why they are threatening violence.

Techniques for asking questions

Your explanation might be along the lines of, "I am a little concerned about you because [list signs that have made you concerned] and would just like to ask you some questions about how things are at home. Is that okay with you?"

Begin with an explanation of why you are asking them questions.

You can use a range of question types to try to encourage the person to open up to you. Once they have indicated they are willing to talk, you can ask more specific questions.

There is research that suggests that direct questions can be more helpful than skirting around with the questions you are asking. This is because a person experiencing trauma is more likely to answer a direct closed question honestly.

Closed questions

Closed questions can be answered with a yes or no. They provide you with facts and can be easier to answer. Examples of closed questions include: "Is someone hurting you?" and "Did you cut your own hand?"

Open questions

Open questions cannot be answered with a yes or no, so they encourage a person to give details. For example: "Tell me how you are feeling right now" and "Why do you think you are feeling that way?" You are likely to receive a more comprehensive response when using open questions like these.

Asking about suspected self-harm

Take every episode of suspected self-harm seriously.

Ask the person directly if they have harmed themselves and explain why you are asking the question.

If the person denies self-harming, do not push them. Follow up with a report to your supervisor about your concerns and a written incident report or file note. The person's safety must continue to be closely monitored.

If the person admits to self-harm, take the approach that this is something that can be talked about and understood. Ask the person directly about their intentions.

For example:

- "What were your intentions when you did this?"
- "What made you feel that way?"
- "Are you contemplating ending your life?"
- "Do you still feel like self-harming now?"

Offer support by asking them if there is anything that you might do to help. Let the person know that you are there for them, and that you want to help them without judgment.

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

Asking about suspected suicidal ideation

The purpose of asking a person about thoughts of suicide is to assess the risk of harm by finding out whether suicidal thoughts are present and, if they are, the risk of immediate harm.

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 life. In fact, a troubled person may be relieved that somebody has recognised that living has become difficult for them.

Always take talk of dying or suicide seriously, no matter how many times the person may have threatened suicide in the past.

However difficult you may find it, it is usually best to ask the person directly whether they are contemplating ending their life. You might say something like:

"When you made that joke before about dying, I felt concerned that you might have been serious. Are you considering taking your own life?"

Your question in itself will not contribute to it happening. Not asking the question, however, prevents you from ruling in or out possible courses of action that may save a life.

If the person confirms your concerns about suicidal ideation

If the person confirms that your suspicions were correct, or if their response gives you continued or further cause for concern, show them that you care what happens to them.

Some questions that you might ask now include:

- "When did these thoughts begin?"
- "How often are you having these thoughts?"
- "Do you feel able to control them?"
- "What has stopped you from acting on your thoughts so far?"
- "Have you made any plans?"
- "How often do you think about this plan?"

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

If there is immediate risk of the person acting on suicidal ideation

When there is an immediate risk, or if you are unsure, do not leave the person alone. Contact a mental health crisis team or, if it is an emergency, call an ambulance. Let a supervisor know about your concerns and seek further assistance from them. If the person insists on leaving, calling the police might save their life, especially if they leave in a distressed state.

If the person lives in a facility, where possible remove access to medication, ropes, knives and other means by which the person might take their life.

Questions you might ask yourself include:

- Does the person have access to means of carrying out their plan? For example, is there a firearm available?
- What is the person's occupation? For example; a police officer or farmer has access to guns, a health worker has access to drugs.

Example

Asking questions about suspected suicidal ideation

Joseph is in his late 80s and lives in an aged care facility in a semi-rural area. Six months ago his wife of fifty years died, and he has been grieving for her ever since. In the past few weeks his mood has been low and he has been quiet and resistive to care. He avoids talking much about himself and has withdrawn from the friendships and activities that he once enjoyed.

This morning the service manager, Karlene, notices that Joseph looks much brighter. The other staff are commenting on how great it is to see him smiling, and he is telling them individually how much their care has meant to him. Visiting him in his room, Karlene asks Joseph why his treasured miniature train collection that has always been displayed on the shelves is not there. Joseph replies that he gave one piece of the collection to each of his grandchildren when they visited at the weekend.

He tells Karlene that he is planning to take a walk alone later today.

Karlene sits down next to Joseph and asks him directly about his feelings.

"Joseph, you are showing signs that you are suddenly feeling better, and you have given away your treasured possessions. These are often signs that a person who is depressed is planning to take their own life. I am worried that you might be having thoughts of doing just that. Are you thinking about ending your life?"

Joseph shakes his head silently and refuses to talk any more. Karlene tells Joseph that she is there to help him if he needs anything. She asks him if he would like to speak to a counsellor or a priest, and Joseph says yes. She asks the other workers to help her watch Joseph and to delay him if he wants to leave for his walk.

Even though Joseph did not tell Karlene how he was feeling he did admit his feelings to his priest in a conversation later that morning. Joseph was able to get the emergency supports he needed, including a review from a psychiatrist who prescribed him medications and counselling to help him reach a place where he could enjoy life again.

Karlene's concerns and intervention may have saved his life.

Asking about suspected family violence

The first step towards breaking free from family violence is recognition and acknowledgement that the situation is abusive.

Once the reality of an abusive situation is acknowledged, the person can often move forward and get the help they need. Sometimes the person needs someone to reach out to them to help them to talk.

If you suspect violence, ask the person directly about it and let them know the reasons for your concerns. Remember that many people do not recognise coercive control, threats of harm or verbal abuse as forms of violence so use language that keeps this in mind. For example, if you ask, "Has your partner been hurting you?", the person might answer no, even if they are scared, because they think your question is asking about physical harm only.

More useful questions might include:

- "Has your partner ever threatened to hurt you?"
- "Do you feel happy and safe at home?"
- "Do you ever feel frightened of your partner?"
- "Are you worried about your children or anyone else in your family?"

Video: Family violence conversations

Watch the following video about beginning conversations about family violence: aspirelr.link/yt-fam-violence-conv

Pay attention to the types of questions that help women to open up about family violence.

If the person confirms violence

If the person confirms that they are affected by domestic violence:

- acknowledge how difficult it is for them to admit that to you
- tell the person that your first priority is to keep them safe
- ask about any children or other adults who may also be involved.

You can access more detailed information about family violence at: aspirelr.link/1800-respect-dv

Emergency response

If your questions or observations lead you to believe that the situation may be dangerous, seek assistance from colleagues and call Triple Zero (000) for emergency services.

When you become aware that a client, family, staff, community or others have been harmed or are at immediate risk of harm, this is considered an emergency. If you work in an environment where there is a duress or emergency alarm, use this to seek urgent help from other workers. If there is not, call out to other workers, family members or members of the public.

Calling emergency services

The emergency number for police, fire and ambulance in Australia is 000.

Seek help from emergency services if it is safe for you or someone else to make this call.

The operator will ask questions about the emergency, such as:

- whether you need the police, ambulance or fire brigade
- the exact location of the emergency
- a brief explanation of the emergency; such as a person who has self-harmed, a family being threatened by a violent person, or a person experiencing extreme and dangerous symptoms of mental illness or distress
- the name of your service, your name and position.

Stay on the line if it is safe for you to do so and give clear and composed answers. The operator will dispatch emergency services while they are still talking to you, so try to stay calm and continue to answer questions without interrupting the operator with requests for help.

Act under the direction of the operator over the phone. If it is safe to do so, stay with the person at risk until emergency assistance arrives. Your ability not to panic and to keep a clear head is key to providing the emergency services with the information they need to properly direct your actions.

Consent, confidentiality and disclosure

You have a **duty of disclosure** to pass on information needed to keep a person safe, even when they ask you to keep it to yourself.

Duty of disclosure
The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Sometimes a person might disclose information about a risk of harm, such as suicidal thoughts, but ask you not to tell anyone. The risk of suicide is one of a few situations where you are bound to break confidentiality. You have to tell others, but only those who need to know such as a supervisor, if there is a risk that the person might use violence or abuse against others, or if they intend to suicide or self-harm.

Never promise to keep this information secret. You may need to explain this to the person, even after they have given you the information. This is called your duty of disclosure.

Sharing information with other services

In most areas of your work, you will need to gain **informed consent** from the person before sharing information with other agencies. Generally, the person must know the reasons for collecting and sharing information, how the information will be used or shared and the possible consequences of sharing or not sharing that information. Information is also usually only able to be shared when it is related to the reason you set out to collect it.

Informed consent
Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

There are some exceptions to privacy legislation.

Exceptions to privacy legislation

When the person or others are at risk of harm if you do not report what you know, you must share what you have been told with relevant services such as police, doctors, mental health professionals, child protection services or others. You do not need consent and you should share this information even if the person has expressly refused to give their consent.

It is acceptable to share information without consent when you know of or suspect:

- 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 that could cause harm, such as drink driving.

Additionally, it is not always necessary or safe to tell the person that you are going to share this information. For example, a person who has been abusing a child might respond to your disclosure that you are going to call the police by threatening the child to force them to deny the abuse.

Practice Task 3

Read the case study and answer the questions that follow.

Case study

Giorgio is 55 years old and lives in a supported accommodation unit with four other men. He has very few close supports and no family. He has a history of mental illness and homelessness.

Recently his 15-year-old dog died. Since then Giorgio has been argumentative and aggressive with the other residents. He has been losing weight and spends a lot of time alone in his room. When he does talk, it is often to say how pointless he feels his life has become.

Question 1

Identify the reasons why you might have to be concerned about Giorgio's behaviour.

Question 2

Suggest how you would ask Giorgio about his intentions if you are concerned that he is at risk of ending his life.

Question 3

If Giorgio states that this is his intention and he means to end his life as soon as possible, but that he does not want you to let anyone else know, what would you do next? List as many steps as possible that you would take to respond to this situation.

Summary

- A crisis is a critical period of difficulty or danger. It is often a turning point for a client, where your service's response might make a major difference to their life.
- Types of crisis situations that you might witness or suspect in community services can include:
  - potential suicide
  - threats to harm others
  - self-harm
  - received threats
  - abuse, including child abuse
  - domestic and family violence.
- Violence, abuse, suicide and other types of harm can happen to anyone from any background.
- Some groups or individuals are at higher risk of harm than others.
- Indicators or signs of crisis can include verbal, nonverbal, physical or behavioural signs.
- It is usually best to ask the person direct questions and talk to them frankly if you have concerns that they are at risk of harm.
- You have a duty of disclosure to report concerns that might put the person or others at risk, even if they ask you not to tell anyone.
- Situations of crisis often need professional intervention.
  - If you are unsure of how to act, always seek help.
  - Follow your service policies regarding responding to crisis, such as by seeking a professional assessment of the person's needs.
- Call Triple Zero (000) if you have urgent concerns about a person's or child's wellbeing.

Learning Checkpoint 1

Identify imminent crisis situations

Part A

1. List three nonverbal signs that might indicate that a person is in distress.

2. List two risk factors for suicide.

3. List three signs that may indicate a person is experiencing domestic violence.

4. Which of the following are circumstances when you may need to share information about a person without their consent? Tick all that apply.

- ❑ When a family member asks you about them
- ❑ When you have concerns about the person's safety
- ❑ When you have concerns that others, such as a child or member of the public, is at risk of harm
- ❑ When a person has told you that they intend to self-harm

5. Suggest two reasons why closed questions are useful when asking people about their risk of harm or crisis?.

6. Which of the following are closed questions that could be used to find out about self-harm or suicide? Tick all that apply.

- ❑ "Have you made any plans?"
- ❑ "What were you doing yesterday?"
- ❑ "Is there a specific method and place?"
- ❑ "How often do you think about the plan?"
- ❑ "Have you been thinking about this for a long time?"

7. Identify how you would respond if you suspected that a child or vulnerable older person is being abused.

8. List two signs that a person might be self-harming.

9. Which of the following are signs that a person is being threatened or under coercive control? Tick all that apply.

- ❑ Being isolated; not talking to their family or having money of their own
- ❑ Unexplained and regular absences from work or school
- ❑ Sharing personal stories with friends
- ❑ Fear of talking about their personal life
- ❑ Weight loss or dehydration

10. Provide four examples of behaviours that a person might disclose that would suggest they are being threatened.

Part B

Read the case study and answer the questions that follow.

Case study

Denise is a 33-year-old woman who lives with her partner, Dan, and her 16-year-old daughter, Carrie. Carrie has cerebral palsy and an intellectual disability. Dan is unemployed, experiences depressive episodes and drinks heavily.

Gina, a support worker who visits to provide personal care to Carrie, notices bruises on Denise's neck. She quietly asks if Denise is okay when they are alone together one morning. Denise breaks down and starts to cry but doesn't say anything apart from thanking Gina for her concern.

Denise noticeably avoids Gina on her next visit. Gina notices that she is wearing a high-necked cotton jumper even though the day is warm.

1. Name four signs that indicate Denise is at risk of domestic violence.

2. List at least two signs Gina should look for that might indicate that Carrie has also been the victim of violence.

3. Identify the actions Gina should take.

4. Denise admits that Carrie has been physically abused by her father. Denise asks Gina not to tell anyone about this. Briefly outline Gina's reporting obligations.

Topic 2: Address immediate safety concerns

2A Listen empathetically to details of current crisis situation

2B Affirm and strengthen links to safety and living

2C Respond to the immediate crisis

2A Listen empathetically to details of current crisis situation

Empathy
The ability to understand, share and identify the feelings of others.

Empathy involves tryng to understand someone else's feelings by imagining what it is like to be in their situation.

Showing that you empathise builds trust, because the other person will often sense that you are trying to understand them, rather than judging them.

For example, when people have suicidal thoughts, they often feel fearful or trapped. By attempting to understand the person's feelings and why they are contemplating suicide, you may be able to help the person to find ways through the distress.

The difference between empathy and sympathy

Empathy and sympathy are different things. Sympathy means feeling sorry for the person. When you show sympathy, you sometimes feel that you are looking down on the person from a better place. Empathy is an attempt at understanding through imagining ourselves in the same situation. It recognises that suffering is part of being human, and that we all have to ability to recognise the depth of a person's feelings and sharing our humanity, rather than pitying them.

Listening with empathy

When someone truly feels empathy for another person, they have a sense that no-one can truly understand what another person is going through unless you have been in the other person's shoes.

Empathetic listening does not require personal sharing, although this may be part of a genuine reaction to the discussion. 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.

Here are some points to help you to practise listening with empathy.

- Listen carefully to the person's own story and perspective; give your full attention without interruption.
- Do not make comments that diminish what the person is feeling, such as 'That's a silly way to think', 'You are wrong about that' or 'I know what you're feeling'.
- Consider how the person may be feeling and put yourself in their shoes.
- Acknowledge the depth of the person's emotions through statements such as 'This has caused you so much distress – I can see that.'

- Let the person know that you are committed to helping them through the problem and that you will be there for them.

Recognising lived experience

In the past, mental health and other professionals often took charge of trauma and crisis situations with an attitude of 'I know better, because I am the trained professional. Listen to me, and I will tell you how to cope and what to do.' Lived experience is a new approach that asks practitioners to recognise that the person's own experience in the situation is just as valuable, if not more valuable than knowledge gained through study.

Using this approach 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.

Listening to and making use of the person's lived experience helps you to see the person as a valuable contributor to solving the problem. As well as leading to better solutions, this approach has the additional benefits of being a great way of developing rapport and fostering empathetic, mutual understanding.

Common misconceptions and assumptions about crisis and risk

Many common misconceptions exist about harmful behaviours and people in crisis.

Assumptions or misconceptions can make you less likely to identify people at risk or cause you to downplay it if you do notice signs. When you are forming concerns about a person or family while listening to them communicate, keep these common misconceptions in mind.

Type of personal crisis or harm	Misconceptions
Self-harm	**People who self-harm always have a mental illness** Many people who self-harm do not have a mental illness. **Self-harm is an attempt at suicide** In the vast majority of cases, self-harm is a coping mechanism, not a suicide attempt. **It is just attention seeking** Many 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.

Type of personal crisis or harm	Misconceptions
Self-harm *(cont.)*	**It is a trend that kids go through** Self-harm is not a new behaviour. Mental health professionals have been studying and treating self-harm for decades.
Suicidal ideation	**Only people with a mental illness would consider suicide** Suicide is a symptom of a person experiencing a great deal of distress, for whom life no longer feels worth living. This can be the result of severe grief, trauma or an unbearable life situation.
Abuse	**The victim might have brought it on themselves** 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. **Abuse is always physical** 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.

Setting aside your own values and assumptions

There is no place for personal judgment when you are working with someone in crisis.

Being a truly empathetic listener and responding effectively to crisis relies on setting aside any personal values and beliefs about things like:

- your own religious or spiritual views that it is wrong to take your own life
- judgments about parenting values that differ from those of the person or family
- feelings that a person might be seeking attention in a childish way.

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 do not have pets may not understand this strong emotional response.

The danger of unconscious bias

By understanding one's own biases, more people in need of crisis support can be identified and their safety concerns addressed.

In Topic 1, you saw how certain risk factors put some groups or individuals at risk of different types of harm. While it is important to have an understanding of the factors that may place certain client groups at risk, it is also important not to be blinded by assumptions about the people who may or may not be at risk of family violence, mental illness, abuse and other crisis situations.

For example, unexplained bruising on a child should be cause for concern whether it is noticed on the child of a well-presented, educated parent or an unkempt family in a poor and rough neighbourhood. However, that is not often the case. Many times, professionals overlook signs of abuse or violence in families from higher socioeconomic groups.

Assumptions of this kind are sometimes called **unconscious bias**.

Unconscious bias
Our tendency to make assumptions about people of certain races, ages or classes, without realising that we are making that decision based on irrelevant traits.

Example

Unconscious bias

A police officer attending a home where there has been an alleged domestic dispute called in by a neighbour might assume that there is no risk of family violence if they attend to find a well-dressed, well-spoken family living in a nice home.

On the other hand, abuse might be the first conclusion the same police officer makes if they attend to a family living in a lower socioeconomic area.

This can lead to the disadvantaged family being unfairly accused, possibly time and time again. Over time, this might lead to resistance in the family and/or the community to seek help from institutions such as police, hospitals and other services. It can also lead to professionals missing or ignoring the signs of child or other abuse within the wealthier family.

Practice Task 4

Question 1

Provide an example to explain how one's own unconscious bias can lead to assumptions about who may be at risk.

Question 2

Explain the difference between listening empathetically as opposed to sympathetically.

Question 3

Describe an example of a common notion about a crisis situation, such as suicide.

2B Affirm and strengthen links to safety and living

It is characteristic for people under stress to see things in absolute terms, either one way or another but nothing in between. This is sometimes referred to as 'black and white thinking'.

Thoughts and thinking processes often follow a cycle. In abusive situations or when a person is self-harming or considering suicide, cycles of negative thinking 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. When a person cannot see any prospect of change or when they do not hold out hope for things to improve, suicide can seem like an attractive option.

In this situation, your initial response will be to help break down this thought process so the person can see other possibilities, no matter how far away that possibility might seem to them.

Basic counselling

Basic counselling skills in the initial stages of a crisis involve helping to calm the person, and to help them see that there is a small chance of feeling safe again, or of enjoying life again.

In the early stage of a crisis, your priority is to help the person feel safe and supported. Safety and support can be given in practical ways, but it can be just as important to help the person feel emotional safety, by gaining some relief or escape from their negative thoughts.

Challenging 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.

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

The person might say things like:

- "I am hopeless at everything I do."
- "There is no chance of me ever being happy again."
- "I'm a bad mother, and my kids would be better off without me."

- "This was all my fault. If I was a better person, he wouldn't have hit me."

On the other hand, some people become stuck in black and white thinking in order to protect themselves, rather than as a sign of their despair.

A person who has been the perpetrator of family violence might avoid any type of thinking that casts them as perpetrator, to avoid having to manage feelings of guilt and shame. Instead, they see themselves only as a victim, with no possibility that they might have been wrong. They might become stuck in blaming their past or blaming others, such as a violent childhood or other injustice, in order to protect themselves from unbearable feelings of guilt.

Providing other perspectives

It is important for the person to see and gain other perspectives.

To people outside the crisis, black and white thinking may seem highly emotional, dramatic or overblown. But rather than judging in this way, be aware of that this is a common reaction in a person who sees only despair. As an immediate response to a crisis or when people are highly emotional and feeling threatened, it might be possible to highlight what is happening so that the person can look at their responses with better perspective.

Don't challenge the person's thought processes head on, by saying 'Those things are not true'. Instead, highlight to the person the language they are using.

Look for instances when the person says words like 'always' and 'never'. Reflect this back to them as a question; for example, 'So you've never done anything good for your children?' 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.

Exploring the person's internal strengths

Everyone has strengths which can be used as a life raft for the person to help themselves out of the darkness they might be feeling.

You can help by supporting the person to identify their own strengths and to make use of them. Strengths could include:

- a family who love them
- an inner resilience that they have drawn on in the past
- healthy coping mechanisms that the person often uses, such as meditation
- a talent such as writing or painting that might help them to express their thoughts and make sense of them

Explore with the person their own internal strengths, and ask them to share examples of when they have used these strengths in the past. If the person comments, 'No-one cares about me, I may as well be dead', help identify people who do care about them, and suggest that these people may be unaware of their emotional distress.

Exploring motivations for living

Enabling positive thoughts and behaviours can help to provide structure and strategies for dealing with the immediate crisis.

Help the person to think about the things that give them joy and reasons to live. You will need to recognise that every person is unique and may have different motivations. The person might be motivated by thinking about:

- their children
- their pet
- a favourite band they plan to see in a few weeks' time
- their garden.

Example

Exploring motivations for 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.

Margaret encourages Brenda to think about the value and importance of her input into these roles.

Reassurance of practical support and addressing safety concerns

Balance collaboration and direction towards practical supports according to the person's current capacity for decision-making and coping.

Don't force decision making or overload the person with options at this point. Feelings of safety can come from knowing that there might be practical options available to them which can reduce the cause of distress, even if these options are not outlined in detail yet. It can be enough to simply create an awareness that options are there.

For example, if the person is feeling alone, but otherwise coping well, you can work with them to determine how the person could improve their social network. If the person is unable to function in their current state, you might need to locate and talk to them about external resources such as emergency financial assistance or stable accommodation.

Example

Reassurance of practical support

Helena is experiencing family violence from 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 is with an aunt two hours away, who always send cards for her 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 5

Read the case study and 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 who always looked out for her. She is estranged from her sister after refusing her offer to help her escape from her relationship. Now, she would like to make contact with her, at least by phone, as she thinks this may assist in her healing.

Question 1

List two inner strengths and resources you could help Narelle identify to help her to cope with her circumstances.

Question 2

Describe what is connecting Narelle to life and how these factors could be highlighted to minimise her risk of suicide.

Question 3

Provide two practical options that Narelle needs to be made aware of when addressing her safety concerns.

2C Respond to the immediate crisis

'Crisis intervention' is the term used to define the response made by support workers to a critical incident.

A crisis could be an event such as a death or injury, violence, threats, extreme distress, a mental health crisis or suicidal intentions. Whatever the most appropriate response in the circumstances, always keep yourself safe as a first priority. Endangering yourself will not assist anyone.

Duty of care and seeking advice

Your duty of care requires you to act in a reasonable way that keeps yourself and others safe from harm.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Sometimes your **duty of care** rests on the need to report a crisis to a manager, or other professional or authority. At other times it involves helping the person to find options to help them through the crisis. Occasionally, it might mean taking charge yourself and overriding the person's choices or preferences.

If you are unsure, always report your concerns to a supervisor. You should also call the police if you are concerned that someone is at risk of immediate harm, or if a crime has been committed.

Work role 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 to the client and others and could result in disciplinary action for you.

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.

Codes of practice

Codes of practice set out how people working in a given profession should behave and provide practical guidance on how they can comply with their legal and ethical obligations.

Each state and territory has different laws governing family violence. A number of states also have best practice guides, or codes of practice, that are considered best

practice in services such as child protection and family violence.

Your service might also have a code of practice that applies to people in certain job roles, to help provide guidance on supporting people in complex situations.

Visit the following link to see an example of a family violence code of practice::
aspirelr.link/dhhs-codes-family-violence

Privacy and confidentiality

Maintaining confidentiality is part of respecting a person's privacy and their individual rights.

When discussing a person's situation, always be aware of maintaining their privacy.

Confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. Except in the circumstances outlined in Topic 1, you must protect confidential details. You almost always need the person's consent if you wish to talk about their situation with, or provide a referral to, other services or professionals.

There are some situations where privacy and confidentiality are a matter of life and death. For example, a woman who is fleeing domestic violence must have her location and other details kept private and confidential. Always avoid providing details of any kind over the phone, even if the caller announces themselves as an official such as a doctor or police officer.

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

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

Disclosure

Disclosure
Reporting certain types of information, even if the person asks you not to.

There may be times when you need to report private or confidential information in order to protect people from harm.

You have a duty to tell your supervisor about something that you know or suspect could cause or has caused harm.

For example, you must report to your supervisor if a person tells you or you suspect that they are:

- having thoughts of self-harm
- driving a car without a licence, but ask you not to tell anyone
- being abused.

Responding to abuse

Your service will have policies and procedures that outline how you must respond in certain crises and emergency situations.

You must be familiar with legislation in your area of work, such as the Serious Incident Response Scheme in residential aged care, and general legislation that impacts all workplaces, such as mandatory reporting.

In some job roles, such as managers in aged care and disability services, your service must call the police if sexual or physical abuse is suspected. Where a child has possibly been sexually or physically abused, all adults have the responsibility to ensure that the concern is reported to police or the department of child protection in your state or territory. These requirements are called **mandatory reporting**.

Mandatory reporting
Legislation that requires people in certain job roles or other members of the community to report signs of abuse or neglect to a child or vulnerable client to an external authority such as the police.

Mandatory reporting of suspected child abuse

Mandatory reporting of child abuse describes 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 many states and territories, all adults in the community also have the legal responsibility to report to police if they have reason to believe that a child has been sexually abused. This is true even if the child is not your client, such as a grandchild visiting their grandparent in an aged care facility. Penalties can apply to all adults who had good reason to suspect abuse but did not alert authorities.

Requirements for mandatory reporting of child abuse vary between states and territories.

You can find out more about the requirements in your own area at this link:
aspirelr.link/mandatory-reporting-child-abuse-and-neglect

Responding to abuse according to policy

If a crime such as abuse has been committed within the service, the following steps are a general guide to follow. These procedures might vary between organisations, but they must always be followed up by mandatory reporting requirements.

- If you suspect that a child or vulnerable adult is at risk of abuse or violence, your first step is to ensure that the person experiencing abuse is kept away from ongoing exposure to the perpetrator. Reassure the child or person that they are safe.
- Report your concerns immediately to your supervisor, to the police, or to another relevant authority such as a relevant government department.
- If you think a crime such as sexual abuse may have been committed, keep the area secure and preserve evidence such as weapons or torn or bloodstained clothing, where possible.
- Make notes about what you were told and what you saw as soon as possible. This information may be required to help police investigate the possible crime.

Collaborating with a person in crisis according to their current capacity for decision-making and coping

Seek to create a calm environment to promote safety for the person at risk, caregiver and any others involved in the situation.

In all types of crisis situations, be vigilant about keeping the person safe from harm. Your own health and safety and those of other members of the community must be protected too. Never rule out the option of emergency assistance; you will possibly need to reassess this decision if the situation changes.

If emergency or external assistance is not required, you can collaborate with the person to identify and agree on actions to be taken to reduce immediate danger. Your response should enable prompt, timely action that increases informal and professional support and enhances personal safety.

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

Carefully balance collaboration and direction

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 include cognitive impairments, extreme distress, fear, symptoms of mental illness, lack of sleep, or being drug or alcohol affected.

The level of collaboration you use will depend on:

- the person's ability to communicate
- the person's ability to make clear and rational decisions

- the probability of the person being able to cope alone with actions to respond to the crisis
- the presence of other support networks such as family who might be the preferred person to provide support.

Approach	Explanation	Example
Self-direction	The person is simply given the space to make their own decisions, with the possibility of suggestion and encouragement	A person who is homeless and has an acute medical condition is given physical support and gentle suggestion to see a general practitioner (GP), until they make their own decision about seeking medical help.
Collaboration	The person is guided towards decisions that can help them out of the crisis, and supported to make the best choice for them.	A person who is self-harming is offered several support options in the community and helped to work through the benefits of each option until they make the decision that is right for them.
Worker direction	You may need to take complete charge where the person is unable or unwilling to do so.	When a client's children are being physically abused, your role might include legal obligations to contact the police and act on your concerns without the client's input. When a client with a mental illness is in extreme emotional distress and you have concerns that they are in danger of taking their life, you might need to take charge by contacting the CAT team and refusing to allow them to leave alone.

In many cases, these approaches must be carefully balanced, and you must take care not to disempower the person. Always aim for the highest level of self-direction in decision-making that is safe in the circumstances.

Example

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

Joshua is in an emotional crisis, brought on by bipolar disorder and the effects of alcohol. He misses his children, who live with their mother interstate. He has become obsessed with the idea that he will call in sick to his job tomorrow and do an eight-hour drive to demand to see his kids.

Sarah, his support worker, recognises that Joshua's normal capacity for making good decisions has been affected by alcohol, his symptoms of bipolar disorder and his lack of sleep. She strongly encourages him to rethink his decision, but he becomes angry and tells her that they are his kids and he has a right to see them.

Sarah suggests that he could make an appointment with his doctor and work on reducing his symptoms first, because he will have more chance of seeing the children if he arrives without his current symptoms. She supports him to do this and discusses with Joshua ways that he could get a good night's sleep.

Confirm that actions are legal, ethical and consistent with organisation policy

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.

A sound knowledge of your organisation's policies and procedures should equip you with 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.

Agree on actions together

The more involved a person is in 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.

Here are some examples of how actions are determined to help the person through the immediate crisis.

- Undertake an assessment of the person's immediate needs using your service assessment documents.

- Focus specifically on needs relating to immediate risk factors. This might include risk of suicide, violence or abuse, homelessness, or unsafe use of alcohol and other drugs. Other, less urgent problems can be resolved later.
- Suggest options that are appropriate responses to the person's situation. These might include emergency accommodation, referral to a domestic violence or alcohol and other drugs (AOD) service, or going to hospital.
- Guide the person towards the safest option, balancing direction and self-determination where appropriate.
- Gain the person's agreement on the highest level of support you can both agree on, if this is still a safe option for them.

When the person cannot agree on a safe option

The person may be deeply threatened by a proposed course of action even if on some level they understand it is the right thing to do.

If you cannot agree on an option that is safe for the person or others, you might need to:

- let the person know that your duty of care requires you to act differently, such as reminding them of your legal obligations to keep them safe, and encourage them to agree
- act differently without the person's agreement, such as calling the police without the person's consent.

Example

Reluctance to seek appropriate help

A woman who is being physically abused by a male partner is reluctant to seek help from the police. She talks to Yvonne, a worker who drops off food and vouchers from a local charity, about her concerns. The woman is distressed and crying. Yvonne encourages her to go to the police as soon as possible, but the woman is adamant that this will put her at more risk of harm.

Yvonne speaks to her manager, who locates emergency accommodation. She encourages the woman to pack and leave with her children. At first, the woman refuses, but Yvonne focuses on the need to be safe. Once they are relocated, a domestic violence worker will talk further with the woman about the benefits of having the police involved, and provide information on how the police will respond to the crisis.

Facilitating emergency interventions

In an emergency, your first priority is to keep yourself and others safe.

You must think quickly and clearly to respond in a way that reduces immediate danger. Never knowingly put yourself in a position of danger.

Here are some examples of how you might respond to particular emergencies.

A client is at immediate risk of taking their own life	• Do not allow the person to leave alone, if possible. • Call the police or ambulance. • Call the **crisis assessment team (CAT)** if the person has a mental illness and has been assessed. • Take the person to the emergency department of a local hospital.
A client with a mental illness threatens you or other staff with a weapon	• Agree with the person's demands where possible. • Make every effort to avoid being cornered or trapped by the person, and try to leave the area to call for help. • Once you are able to escape, call the police immediately, or ask others to do so. • Help other staff and clients to leave the area, if safe to do so while you wait for help. • If you work in the community, leave the person's home and do not attempt to reason with them.
A person who is experiencing domestic violence is homeless and frightened	• Make efforts to keep the person as safe as possible, such as by seeking agreement to call the police. • Seek emergency accommodation for the person.

Crisis assessment team (CAT)
A team of mental health professionals usually attached to a local hospital who can visit a person in their home or the community in cases of acute mental illness and crisis.

Critical incident procedures

Any event that puts the life of the person receiving services at serious risk is a critical incident.

It can also include incidents where other workers, clients or family members are at risk or feel unsafe or under stress. For example, the following incidents are considered critical:

- an alleged physical or sexual assault
- a serious injury
- incorrect medication

- a client at risk of suicide or causing harm to others
- an event needing police involvement or other emergency services.

Typically, in community services work, critical incidents must be reported. For example, registered National Disability Insurance Scheme providers must report critical incidents to the appropriate state or territory body.

Reporting requirements are as follows.

During or soon after the incident	First, ensure everyone involved in the incident is safe. If possible, notify the appropriate authority by providing details of: • what happened – describe the incident • what immediate actions were taken.
Within a few days of the incident	Provide a more detailed account of the incident, including: • details regarding who was involved, where and when the incident occurred • outline of actions taken to ensure the person's safety • summary of what has occurred following incident response • confirmation of whether established procedures were followed • what has been learned from the incident; and steps taken to prevent its reoccurrence
After reporting	The critical incident report will be reviewed by the state or territory body. More information may be sought regarding the incident. It may be determined that the incident was well managed or recommendations may be made regarding possible improvements.

Visit the following link to view critical incident reporting requirements for disability services providers: aspirelr.link/com-ser-cifs

Video: SIRS

Watch the following video on reportable incidents under the Serious Incident Response Scheme (SIRS) in aged care: aspirelr.link/yt-sirs

Pay attention to the incidents that must be reported and how this is to be done.

Example

Facilitate emergency interventions

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, and 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 6

Question 1

Briefly outline what you should do if a youth is at imminent risk of suicide but wants to be left alone and refuses help.

Question 2

Explain the difference between direction and collaboration, and give an example of when you might use each approach.

Question 3

Match each term to its description/definition.

Critical incident procedures	Reporting suspected child abuse, even if the child is not your client
Disclosure	Taking reasonable steps to protect your client, colleagues and self from harm
Mandatory reporting	Communicating confidential information to protect a client from harm
Duty of care	Reporting an event that required intervention by emergency personnel

Question 4

Explain how a code of practice can help protect a client's privacy.

Question 5

Provide two examples of when you would seek advice from your supervisor.

Summary

- 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.
- Understanding another person's situation and responses may only be possible through setting aside your own values and beliefs.
- 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.
- Support a person in crisis by helping them to make links to safety and living.
- Basic counselling includes challenging black and white thinking.
- Approaches can vary from self-direction, collaboration and worker direction.
- Assess a person's capacity for decision-making and the effectiveness of their coping mechanisms when deciding on the right approach.
- Consent and agreement must be balanced with safety and your duty of care.
- Different emergencies will require different interventions – protecting the person, staff and others from harm is of the utmost importance and will dictate the intervention to be taken.
- Critical incident procedures require reporting of critical incidents to appropriate state or territory authorities.

Learning Checkpoint 2

Address immediate safety concerns

Part A

1. Which of the following are common misunderstandings about people at risk of self-harm? Tick all that apply.

- ❑ That people who self-harm are mentally ill
- ❑ That self-harm is like attempted suicide
- ❑ That self-harm is a coping mechanism
- ❑ That self-harm is attention seeking
- ❑ That it's just a trend among young people

2. List one example of trying to strengthen a person's links to safety and living.

3. Describe two things you can do to enable a person in crisis to move towards more positive thinking.

4. List two factors that determine whether you will use a collaborative or directive approach in addressing immediate safety concerns.

5. Describe one consequence of operating outside your code of practice or job role when working with people at risk.

6. Which of the following are ways you would apply duty of care to crisis situations? Tick all that apply.

- ❑ Act in a way that keeps yourself and others safe from harm.
- ❑ Ensure your clients are kept locked away.
- ❑ Have all the relevant information you need to guide your decision.
- ❑ Do what a reasonable person would expect in the circumstances with the same knowledge of these circumstances.
- ❑ Help in any way you can, even if it may put you at risk.

7. Identify three types of information should you disclose to a supervisor, even if the client asks you not to.

8. Explain how you would abide by mandatory reporting requirements.

9. Give an example of when you would need to call 000.

Part B

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

Case study

Miranda worked as a real estate agent until she had her two children; two young boys, one 3 years old and the other just 10 months. She lives with her husband and children in a home in a wealthy suburb, and they take overseas holidays twice a year.

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. 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 from her GP, who listens empathetically to Miranda's story.

"There's nothing I can do," Miranda tells the GP. "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 credit card without a job. There's nowhere else I can get money from. 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, unhealthy food."

1. Provide examples of questions you could ask Miranda to challenge her thinking and help her some possibilities.

2. Provide examples of some enabling thoughts that you could encourage Miranda to consider.

3. What beliefs and assumptions might workers or professionals have that might reduce their ability to recognise the signs of crisis if Miranda was not able to discuss her situation?

Topic 3: Provide referral for crisis intervention support

3A Empower and support the person to seek further help

3B Refer to appropriate professionals as required

3A Empower and support the person to seek further help

To empower someone is to support them to find the strength and knowledge to help themselves.

Empowerment
The process of gaining strength and confidence to voice one's own opinion.

Empowerment is particularly valuable for a person who is struggling to hold on to their sense of value and internal strengths.

Empowerment can come from:

- teaching the person new coping strategies to help them to support themselves or avoid future episodes of crisis
- helping the person to access networks, charities, welfare or resources that can support them to build a better life
- providing suggestions and referrals for other services and professionals who can help the person to cope and seek further practical help
- helping the person to understand why their current behaviours, networks or coping strategies might not be working for them.

Mobilising effective coping strategies

You can suggest new, more effective coping strategies and support the person to use them.

Coping strategies
Individual behaviours that we use to help us to cope with stress.

We all have strategies we use to help us to cope with stress and change. Unfortunately, many **coping strategies** can be counterproductive or even dangerous and destructive. If this is the situation, you might be able to help the person learn more helpful strategies.

Coping strategies that might help the person feel better in the short term but that can have long-term destructive consequences include:

- drinking alcohol
- taking drugs
- self-harm
- risk-taking behaviour like gambling
- taking anger out on others
- withdrawing from people they know.

These behaviours can be in response to stress, and may be very difficult to end, especially if they have become habitual. Sometimes it takes another person to help the impacted person to see the patterns and consequences of these behaviours. This is generally a role for a professional such as a psychologist or specialist AOD worker. However, you can provide support to the person who is ready to accept and change their ineffective or damaging coping strategies.

Alternative coping strategies can help them to do something different when they feel stress. They might need support and reminders to change these habits over time.

Examples of more effective strategies they might try include:

- exercising to release pent-up energy and endorphins that make a person feel good
- writing a diary to record their thoughts and keep them in perspective
- replacing negative thoughts with positive ones as they occur, even if they do not truly believe them
- agreeing on an AOD worker, friend or other individual from their network they can phone when they feel themselves being overwhelmed with stress
- meditation or mindfulness
- practising gratitude
- finding a task that requires concentration, such as a crossword puzzle or a hobby, to turn their focus away from negative thinking patterns.

Changing old habits can be slow and difficult. You can encourage and support the person at every step, no matter how big or small, they take in the right direction.

Example

Addressing self-harm as a coping strategy

Self-harming behaviour is frequently used as a coping strategy for dealing with other distress. The person often feels a sense of release from feelings of distress or despair, but this release is short lived. To support a person who is self-harming, a professional needs to be involved. Refer the person to their GP or to a mental health professional first.

Before they are motivated to change, the person usually needs to recognise the destructive impact of their self-harm. As they recover, you might be able to assist them to find and use alternative coping strategies. These other strategies must help the person to feel a sense of escape from pain and give them the same, or a better, sense of release as they found through self-harming. The motivation must be theirs, not yours.

Barriers to seeking help

You can empower the person by helping them to explore and understand barriers that might be blocking them from seeking or accepting help.

Barrier/s
Factor/s in a person's environment that, through their absence or presence, limit functioning and create disability.

Barriers to seeking help might be internal or external, and real or imagined.

Here are some examples:

Internal barriers	**Fear** The person might be scared that changing old patterns and habits could make things worse. They might be frightened by threats made by an abuser or perpetrator of violence. **Lack of insight** The person might be unmotivated to change because their existing coping strategy, such as alcohol, seems to provide them with the help they need, and they lack insight into its effect on themselves and others. **Despair** A person who feels despair feels that there is no chance of escape from their situation, or of future happiness. This can be a common sign of severe depression and makes the person less likely to try to change, because they feel there is no point. **Pride or embarrassment** Some people who most need welfare or help from a charity might feel that it is undignified or shameful to accept or ask for it. Some victims of domestic violence might feel ashamed of their situation, and therefore be unable to speak up and ask for help.
External barriers	**Discrimination** Some groups, such as people with disabilities or mental illness, can be held back by the impacts of discrimination. They might find it harder to seek employment or access supports than other people do. Over time, discrimination can be disempowering and can lead to the person believing that it is not realistic for them to pursue a better future. **Cultural and language barriers** Some people, such as people from Aboriginal and Torres Strait Islander backgrounds, might have a deep cultural mistrust of western supports. This can make them reluctant to seek treatment for medical or psychiatric issues. **Poverty** Poverty can create extreme barriers that can put making changes out of the person's control. Something as simple as wearing a nice outfit to a job interview, or accessing transport to a doctor's appointment, can be difficult. Many government-funded medical and psychiatric services have long waiting lists, and it can be difficult to access immediate help without money. **Geographical barriers** People who live in rural or remote areas often have more difficulty accessing supports during or following a crisis.

External barriers *(cont.)*	**Isolation** Some people with mental illness or AOD issues isolate or, over time, alienate themselves from their family and other networks. Lack of network support can make a person feel unable to face changes alone. **Lack of good role models** Many perpetrators of violence or abuse grew up in a violent family situation. If the person has never seen or experienced a loving relationship, or if their social or cultural networks support their behaviour, they may not be motivated to change.

Recognising and responding to barriers

Although easier to identify, external barriers can be just as difficult to overcome as internal barriers.

People display internal barriers in different ways. They might try to bargain or make promises they do not intend to keep, out of fear or other strong emotions. Rather than directly refuse to accept help, they might say things such as:

- "I'm not quite ready."
- "The time is not quite right."
- "I promise I will never let it happen again."

Many external barriers such as poverty or isolation can be easy to identify; these are common to people in certain groups, such as people experiencing homelessness. However, other external barriers might need to be identified and explored with the person, and attempts made to try and overcome them.

It is only once the barrier or barriers are removed that many people can start to move on from past traumas and harmful or self-destructive behaviours. Community supports such as interpreters, charitable aid, companionship volunteers, and Centrelink and employment services might need to be suggested and mobilised. Counselling can help the person to identify and overcome internal barriers.

Example

Overcoming barriers to seeking help

Carley is a 30-year-old First Nationswoman. 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 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, shouting racially derogatory comments at her children when they are playing in the back garden.

The situation is causing Carley and her children significant distress and anxiety, but Carley does not want to seek help from the police or the department of housing. This is because:

- she does not trust the police, and fears that the neighbour will tell them a different story and that the police will respond by removing her children from her
- she fears that the department of housing will side with the neighbour, and remove her from her home
- she is frightened that speaking up will trigger her memories of past abuses and cause further distress.

It is of primary importance to help Carley and her children to feel safe. Given the barriers that are stopping Carley from seeking help, the workers might need to work closely with Aboriginal and Torres Strait Islander officers in the police department or the department of housing, or with an Aboriginal and Torres Strait Islander community organisation.

Developing a plan to access supports

Once supports have been agreed, developing a plan can help formalise the person's goals and actions for a better future.

The next step is to develop a plan with the person to help them move on from the crisis and avoid a similar situation happening again. The plan should be made in collaboration with the person and any others who the person would like involved.

The plan should be written when the person is no longer in a state of distress. It can be a useful roadmap for them to refer to when they feel a lack of control, because the plan was written with their collaboration at a time when they felt some level of control and peace.

It should include:

Agreed first steps	This will include strategies and networks the person will utilise until they feel stronger or until they are able to overcome barriers to a better future. First steps might include: • contacting the police to report a crime • seeing a GP to obtain a referral to a psychologist • taking steps towards reconciling with supportive family members after a breakdown in relationships • practising a new coping strategy • finding accommodation with friends or family • accessing urgent or temporary welfare or charity supports.
Formal (professional) supports and how and when they will be accessed	Professional supports might be ongoing or intermittent. They can include: • spending time in hospital or a clinic while they recover • planned visits to a psychologist or psychiatrist • seeking help from an AOD service • enrolling in a domestic violence program for men • accessing an employment service • registering on a wait list for public housing • contacts that can help in case of another crisis, such as Lifeline, the police or a counsellor.
Informal supports and networks that can be mobilised to support the person	The person's own networks and supports should be used where possible to ensure a strengths-based approach. Write down clear and specific intentions about how and when the person will access these supports, including: • the name and details of a supportive family member who has agreed to call on the person regularly to check they are okay • a friend or family member who can help with short- or long-term accommodation • a trusted individual the person can contact at any hour when they experience feelings of despair, such as the desire to take their own life.
Ongoing goals to support behaviour change	This section will include the person's agreed behaviour change or new coping strategies. Be specific: write down when they will be used, how often, and how the person can be supported or reminded to use them. The person might wish to list the steps they will take when they feel certain emotional triggers, in the order that they will be followed.
A review date	A formal date for review ensures that there is an opportunity for follow-up. It can be reassuring to the person to know that they have a date to see you or your service again. Always let the person know that the review date can be brought forward if they feel it is needed or if their situation changes.

Example

Developing a plan to access supports

Carley's plan, developed with a community health worker, includes the following steps:

Agreed first steps	Carley will contact friends and family in her community to find short-term accommodation. She can get a good night's sleep and a break from her fear and distress if she is not worrying about possible repercussions for her and her children from the neighbour.
Formal (professional) supports and how and when they will be accessed	The worker will help Carley contact the police and outline her concerns, with the aim of obtaining an intervention order. This will include starting by talking to an Aboriginal and Torres Strait Islander liaison officer in the police force. Carley will see her GP to obtain a referral to see a psychologist to help her reduce her high levels of anxiety. Carley will apply to be moved to a different public housing unit.
Informal supports and networks that can be mobilised to support the person	Carley will call Lifeline after hours if she feels distressed or triggered. Carley will draw on her local First Nations community for emotional support and ask for help in caring for the children, to give her a short break while she regains strength.
Ongoing goals to support behaviour change	As early as possible Carley will recognise triggers for anxiety and depression and take steps to reduce them. This will include: • Carley will notice rising anger or frustration towards her children as her first sign of anxiety or stress. • When this happens Carley will stop, count to ten, and turn on some favourite music. • If the neighbour breaks the intervention order or uses abusive language towards her or the children, Carley will contact the female police officer she has been assigned on the local station number. Outside business hours, she will call the police emergency number.
A review date	The situation will be reviewed in two weeks to determine whether Carley has begun to feel safe. Carley will contact the health service whenever she feels she is not coping.

Practice Task 7

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Coping strategies are always helpful.	Yes / No
b. Fear is an example of a barrier to seeking help when the person is at risk of self-harm.	Yes / No
c. Replacing negative thinking patterns with positive statements is an example of a replacement coping strategy.	Yes / No
d. Once a barrier is removed, the person often has a better chance of seeking help.	Yes / No
e. A plan is developed and written by the professional for the person to follow.	Yes / No

Question 2

Match each of the following strategies to either [Empowering] or [Not empowering].

Alcohol is banned for an older person in an aged care facility who uses it when he is stressed	Empowering
A client is taught to meditate when they feel anxious	Empowering
A person who expresses suicidal thoughts is helped to understand the factors that trigger their distress	Not empowering
A teenager is told to stop self-harming because of the effect it has on their parents	Not empowering

3B Refer to appropriate professionals as required

There are many support services and professionals to provide for the current and future needs of a person who is at risk.

In addition to helping the person manage a current crisis, supports can also be established to divert a potential crisis and reduce the risk of future harm to the person or to others. The first point of contact is often, but not always, the person's own doctor.

Your role might involve helping the person identify services and supports that could help them. Alternatively, it might be to support the person in a practical way by making the referral for them.

Whether you are identifying options or making referrals, consider any barriers that might limit the person's motivation or ability to seek help. Sometimes these barriers may be overcome or reduced by selecting a support service professional that is the right fit for the person.

For example, Aboriginal community-controlled organisations can provide specialist support for Aboriginal and Torres Strait Islander peoples to help overcome barriers and gaps in accessing community, health and mental health services. Other services can provide specialist support for people from different cultural backgrounds; young people; people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI) and other groups with particular needs.

Following referral procedures

Referral protocols vary between services and work roles, so you must always be aware of what procedures for referrals are in place.

In most cases, you will need to obtain the client's consent to make a referral.

Here are examples of how you can determine the correct procedures:

Referral type	Protocols and policies
Referral protocols from your own service	Read and follow your service policies and procedures for making referrals. This will include information about: • which job roles are permitted to make referrals • requirements for privacy and confidentiality of client information • how to seek client consent before making a referral.

Referral type	Protocols and policies
Referrals to a professional or external service	Most professionals and services have procedures for making a referral, often found on their website or by making enquiries by phone. Procedures for referrals might include: • whether a referral is needed to access all or parts of the service • how a referral is made, such as by phone or in writing • which professionals or authorities are permitted to make the referral, such as doctors or police officers • documentation that must accompany the referral • wait list times • privacy and confidentiality requirements and protocols • other services that information will be shared with.

Types of referrals

If a person's mental health crisis is not an emergency, the best starting point for referrals is often their doctor or GP.

The person should book a double appointment so that the GP can spend time with the person to properly assess their needs.

A GP can:

- complete a mental health assessment, using a series of questions to find out about the person's mental health status
- help the person create a mental health treatment plan
- refer the person to a psychologist, psychiatrist or other professional such as an AOD counsellor
- prescribe medication to treat depression or anxiety.

Mental health referrals

A mental health treatment plan is written in collaboration with the GP and the patient.

It includes agreed treatment options and support services, such as an agreed number of visits to a psychologist.

In Australia, free or subsidised mental health treatments, such as visits to a psychologist, can be provided for people who score a certain level on a standard mental health assessment. A mental health treatment plan must be completed to

claim subsidies for sessions with a psychologist. If cost is an issue for the person, you or their GP might help them to find a psychologist who bulk bills so that there are no out-of-pocket fees.

A plan allows the person to claim up to 20 free or subsided sessions with a mental health professional each calendar year. The person can be referred for up to six sessions at a time. If they need more, they can then be referred for a further course.

For more information about Medicare-funded mental health treatment, visit the Australian Government Mental Health Care and Medicare website: aspirelr.link/sa-mental-health-care-medicare

Mental health referrals for people in rural and remote areas

If the person lives a long way from services, they might be able to complete a telehealth video consultation with their GP, and then with a mental health professional. These can also be covered by Medicare.

You can find a list of mental health telehealth services on the Healthdirect website: aspirelr.link/hd-aus-health-services

Referrals to a social worker

Social workers can help connect people in crisis with the right support services.

They can help clients who are at risk of:

- family and domestic violence
- homelessness
- mental health concerns
- becoming involved in the youth justice system
- poverty.

The person can access help from a social worker at no cost by contacting or visiting Centrelink.

You can find more information about accessing a social worker at Services Australia: aspirelr.link/sa-social-work-services

Referrals to Centrelink

Centrelink can help vulnerable people by providing financial and other supports during times of crisis or to help them avoid a crisis.

This can come in the form of regular or one-off payments, practical support or emotional support.

Referrals for family violence

If you have concerns about family violence, encourage the person to call the police.

You must make sure that the police are notified if you suspect that children are at risk of violence. The majority of referrals to family violence services are made by the police.

Male perpetrators of domestic violence can be referred to men's behaviour change programs in your state or territory.

In some situations, Aboriginal families experiencing family violence can be referred to Aboriginal services as part of the Aboriginal family violence reform.

Referrals for child protection

Protecting children from harm is of utmost importance.

If you have a reasonable belief that a child is in need of protection, you or your service must contact:

- the police
- the department in your state or territory that oversees child protection
- first point-of-contact child protection services such as Child First.

Supports

Phone and online supports can be a useful backup for people who might prefer anonymous support, or for after-hours contact.

Just knowing that there is always help available can be enough to provide some peace of mind.

Helplines

Here are some examples of helplines available for immediate support, counselling and advice:

- Lifeline (13 11 14) is a crisis support phone helpline that operates 24 hours a day, 7 days a week.
- Kids Helpline (1800 55 1800) is also a 24/7 phone counselling service for children, teens and young adults aged between five and 25.

Websites

- The ReachOut Australia website has information to support young people experiencing mental health issues.

You can find more information at ReachOut Australia: aspirelr.link/reach-out

- The Head to Health website has helpful resources from a range of mental health websites and service providers.

You can find more information at: aspirelr.link/head-to-health

- Beyond Blue is an online resource for help with depression and anxiety.

You can find more information at: aspirelr.link/beyondblue

You can also find a list of mental health programs on the Department of Health website: aspirelr.link/mental-health-programs

Online therapy

Online therapy is online treatment for mental health issues, such as depression and anxiety.

This option can suit some people better than face-to-face treatment. For example:

- people in rural or remote areas
- people who face barriers such as language or physical limitations
- people who face cultural or personal barriers that make them feel embarrassed or ashamed when talking about mental health
- those who find it difficult to confide in others.

MensLine Australia provides telephone and online counselling services for men.

You can find more information at: aspirelr.link/mensline

Complete and maintain documentation

A written report can often be used as proof or evidence that you followed your duty of care.

Clear, accurate and objective documentation is an important way to help you show what happened, and how you and others responded according to crisis or emergency procedures.

Examples of documentation used for incidents can vary between sectors and services, but they can include:

- incident reports
- file notes
- near miss reports
- online industry reporting portals.

Industry-specific documentation

In some services sectors, there is legislation that covers documentation requirements.

For example, in aged care services, serious incident response reporting requires documentation to be lodged through an online portal, following a specific format, and within a certain timeframe.

Online portals, such as client relationship management (CRM) systems, are information systems that capture, store and record information about, for example, domestic violence and child protection. This enables information to be shared between service professionals, police and other authorised people.

In disability services, reports of abuse are also documented via an online government portal.

In child protection services, specific procedures are in place for documenting all stages of intake, risk assessment and supports.

Completing accurate documentation

Your responses to situations of crisis, threats or violence are likely to be closely examined when things do not go as hoped or expected.

When documentation and reports are clear, detailed and well written, they can act as a safeguard to protect you and your service in the case of formal complaints, lawsuits or investigations by the industry regulator.

Here are some important considerations for your reports:

Detailed	You might need to include: • your full name • your place of work • date and time the issue presented • date and time the report was made • details of what happened or what the issue was • any actions you took • any actions taken by anyone else.
Objective and factual	Reports should use only facts and observation. Objective language describes what you have observed or heard; subjective language may be based on feelings, emotions or opinions.
Language, jargon, acronyms	Each industry has its own language and jargon. Where possible, use complete words unless the abbreviations are accepted and commonly used. Use plain and simple English rather than technical words and jargon. Try to record the important details of what you saw or heard, using as few words as possible.
Spelling	Spelling a person's name or medical terms incorrectly can cause confusion. Additionally, good spelling makes people take more notice of what you are writing and makes it easier to read.

Incident reports

Incident reports are usually required if there has been an event, such as a violent threat has been made towards a person or worker.

In some services, they might be used when the person has let you know they are at risk of harm, such as through suicidal ideation or self-harm. In other services, alternative documentation such as a monitoring form might be used for these purposes.

Here is an example of an incident report form:

Incident report form			
Section 1: Person making the report			
Last name:	Johnson	**Given name:**	Lois
Date and time of report:	23/10/2022 10am	**Position:**	Support Worker
Section 2: Details of incident			
Date: 22/10/2022		**Time: Approximately 8pm**	

Incident report form (cont.)				
Client or worker involved in the incident:	Apora	**Given name:**	Sara	
Worker	Visitor	Client ✗	Contractor	
Describe the incident Sara told me that she has been self-harming. She has two surface cuts to her thighs, which she says she inflicted on herself last night with a bread knife.				
Location of injury	Both upper thighs	**Where did the injury occur?**	In client's room	
How did the injury occur?	The client reported that she inflicted the cuts on herself.	**Was the witness present at the time of the accident?**	Yes	No ✗
What action was taken? I reported immediately to my manager, Joe Perola. Sara has been seen by the crisis assessment team this morning. She is being treated for anxiety, and they will see her again tomorrow. Her mother has been notified and is with her now. The CAT team have asked us: • to keep dangerous objects such as knives away from Sara • to monitor for signs of distress and report back to the CAT Team if needed.				
Witness's name:		Lois Johnson		
Witness's signature:		L. Johnson		

Maintain documentation

If something is urgent, make a verbal report first.

If you are writing a report, such as a file note or incident report, write down what you saw or heard as soon as possible while it is fresh in your mind. Because of the sensitive nature of documents related to crisis situations, keep all documentation stored safely, according to your organisation's policy.

Practice Task 8

Question 1

Briefly outline why it is important to check your service policy first, before making a referral.

Question 2

Provide two examples of how you can determine the referral requirements for a professional or service.

Question 3

List three ways of ensuring all crisis reporting is accurate.

Summary

- Empowerment means to give the person power to overcome the crisis and prevent future incidents. It can include:
  - teaching the person new coping mechanisms
  - providing information and resources
  - referring the person to professionals who can help them to use new behaviours.
- Barriers to seeking help can be internal or external.
- It is important to consider and remove barriers to help when determining the best type of supports.
- A plan should be developed with the person to help them see their way ahead to a better future.
- Plans include proposed supports and changes.
- Referral to a professional or service is an important way to support the person through the crisis and prevent future relapses.
- Referral procedures will depend on the service or professional.
- Phone and online supports can provide backup during times of crisis.
- Documentation, including incident reports or completing online reporting, helps to show how the crisis occurred and what steps are being taken to prevent it happening again.

Learning Checkpoint 3

Provide referral for crisis intervention support

Part A

1. Explain the difference between empowering a person to seek help and obtaining a referral for them yourself.

2. Which of the following statements are correct? Select yes or no for each one.

a. Self-harm can be an example of a coping strategy for some people.	Yes / No
b. People from Aboriginal and Torres Strait Islander backgrounds are sometimes suspicious of child protection services and other government services.	Yes / No
c. Social workers can coordinate supports for a homeless person.	Yes / No
d. Police and other authorities do not arrange for referrals.	Yes / No
e. Online counselling should only be used as a last resort because it is not usually very effective.	Yes / No

3. List four referral procedures that you may need to follow when supporting a client to access external services.

4. Explain how you can ensure your client's collaboration and input when developing their plan for accessing supports.

5. Provide an explanation of the steps undertaken to develop the plan.

Part B

Read the case study and answer the questions that follow.

Case study

Svetlana starts shaking and crying in front of John, a worker at a refugee shelter. Svetlana tells him in broken English that she is frightened of her husband. John asks Svetlana's permission to find an interpreter and arrange a formal meeting.

During the meeting, Svetlana admits that she and her children are experiencing family violence. After assessing the risk, John organises immediate interim emergency accommodation and initiates a referral to a social worker.

1. Provide two barriers that might prevent Svetlana from seeking help.

2. Describe two types of support and referrals that could be added to the plan.

3. Explain why John must document exactly what he is told about any risk to Svetlana's young children.

4. Briefly outline why it is crucial that John protects Svetlana's personal information.

5. List at least four types of information John is likely to need to document in this situation.

Topic 4: Supporting self and others

4A Recognise and minimise risks to self in crisis support

4B Identify and respond to the need for supervision and debriefing

4A Recognise and minimise risks to self in crisis support

It can be confronting to witness the effects of crisis and trauma.

If you try to ignore your feelings it is likely that they will have a greater impact. When you know and reflect on how certain things make you feel, it can be easier to cope with the emotions that arise from situations and circumstances you witness.

Recognising the signs of stress

The most important thing you can do when experiencing strong emotions is recognise them.

Everyone has their own reactions to stress. Some may find that they have trouble sleeping; some may find they eat more while others may eat less; and others may become short-tempered or distracted.

Here are some examples of possible effects of stress and trauma on you and your colleagues.

Emotion	Effects of the emotion
Overwhelming feelings of needing to avoid exposure to further pain or distress	• You might find it difficult to go to work. • You might try to avoid difficult conversations with people accessing the service. • You might withdraw from colleagues. • You might feel stress and anxiety in your work and home life.
Feelings of powerlessness that there is nothing more you can do for a person in crisis	• You might feel a sense of guilt for not being able to help more. • You might find yourself worrying about the person while you are not at work. • You might feel a sense of personal failure. • You might be personally affected and grieve as if the person accessing the service was your own family member. This can impact your home life and personal relationships.
Anger at a person or family member for causing trauma or for not doing enough to help themselves	• You might feel uncomfortable or ill at ease with this person or family member. • Your feelings might show, and this can have an impact on the person or their relationship with their family member.

Protective self-care

Self-care can be a protective measure, even at times when you are not feeling stressed.

It is important to look after yourself at home and in the workplace in an ongoing way. It is a good idea to stick to daily or weekly mental and physical fitness routines that make you feel healthy and mentally prepared.

Here are some examples of ongoing self-care:

When	Examples of self-care
At work	• Following a particularly difficult client interaction, take a break to help you to compose yourself. • Talk to colleagues about how you feel during particularly stressful workdays, and support each other.
After work	• Have a routine that helps you to switch off from work matters, such as taking a shower and changing your clothes when you get home.
Outside work	• Include regular de-stressing activities in your daily routines. This might include a walk or run, a coffee with friends at the end of the day or the end of the week, meditation or mindfulness, exercise classes or a hobby that you enjoy. • Do something nice for yourself regularly. This might be positive self-talk, treating yourself to a movie or a beauty treatment, relaxing with a book or doing something else you enjoy.

Responding to signs of stress

Your service will have policies and procedures to help you if you are feeling overwhelmed by sadness, anger, distress, grief or depression stemming from your work role.

This is part of work health and safety legislation in all states and territories in Australia.

Here are some steps to help you to recognise and respond to signs of stress:

- Recognise your own physical and emotional signs of stress.
- Understand that it is normal to have emotional responses to distressing situations.
- Consider what effect this could have on you, your family and your work.

Seeking help

Talk to your supervisor about how you are feeling.

You can do this in confidence, and your supervisor must treat it as confidential. Your employer has obligations to provide a safe workplace and working conditions for you, and can help you find ways to recognise and manage your emotional responses.

After talking to your supervisor you might be offered support that could include:

- counselling through an **employee assistance program (EAP)**
- a plan to help you to put self-care mechanisms in place
- paid, unpaid or sick leave.

Employee assistance program (EAP) A work-based intervention program designed to enhance worker wellbeing.

Example

Minimise risks to self when providing crisis support

Gabrielle is a mental health worker who supports women affected by domestic violence.

She is feeling very distressed about harm caused to a recent client, who she feels she was unable to protect from ongoing violence.

Gabrielle meets with her supervisor, who provides immediate emotional support and organises an appointment with the organisation's EAP provider for counselling that same afternoon. The counsellor helps Gabrielle to understand that the ongoing violence was not Gabrielle's fault.

Work roles that expose you to ongoing distress

When working in some industries, such as child protection and domestic violence services, it is inevitable and common to be exposed to situations of trauma, crisis and distress.

Compassion burnout Physical and emotional exhaustion that can lead to indifference and withdrawal.

Workers who constantly provide support to traumatised people can develop what is sometimes called **compassion burnout**. Burnout can impact on your work and your home life. It can also have an impact on the clients you support.

Video: Compassion fatigue

Watch the following TEDx talk on compassion fatigue:
aspirelr.link/yt-compassion-fatigue

Pay particular attention to the symptoms discussed.

In some situations where there is extreme trauma, such as working with victims of child abuse, **post-traumatic stress disorder, or PTSD**, can be the long-term result.

Post-traumatic stress disorder (PTSD)
A particular set of reactions that can develop in people who have been through a traumatic event.

People with PTSD may have experienced or observed an event that threatened their life and safety, or that of others around them. With PTSD, the way an individual processes the event leads them to feelings of overwhelming fear, helplessness or terror. You might experience long-term and chronic feelings of extreme anxiety and depression, and you might replay memories of trauma in your head.

It can take time to learn how to deal with these emotional pressures, and to separate your personal life from your work, while still being able to provide empathy and support. It is not healthy to take feelings of anxiety and worry from your working environment home with you.

The most important thing you can do when you feel strong emotions is to recognise them. Here are some strategies to reduce the risk of burnout and trauma in your workplace:

- Insist on and encourage formal debriefing after a critical incident or traumatic situation, even when you feel you are coping.
- Regularly ask other workers how they are coping, and offer emotional support when you see signs of stress.
- Seek help from your manager or from an EAP when you notice signs of stress appearing.

Here are some other examples of ways to respond to ongoing stress or trauma:

Talk	Discuss your feelings with your supervisor or another experienced person. Talk to other staff members who should understand how you feel. Make an appointment with a counsellor through an EAP.
Detach	If you find yourself thinking in an upsetting or distressing way about work when you are at home, it is important to try to switch off these feelings. It does not make you a bad person to want to have your own life outside work. You and your family deserve the best you can give them. The problems of the residents and families at work are not your problems.
Exercise	Exercise is known to help reduce anxiety and depression and lift mood. Find an exercise routine that you enjoy and that suits your needs and abilities.

Rest and recharge	Get enough rest and sleep. Eat a healthy diet if you can and allow yourself time to pursue and do activities that you enjoy. Talk to your manager about taking time off work if you have experienced a traumatic situation.
Meditation and mindfulness	These activities can help you to learn to refocus, and to be present in your own life. There are many options in the community, online or via self-guided apps, for you to participate in these types of self-help.
See your GP	If you are struggling with feelings of grief or other emotions, you might prefer to see your GP. He or she can help you to work through your feelings, and help you to access government funding for subsidised visits to a registered psychologist.

For more information on PTSD visit the following website: aspirelr.link/betterhealth-ptsd

Example

Strategies to overcome distress

Anish finds his work in a child protection service quite confronting. He feels it is taking a toll on his mental health and tells his manager that he needs some support. His manager tells him that counsellors are available and reminds him of how important and valuable his work is for many children and families.

Anish decides to start speaking to a counsellor and learns a few strategies to help him overcome his distress. Even though he still encounters many negative situations where he feels unable to make a difference, he also begins to see his work from a healthier perspective. He recognises that for some children he can make a significant difference, in ways that can have ongoing positive outcomes well into their future. He begins to focus on these positive contributions and considers his role a privilege rather than burden.

Practice Task 9

Question 1

List four possible signs that you have work-related stress.

Question 2

Which of the following statements relate to recognising and responding to your own stress? Tick all that apply.

- ❑ The most important thing you can do when you feel strong emotions is ignore them.
- ❑ Some work roles can put workers at greater risk of stress and trauma than others.
- ❑ Burnout can impact on your home life as well as your work.
- ❑ EAPs are only permitted to be used for stress that was caused in the workplace.
- ❑ Self-care refers to avoiding any situations in the workplace that might cause you stress.

4B Identify and respond to the need for supervision and debriefing

Debriefing is a technique for reducing the impact of trauma, critical incidents and stress on workers.

It is helpful to recognise the value of being open and honest about workplace stress with your managers. A good manager will want to prevent increased levels of stress, so will provide different types of support in response to potential problems.

You can ask for these types of support at any time when you feel they are needed, either for yourself or for other workers. The workplace as a whole, including people accessing the service, can benefit from certain qualities and behaviours in the relationship between a worker and their supervisor.

Supervision

Supervision is a shared responsibility between the employee and the supervisor.

Supervision is an important process to help maximise learning and growth in a work role which works best when the relationship between the supervisor and worker is honest and open. When problem-solving together, two or more people can almost always create better outcomes than someone working alone.

Supervision models vary between work role and workplace. Here are some examples:

Peer support	Two or more people regularly work together to reflect on practice, helping each other develop their professional skills.
Clinical supervision	This is common practice in certain areas of professional practice, including mental health work, case management and child protection. A less experienced worker receives ongoing voluntary professional mentorship and support from a colleague trained in clinical supervision. Together, they help build the knowledge, skills and coping strategies of the less experienced worker.
Supervisory support	Workers at all levels should expect unconditional support from a supervisor to oversee their practice, provide help with questions or concerns, and assess performance through regular informal observation and formal reviews.

Old models of hierarchical work relationships, where the supervisor gave instructions, and the worker followed blindly, tend not to work as effectively as today's models. We know that everyone can benefit when a supervisor:

- encourages joint discussion about the workload and the worker's abilities
- helps the worker to accept feedback non-defensively, so that growth can occur
- takes on feedback non-defensively themselves
- provides confidential and ongoing support
- provides ongoing opportunities for learning and professional development
- encourages workers to be open about mistakes, concerns and problems so that they can be discussed together.

Debriefing with colleagues and supervisors

Timely debriefing and counselling after a highly stressful event can help you and your colleagues to make sense of what has happened, and deal with your feelings.

Debriefing often takes place after a critical incident such as an aggressive situation, an accident, the death or serious injury of a client or worker, or other potentially traumatic event.

Debriefing
Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Debriefing is a preventative measure intended to help workers avoid excessive stress or anxiety, rather than a reactive strategy to reduce stress that has already occurred. Debriefing is not counselling. Rather, it provides the freedom to discuss and learn from the event in a caring and non-judgmental environment together with other people who understand the situation and potential impact.

The structure of a workplace debrief

It is best practice to hold a debrief as soon as possible after the incident and within 72 hours.

Debriefing can be undertaken by a supervisor specially trained in debriefing techniques, or by a trained external psychologist. An external debriefing facilitator is the preferred model because this allows for an extra layer of confidentiality and brings skills that only highly trained mental health professionals can offer.

The structure of a debrief varies depending on the facilitator and type of incidence but is likely to include the following steps:

- The group are provided with reassurance that the meeting is not being recorded or documented and will not be used to assess or scrutinise individual staff member's reactions. Groups members are reminded not to share any comments or concerns raised by others outside the meeting.
- Each group member is invited but not obligated to share their responses to the event. This helps the people involved in the incident to understand the universal

effect of emotions, and that they are commonly shared by others.

- The response to the incident is discussed in terms of what worked well, and what could have been done better. This part of the process is not about blame; rather the aim is to reduce or prevent the same mistakes happening again. Staff are invited to share suggestions for better work practices, policies, support or resources.
- A positive way forward is shared and discussed. Coping strategies are confirmed and mobilised for each individual. Workers are provided with information about where to get ongoing support, including counselling, psychology, or phone or online help.

The discussions or outcomes from a workplace debriefing are not reported, documented or recorded. This protects the privacy of workers and encourages them to open up without fear of reprisal or judgment.

Example

Identify and respond to the need for supervision and debriefing

Erin is working overnight in an aged care residential setting one night when a resident attempts to take her own life. Erin is alone and discovers the older person in the bathroom when she goes in to turn off a dripping tap. Erin handles the situation remarkably well at the time and the resident is taken to hospital and her life is saved. Erin's supervisor meets her at the hospital early the next morning and they have a coffee and discuss what happened.

Erin does not say much, just that she is tired and wants to go home to bed. Her supervisor suggests she takes a few days off and considers speaking with the EAP counsellors before she comes back to work.

Erin has trouble sleeping that night, but a few days later she has stopped thinking about the incident and feels ready to return to work. She reluctantly attends a session with the counsellor at the insistence of her supervisor, but does not get much out of it and does not make a follow-up appointment.

It seems as if everything is okay for Erin when she returns to work, until she does a nightshift. She feels anxious and is unable to remember what tasks she has and has not done, but decides to push through the anxiety until her series of nightshifts is over.

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 once a fortnight for around two months. The next time she works a nightshift, she feels much better.

Practice Task 10

Question 1

Name three types of support that can be provided by supervisors following a critical incident.

Question 2

Outline three points that are often included in a debriefing discussion.

Question 3

List at least two circumstances where workers need debriefing.

Question 4

Provide examples of two circumstances where workers would require supervision.

Summary

- All people react differently to trauma and stress.
- Managers and workplace policies must provide support for the emotional wellbeing of workers.
- Self-care involves prioritising your own health and wellbeing so you can continue to be effective in your role.
- Recognising the symptoms of stress or anxiety in yourself is the first step to overcoming it.
- Supervisors can provide support such as referrals to an EAP, time off work and a plan to support the worker develop coping skills.
- Supervision should involve mutual respect, trust and confidentiality.
- Debriefing helps prevent extreme stress reactions to crisis situations.
- Debriefing is best conducted within 72 hours of the event by a trained practitioner.

Learning Checkpoint 4

Supporting self and others

Part A

1. List two self-care strategies that could help protect you from stress.

2. Explain the confidentiality requirements of a formal debrief.

3. Give three examples of signs a worker is experiencing trauma as a result of an incident or series of incidents.

Part B

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

Case study

Justin works in the AOD sector. Today he is visiting a client called George at home. He knocks on the door, but George does not answer so he tries the door, finds it is unlocked and lets himself in. Justin soon finds George and it is obvious that he has swallowed a large bottle of sleeping tablets. Justin is deeply shocked and distressed. George had been doing well recently, appeared to have overcome his problems with alcohol and had begun getting his life back on track.

Justin alerts the police and goes back to the office to report what has happened. When his supervisor asks him if he needs support, Justin declines, saying he is okay.

Over the next few days, Justin realises that actually he is not okay at all. He constantly thinks about George and wonders what he could have done to help him. He has nightmares and feels emotionally exhausted. He knows 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 an external EAP counsellor, Marion.

Justin is relieved when Marion explains that everything he is feeling and experiencing is a common 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.

Gradually, 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 this event helps Justin.

2. List two other supports Justin's supervisor might be able to provide to him.

3. List at least two signs that indicate Justin is in need of a debrief?

Glossary

Barrier/s

Factor/s in a person's environment that, through their absence or presence, limit functioning and create disability.

Child abuse

Any physical, emotional, sexual abuse or neglect of a child under the age of 18.

Compassion burnout

Physical and emotional exhaustion that can lead to indifference and withdrawal.

Coping strategies

Individual behaviours that we use to help us to cope with stress.

Crisis assessment team (CAT)

A team of emergency mental health professionals usually attached to a local hospital.

Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Disclosure

The act of sharing or releasing private or personal information.

Domestic and family violence

Threatening, violent or coercive behaviour towards a partner, spouse, child, parent, housemate, carer or care recipient.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Duty of disclosure

The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Elder abuse

Harming an older person using financial, physical, sexual or emotional means, or through neglect.

Empathy

The ability to understand, share and identify the feelings of others.

Employee assistance program (EAP)

A work-based intervention program designed to enhance worker wellbeing.

Empowerment

The process of gaining strength and confidence to voice one's own opinion.

Grooming

Common behaviour used by a child sex offender to prepare a child for sexual abuse.

Informed consent

Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Post-traumatic stress disorder (PTSD)

A particular set of reactions that can develop in people who have been through a traumatic event.

Self-harm

Causing deliberate harm to a person's own self, with or without the intention to end their life.

Suicidal ideation

Having thoughts of suicide.

Unconscious bias

Subconsciously forming social stereotypes about certain people and expressing these.