



Australian Government

Department of Education, Employment and Workplace Relations

CHCTC404B Provide competent suicide intervention in a telephone counselling context

Release: 1

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Modification History

CHC08 Version 3	CHC08 Version 4	Description
CHCTC404A Provide competent suicide intervention in a telephone counselling context	CHCTC404B Provide competent suicide intervention in a telephone counselling context	Unit updated in V4. ISC upgrade changes to remove reference to OHS legislation and replace with reference to WHS legislation. No change to competency outcome.

Unit Descriptor

Descriptor

This unit describes foundation knowledge and skills required to provide suicide intervention in the context of a telephone counselling service to persons potentially at risk, those concerned about someone at risk and people dealing with the aftermath of a suicide

The focus is on competencies that enable the telephone counsellor to identify and manage immediate suicide risk in the context of a supportive counselling relationship that seeks to work collaboratively with the caller to achieve safe outcomes

Safe outcomes in this context include a clear safety plan for addressing any immediate danger to the person at risk, or others, mobilising access to emergency medical help when needed and facilitating links with resources able to offer further assessment and care

The needs and safety of the caller are the primary focus in any suicide call

However, interventions also need to consider and address the safety of those offering help and potential risk to others in the situation

Application of the Unit

Application

The unit addresses opportunities for suicide intervention available to the telephone counsellor that recognise the potential and limits of the telephone medium and feature its role in linking callers with further resources
Telephone counsellors will be persons with training appropriate to their role who apply learning as employees or community volunteers
Competence in basic helping skills and crisis intervention is foundational preparation for this unit

Licensing/Regulatory Information

Not Applicable

Pre-Requisites

Not Applicable

Employability Skills Information

Employability Skills This unit contains Employability Skills

Elements and Performance Criteria Pre-Content

Elements define the essential outcomes of a unit of competency.

The Performance Criteria specify the level of performance required to demonstrate achievement of the Element. Terms in *italics* are elaborated in the Range Statement.

Elements and Performance Criteria

ELEMENT

PERFORMANCE CRITERIA

1. *Identify and assess a caller's current suicide risk*

- 1.1 Recognise and respond to signs (such as statements, reactions, thoughts, feelings or disclosed behaviours) indicating that a caller may be considering or affected by suicide
- 1.2 Attend to any hunches while listening to a caller, perhaps from indirect communications that suggest they may be considering suicide
- 1.3 Ask directly about suicide whenever there are grounds for concern
If suicide thoughts are present:
- 1.4 Seek sufficient understanding of why the person is considering suicide, and what links them to life, to guide and facilitate the intervention
- 1.5 Assess current suicide risk guided by *risk assessment* considerations outlined in the Range Statement and by whether there is an imminent threat to the caller's safety or the safety of others

ELEMENT

PERFORMANCE CRITERIA

2. Apply telephone counselling skills to reduce immediate risk of suicide and increase caller safety

- 2.1 Build a collaborative, empathic working relationship with the caller that acknowledges how thoughts of suicide and painful feelings behind them may affect their safety
- 2.2 Listen to what lies behind thoughts of suicide, while affirming and strengthening the links to safety and living implicit in search for help that prompted the call
- 2.3 Work with the caller to develop and implement a safety plan that builds on an assessment of suicide risk and reduces the immediate danger of self-harm or suicide
- 2.4 Facilitate access to emergency medical help in any call where it is assessed to be needed to address an imminent threat to the caller's life or safety (such as a potential suicide in progress)
- 2.5 Remain mindful of and address, as much as possible over the phone, potential risk to the safety of others involved in the situation
- 2.6 Be aware of situations where police may need to be involved to address the safety of the caller or others and act accordingly
- 2.7 Seek and act on feedback from the workplace supervisor and other internal performance review processes to ensure counselling is lawful, complies with good suicide intervention practice, and organisation policies consistent with that practice, ethical processes and duty of care obligations
- 2.8 Observe work health and safety (WHS) obligations in relation to managing oneself

ELEMENT

PERFORMANCE CRITERIA

3. Facilitate and strengthen the caller's links to further care

Having worked with the caller to take any steps needed to address immediate safety:

- 3.1 Acknowledge how the decision to seek and respond to help in this call has provided foundations for further care
- 3.2 Provide information to enhance the caller's awareness of the nature and *range of available resources* and how to access them
- 3.3 Explore the caller's openness toward available help and where possible address barriers to further help-seeking
- 3.4 Develop with the caller an agreed plan and first steps for accessing and utilising informal supports and professional help that deal with their suicidality and factors associated with it
- 3.5 Encourage further use of telephone counselling support and other services when needed

4. Provide suicide intervention support that resources the caller beyond the immediate suicidal crisis

When or if it is assessed that there is no imminent risk that needs to be immediately addressed:

- 4.1 Identify those aspects of the caller's distress and concern related to their suicidal thoughts that most need attention now
- 4.2 Help the caller identify coping strategies (both internal and external) which prepare them to manage any recurrence of suicidal thoughts in future, highlighting steps they could take to increase their safety and get help
- 4.3 Determine whether underlying mental health concerns or personal circumstances (such as depression, substance misuse, significant losses or trauma) are present and require further help
- 4.4 Provide counselling support to any caller concerned about someone at risk of suicide by exploring and determining the basis of concern and the potential role they may play in increasing that person's safety
- 4.5 Provide counselling support to any caller impacted by someone else's suicide to ensure the nature of their concerns is explored, threat of risk to caller is evaluated and access to further help is facilitated
- 4.6 Comply with laws, *ethical guidelines and policy requirements that affect duty of care*
- 4.7 Document the suicide risk assessment and safety plan, including any follow up steps taken and the rationale behind them

Required Skills and Knowledge

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

The candidate must be able to demonstrate essential knowledge required to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include:

- Awareness that suicide risk may potentially feature in any call
- Knowledge of common indicators or signs of potential suicide risk
- Principles and practices of suicide intervention - particularly the tasks of suicide risk assessment, risk management, development of safety plans and facilitation of access to ongoing support
- Principles and practice of crisis intervention, including relevant laws, ethical guidelines and policy requirements which affect duty of care
- Applications of crisis intervention principles and practices to the telephone counselling medium
- Procedures for facilitating referrals and emergency interventions
- Awareness of personal attitudes, beliefs and values and how these might facilitate or impede suicide intervention
- Examination of common notions about suicide in the light of available evidence
- General awareness of how mental health issues may impact on crisis intervention and suicidal crises
- Principles of self care and support-seeking relevant to involvement in crisis and suicide intervention work

Essential skills:

It is critical that the candidate demonstrate the ability to:

- Demonstrate the capacity to work competently and independently according to the principles of their training and within the general context of the supervisory relationship
- Demonstrate accountability for own professional conduct and practice including:
 - carrying out assigned tasks
 - working effectively under the pressure of crisis situations
 - maintaining the quality of services to the organisation's callers
 - strengthening links to life-sustaining options and supports for calls featuring suicide
 - demonstrating a commitment to attend to the pain of persons considering or affected by suicide and to work toward life-affirming outcomes

- Identify calls which may feature suicide risk or bereavement

In addition, the candidate must be able to effectively do the task outlined in elements and performance criteria of this unit, manage the task and manage contingencies in the context of the identified work role

These include the ability to:

- Demonstrate competent telephone counselling skills in:
 - engaging callers in an empathic, respectful, collaborative helping relationship
 - implementing effective crisis intervention principles and practices
 - providing competent suicide intervention over the phone including:
 - recognition
 - assessment
 - safe management of immediate suicide risk
 - facilitating links to further emergency help or ongoing care as needed
 - facilitating links with higher levels of care including emergency services where necessary
 - practising self-monitoring and self care
 - seeking and integrating supervisory support
 - maintaining documentation as required, including effective use of relevant information technology in line with WHS guidelines

Evidence Guide

The evidence guide provides advice on assessment and must be read in conjunction with the Performance Criteria, Required Skills and Knowledge, the Range Statement and the Assessment Guidelines for this Training Package.

Critical aspects for assessment and evidence required to demonstrate this unit of competency:

- The individual being assessed must provide evidence of specified essential knowledge as well as skills
- Work will be assessed in accordance with professional standards of care commensurate with the telephone counselling role
- Assessment must occur in the workplace or similar environment conducive to professional work over a number of occasions

- Access and equity considerations:*
- All workers in community services should be aware of access, equity and human rights issues in relation to their own area of work
 - All workers should develop their ability to work in a culturally diverse environment
 - In recognition of particular issues facing Aboriginal and Torres Strait Islander communities, workers should be aware of cultural, historical and current issues impacting on Aboriginal and Torres Strait Islander people
 - Assessors and trainers must take into account relevant access and equity issues, in particular relating to factors impacting on Aboriginal and/or Torres Strait Islander clients and communities

- Context of and specific resources for assessment:*
- This unit can be assessed independently, however holistic assessment practice with other community services units of competency is encouraged
 - Resources for training in and assessment of crisis intervention competencies needs to be available to:
 - provide initial and ongoing training
 - ensure baseline knowledge and skills following basic training
 - observe implementation of these competencies in actual counselling situations and simulated role plays
 - facilitate learning through reflection on practice and integration of supervisory feedback

- Method of assessment:*
- Consistent performance and development would be expected to be demonstrated involving a combination of oral and written media while also featuring simulated and actual practice
 - Examples might include:
 - group exercises
 - written (e.g. journal) and verbal responses to questioning
 - simulated exercises
 - observation of practice on telephone shifts
 - response to and integration of supervisory feedback

Range Statement

The Range Statement relates to the unit of competency as a whole. It allows for different work environments and situations that may affect performance. Add any essential operating conditions that may be present with training and assessment depending on the work situation, needs of the candidate, accessibility of the item, and local industry and regional contexts.

General context of the suicide intervention work:

- Telephone counselling will normally be provided in the context of a 24-hour telephone counselling service within the framework of the organisation's guidelines and competency requirements that reflect good suicide intervention practice
- Telephone counsellors will have received training in generalist telephone counselling skills and in the principles and practices of crisis intervention
- Supervision on 24-hour call may be accessed during a call when needed and must be consulted in certain mandated situations such as a potential suicide in progress
- Other professional community resources such as Poisons Information Service, Ambulance or Police should be accessed as needed
- Intervention builds on the caller's desire for help and links to living, evident in making the call, despite the ambivalence about living and dying that is often present

Identify and assess a caller's current suicide risk involves:

- Vigilance about the potential for suicide risk in any caller
- Recognising the wide range of warning signs that invite help and prompt enquiry about suicide
- Asking directly about thoughts of suicide where there are any grounds for concern

Risk assessment involves:

- Recognising that any suicide thoughts or acts of deliberate self-harm signal significant distress, pose potential risk of injury or death and should be taken seriously
- Assessing factors that indicate suicide risk which include, but are not limited to, the following:
 - concern is aroused by the presence of suicide thoughts and things often associated with these thoughts, such as:
 - a desire to escape pain that feels unbearable
 - a sense of hopelessness
 - current difficulty seeing alternatives to suicide
 - feeling alone
 - immediate risk is increased when a person has begun acting on their suicide thoughts or is preparing to do so and/or has expressed suicidal intent - for example:
 - possible suicide in progress
 - presence of a suicide plan
 - available means
 - risk can be exacerbated if the caller is under the influence of excessive alcohol or other drug use
 - pertinent background factors, particularly prior suicidal behaviour and the presence of significant mental health problems should be carefully assessed

A wide variety of contextual or personal considerations help inform assessments and may include such things as:

- significant loss
- trauma
- the impact of another person's suicide
- a pattern of extreme agitation, anger/violent behaviour
- Identifying sources of safety and support within the caller (such as coping skills and beliefs) and around them (such as friends, family and community services)
- Connections to life and living are usually present alongside thoughts of suicide and can provide foundations to build upon in increasing caller safety

Safety outcomes include:

- Recognising that:
 - vigilance about safety with all suicide related thoughts or behaviours is essential, even though the caller may have been influenced by a wide range of motives in considering or engaging in deliberate self-harm
 - risks to life and safety can often be greater than callers recognise or intend, so safe outcomes are a primary focus, regardless of stated caller intentions, especially given the limited contextual information available in a telephone counselling intervention
- Implementing suicide safety plans that should be tailored to the caller, but typically include:
 - affirm and build on the desire for help and safety implicit in the call
 - work with the caller to identify and act on clear cooperative steps for reducing immediate risk of suicide or any self-harm during and immediately after the call
 - focus specifically on factors, plans and behaviours, including unsafe use of alcohol and other drugs, that endanger the caller at this particular time and seek to engage them cooperatively in steps that safely manage and reduce that risk
 - enable prompt, timely action that increases support, mobilises access to emergency medical help when needed and reduces the likelihood that the person will act on their suicidal thoughts
 - seek to create a calm environment that promotes safety for the person at risk and others involved in the situation
 - access support and follow up advice from the organisation's supervisor/coordinator that reflects lawful good suicide intervention practice and follows crisis management and emergency procedures

The range of available resources include:

- Informal support
- Professional help
- Future use of telephone counselling service

A productive connection between the caller and counsellor that accompanies risk assessment and safety management can strengthen hope and motivation to commit to the safety plan and engage further with helping resources

Appropriate counselling support to people with thoughts of suicide will include:

- The following general practices as a context for risk assessment and safety management:
 - developing an empathic, collaborative counselling relationship
 - recognising that the presence of any thoughts of suicide elevate risk and require plans to increase safety
 - understanding how these thoughts are linked to particular events or experiences - particularly involving loss, a suicide death or trauma - and the person's reaction to them
 - hearing feelings often found behind these thoughts such as pain, and the desire to escape it
 - listening for perceptions such as the caller's current difficulties in seeing alternatives to suicide
 - conducting careful assessment and management of suicide risk
 - developing and implementing a safety plan based on this assessment that includes safely reducing access to suicide methods and generally minimising the harm of any suicidal acts already in progress (e.g. mobilising an emergency medical response)
 - addressing problems in living and strengthening supportive life links and relationships once immediate safety has been addressed

Appropriate counselling support to people concerned about someone at risk include:

- The above set of actions and deciding on:
 - the role the caller might have in reaching out to the person at risk and
 - who else may need to be involved

Appropriate counselling support to people impacted by someone's suicide includes:

- Determining the nature of the caller's relationship to the person who died by suicide
- Exploring and responding to the pain and impact of the loss in feelings such as sadness, anger, guilt or remorse
- Asking the caller what aspects of the death or the loss they most need to focus on now and attend to these concerns
- Assessing for suicide risk in the caller
- Exploring internal coping strengths and external supports likely to provide support

Internal referral systems may include:

- Training
- The organisation's referral database and files
- Supervisory and on call network
- Support personnel
- Protocols for supervisory consultation during a suicide call and accessing emergency services when necessary
- Literature - including books and brochures

Ethical guidelines and policy requirements that affect duty of care include:

- Awareness of appropriate standards of care in suicide intervention
- Observance of any relevant laws
- Compliance with the organisation's ethical code, policies and procedures related to delivery of the telephone counselling service
- Policies about disclosure and confidentiality, including any limits that may apply in suicide intervention
- Responsiveness to caller requests
- Meeting the organisation's training standards
- Seeking assistance and providing referrals
- Participation in supervisory activities and professional development and training

Unit Sector(s)

Not Applicable