

## **Suicidal Clients – ACA (INC) Guidelines**

### **1 Preamble**

- (a) *Clients\** with suicidal thoughts sometimes seek help; that help is sometimes sought from *Counsellors*. While, short of a 24/7 'suicide watch', it is not possible to stop the suicide of a determined client, it is possible to minimise the risk of such a tragic outcome.
- (b) Counsellors should be aware that these tragic consequences are threefold:
  - i. for the client
  - ii. for the client's family and friendship groups
  - iii. for the client's counsellor and any other allied health workers involved in the case\*\*.
- (c) The following *guidelines* (which are taken to include other relevant ACA (INC) documents such as the Code of Ethics and Practice etc.) are provided to highlight several principles that ACA (INC) registered counsellors and members need to make themselves aware of when dealing with clients in this risk group. They are not intended as a guide as to how to practice and nor should they be used or taken as such.
- (d) Counsellors should be aware of possible legal implications when working with all clients, but particularly, due to the emotional and wide ranging consequences, when working with those at risk of suicide. Counsellors, while part of a caring profession where the welfare of the client is considered the priority, need to be familiar with their obligations under the various State Health Rights Commissions and the ACA (INC) Code of Ethics and Practice and Complaint Procedural Guidelines.

### **2 Referral, Experience, Training and Supervision**

- (a) While it is the client that chooses the counsellor, it is the counsellor (giving consideration to the needs of the client) that chooses whether or not the client's issues fall within the level of their competence [Code of Ethics and Practice Sect 2(a)vii]. As a general rule ACA (INC) would recommend only Level 3 or 4 Counsellors should deal with this risk group and then never in isolation. The general principle in these cases is threefold: recognise, assess and refer. Referral should not be seen as abandonment of the client and work with the client should not of necessity cease, rather therapy should continue in liaison with an appropriately qualified health care professional.
- (b) Counsellors should not only familiarise themselves with the appropriate standards, knowledge and skills but continue to update those standards, knowledge and skills through relevant on-going professional development.
- (c) Counsellors need to familiarise themselves of Federal, State and Territory legislation that relate to suicide. This includes, but is not limited to, those regarding the issue of 'assisted suicide'.
- (d) Counsellors need to be aware of the potential for ethical conflict when working in this area, for example, client autonomy versus the possible need to intervene despite the client's wishes. Apart from, but including, ethical considerations, the legal and moral rights of the client must always be taken into account. In all client work supervision is desirable but in the case of working with suicidal clients it is essential and may need to be undertaken more frequently than is normal practice.

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\* All words in italics are to be found in the definitions section of these guidelines.

\*\* Points 1.2 i and 1.2 ii are referred to as '*Associated Parties*'

### 3 Reference to the ACA (INC) Code of Conduct

- (a) The entire ACA (INC) Code of Conduct applies to all counsellor/client interactions but in the case of clients in this client group the following sections of the Code are of particular, though not exhaustive, relevance:

i. *Code of Ethics*

Sect 2 (a) vii

*Endeavour to make suitable referral where competent service cannot be provided.*

Sect 2 (a) xii

*Be responsible for your own updating and continued knowledge of theories, ethics and practices through journals, the association and other relevant bodies.*

ii. *Code of Practice*

Section 3.1

#### **3.1 Issues of Responsibility**

(a) *Counsellors take responsibility for clinical/therapeutic decisions in their work with clients.*

(b) *Counsellors also have responsibilities to associated parties, i.e. any individual or organisation other than the client/s with whom the Counsellor interacts in the course of rendering a counselling service, This is inclusive of but not limited to:*

- i. client's' relatives, friends, employees, employers, carers and guardians;
- ii. other professionals or experts;
- iii. representative from communities or organisations.
- iv. In reference to the Code of Ethics and Practice what applies to the client(s) also applies to associated parties.

(c) *The counsellor-client relationship is the foremost ethical concern. However, counselling does not exist in social isolation. Counsellors may need to consider other sources of ethical responsibility. The headings in this section are intended to draw attention to some of these.*

Section 3.2 (a), (b), (c), (f) and (g)

#### **3.2 Responsibility to the client**

(a) *Client Safety*

- i. Counsellors must take all reasonable steps to ensure that the client does not suffer physical, emotional or psychological harm during counselling sessions.
- ii. Counsellors must not exploit their clients financially, sexually, emotionally, or in any other way. Suggesting or engaging in sexual activity with a client is unethical.

- iii. Counsellors must provide privacy for counselling sessions. The sessions should not be overheard, recorded or observed by anyone other than the counsellor without informed consent from the client. Normally any recording would be discussed as part of the contract Care must be taken that sessions are not interrupted.

*(b) Client Self-determination*

- i. In counselling the balance of power is unequal and counsellors must take care not to abuse their power.
- ii. Counsellors do not normally act on behalf of their clients. If they do, it will only be at the express written consent of their client, or else in exceptional circumstances.
- iii. Counsellors do not normally give advice.
- iv. Counsellors have a responsibility to establish with clients at the outset of counselling the existence of any other therapeutic or helping relationships in which the client is involved and to consider whether counselling is appropriate. Counsellors should gain the client's permission before conferring in any way
- v. with other professional workers.

*(c) Breaks and Endings*

- i. Counsellors work with clients to reach a recognised ending when clients have received the help they sought or when it is apparent that counselling is no longer helping or when clients wish to end.
- ii. External circumstances may lead to endings for other reasons which are not therapeutic. Counsellors must make arrangements for care to be taken of the immediate needs of clients in the event of any sudden and unforeseen endings by the counsellor or breaks to the counselling relationship.
- iii. Counsellors should take care to prepare their clients appropriately for any planned breaks from counselling. They should take any necessary steps to ensure the wellbeing of their clients during such breaks.

*(f) Responsibility to the Wider Community Law*

- i. Counsellors must take all reasonable steps to be aware of current law as it applies to their counselling practice not only Federal Law but the particular laws of their State or Territory. This includes those legal rights that refer to client rights protected under laws and statutes of the Commonwealth, State or Territory in which the Counsellor provides counselling services.

*(g) Resolving Conflicts Between Ethical Priorities*

- i. Counsellors may find themselves caught between conflicting ethical principles, which could involve issues of public interest. In these circumstances, they are urged to consider the particular situation in which they find themselves and to discuss the situation with their counselling supervisor and/or other experienced counsellors. Even after conscientious consideration of the salient issues, some ethical dilemmas cannot be resolved easily or wholly satisfactorily. In all such cases careful and complete notes should be kept – especially in relation to what consultation has taken place and with whom.

Section 3.4 (a) and (b)

**3.4 Confidentiality**

- (a) Confidentiality is a means of providing the client with safety and privacy and thus protects client autonomy. For this reason any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling.*
- (b) The counselling contract will include any agreement about the level and limits of the confidentiality offered. This agreement can be reviewed and changed by negotiation between the counsellor and the client. Agreements about confidentiality continue after the client's death unless there are overriding legal or ethical considerations. In cases where the client's safety is in jeopardy any confidentially agreements that may interfere with this safety are to be considered void (see 3.6 'Exceptional circumstances').*

Section 3.6 (a), (b) and (c)

**3.6 Exceptional Circumstances**

- (a) Exceptional circumstances may arise which give the counsellor good grounds for believing that serious harm may occur to the client or to other people. In such circumstance the client's consent to change in the agreement about confidentiality should be sought whenever possible unless there are also good grounds for believing the client is no longer willing or able to take responsibility for his/her actions. Normally, the decision to break confidentiality should be discussed with the client and should be made only after consultation with the counselling supervisor or if he/she is not available, an experienced counsellor.*
- (b) Any disclosure of confidential information should be restricted to relevant information, conveyed only to appropriate people and for appropriate reasons likely to alleviate the exceptional circumstances. The ethical considerations include achieving a balance between acting in the best interests of the client and the counsellor's responsibilities under the law and to the wider community.*

- (c) *While counsellors hold different views about grounds for breaking confidentiality, such as potential self-harm, suicide, and harm to others they must also consider those put forward in this Code, as they too should imbue their practice. These views should be communicated to both clients and significant others e.g. supervisor, agency, etc.*

Section 3.10 (a) i – x

### **3.10 Competence**

(a) *Counsellor Competence and Education*

- iv. Counsellors must have achieved a level of competence before commencing counselling and must maintain continuing professional development as well as regular and ongoing supervision.
- v. Counsellors must actively monitor their own competence through counselling supervision and be willing to consider any views expressed by their clients and by other counsellors.
- vi. Counsellors will monitor their functioning and will not counsel when their functioning is impaired by alcohol or drugs. In situations of personal or emotional difficulty, or illness, counsellors will monitor the point at which they are no longer competent to practice and take action accordingly.
- vii. Competence includes being able to recognise when it is appropriate to refer a client elsewhere.
- viii. Counsellors should take reasonable steps to seek out peer supervision to evaluate their efficiency as counsellors on a regular basis as required by the ACA (INC) membership guidelines.
- ix. Counsellors must recognise the need for continuing education in their chosen profession to maintain a professional level of awareness of current scientific and professional information and education in their particular fields of activity.
- x. Counsellors should take steps to maintain and improve their level of competence through on-going professional development and to keep up to date with best practice.
- xi. Counsellors are responsible for ensuring that their relationships with clients are not unduly influenced by their own emotional needs.
- xii. Counsellors must have professional indemnity insurance and maintain adequate cover
- xiii. When uncertain as to whether a particular situation or course of action may be in violation of the Code of Ethics and Practice, counsellors must consult with their counselling supervisor and/or other practitioners.

## **Definitions**

- (a) *The Association* means the Australian Counselling Association Inc
- (b) *Associated Party* refers to any individual or organisation other than the client/s with whom the Counsellor interacts in the course of rendering a counselling service, This is inclusive of but not limited to:
  - i. client's' relatives, friends, employees, employers, carers and guardians;
  - ii. other professionals or experts;
  - iii. Representative(s) from communities or organisations.
- (c) *Client* means a party or parties to a counselling service involving counselling, supervising, teaching, research and professional practice in counselling. Clients may be individuals, couples, families, groups of people, organisations, communities, facilitators, sponsors or those commissioning or paying for professional activity.
- (d) *Code* refers to this Code of Ethics and Practice
- (e) *Counsellor* refers to anyone delivering what a reasonable person would assume to be a counselling service (see below)
- (f) *Counselling service* means any service provided by a counsellor to a client including but not limited to:
  - i. Counselling activities
  - ii. Professional activities
  - iii. Professional practice
  - iv. Research practice
  - v. Supervision
  - vi. Teaching
- (g) *Guidelines* refer to these guidelines, any others issued by time to time by the ACA (INC), the ACA (INC) Code of Conduct, and the ACA (INC) Complaints Policy and Procedural Guidelines
- (h) *Legal Rights* refer to those client rights protected under laws and statutes of the Commonwealth, State or Territory in which the Counsellor provides counselling services.
- (i) *Member(s)* means all those covered by the ACA (INC) Code of Conduct.
- (j) *Moral Rights* refer to the universal human rights a defined by the United Nations Universal declaration of Human Rights that may or may not be protected by existing federal, State or Territory laws.

- (k) *Multiple relationships* occur when a counsellor, when providing a counselling service, also has been or is:
- i. In a non-professional relationship (sexual or otherwise) with the same client
  - ii. In a different professional relationship with the same client
  - iii. In a non-professional relationship with an associated party
  - iv. A recipient of a service provided by the same client.
- (l) *Practice* refers to any act or omission by a Counsellor
- i. That other may reasonably consider to be a counselling service
  - ii. Outside of that service that casts doubt upon their ability and competence to practice as counsellors
  - iii. Outside of their practice of counselling which harms public trust in the discipline or the profession of counselling In their capacity as members of the Association.
- (m) A *Professional relationship* means the relationship between a counsellor and a client to whom he is delivering a counselling service.