An Exploration into Counsellors' Experiences of Using the Collaborative Assessment and Management of Suicidality Among the Homeless Sector in Ireland

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> **Abstract_** *Those experiencing homelessness are an at risk group for experiencing suicide ideation and behaviour. The aim of this research was to explore counsellors' experiences of using a suicide specific assessment and intervention tool, The Collaborative Assessment and Management of Suicidality (CAMS) and the Suicide Specific Treatment Track (SSTT), among the homeless population. In-depth semi-structured interviews were held with six counsellors. Interviews, once recorded, were transcribed verbatim. Thematic analysis was conducted on the collected data. Seven main themes were identified which included: The lasting impact of in-person training on counsellor practice, Approaching the CAMS paperwork, CAMS and the SSTT as a psychological resource for the counsellors, Building a trusting relationship, Challenges in implementing CAMS, Flexibility of integrating CAMS into counsellor practice, and The importance of colleague support. This research has important practical implications for clinicians who wish to use CAMS or the SSTT among the homeless sector. Such as, the use of role-plays specific to the homeless population during training, the benefit of having the SSTT when working over the phone or in environments where delivery of the CAMS was not possible, and the perception of the necessity of building a trusting rapport with the client prior to introducing the paperwork.*

> **Keywords_** *Suicide, homelessness, suicide intervention, assessment, suicide prevention, counselling service*

Introduction

Suicide is a complex phenomenon emerging from a dynamic interaction of biological, psychological, social and cultural factors (Quarshie *et al.*, 2015). Those experiencing homelessness are among the most vulnerable groups to experience suicide ideation and behaviour (Sinyor *et al.*, 2017). Given the growing numbers of people who are experiencing homelessness, suicide prevention is a priority issue for, and one commonly encountered by those working in this sector. This highlights the need for evidence-based suicide prevention interventions and related assessment tools for mental health professionals working in this sector.

Assessing an individual to determine their level of suicide risk is one of the most challenging experiences a counsellor can face (Granello, 2010), and can provoke feelings of anxiety, fear and doubting professional competence (Reeves and Mintz, 2001). In order for practitioners to feel confident in risk assessment and provide evidence-based interventions to reduce suicide, formal training is a necessity (Cole-King *et al.*, 2013). The importance of this training is evident when its potential impact is considered. For example, Pisani, Cross and Gould (2011) reported that such training is an effective means of transferring knowledge and shifting attitudes. Furthermore, Jahn and colleagues (2016) reported that practitioners who had received sufficient formal training in a suicide specific intervention and risk assessment, reported greater skill and comfort working with suicidal clients and a greater knowledge of suicide risk and protective factors when compared with practitioners who felt they had not received sufficient formal training. Nonetheless, further research on the experiences and impact of training on clinicians' practice with clients is required.

The Collaborative Assessment and Management of Suicidality (CAMS) is a suicide specific intervention for the assessment, management and treatment of suicidality. It is unique in that it is non-denominational, allowing for the incorporation of any psychotherapeutic approach or technique to be used within the framework (Jobes *et al.*, 2015). There is now a growing body of literature in support of the effectiveness of CAMS in reducing suicidal ideation and behaviour (e.g. Andreasson *et al.*, 2016).

At the core of the CAMS approach is the Suicide-Status Form (SSF), which is a multipurpose clinical assessment, treatment planning, tracking, and outcome tool (Jobes, 2012). Despite positive findings on using CAMS, recent research highlights the importance of considering the context in which CAMS is used and whether it is important to adapt CAMS to suit the needs of different organisations, staff and clients (Jobes and Chalker, 2019).

The homeless population present with unique and specific needs. For example, many barriers exist for individuals experiencing homelessness accessing healthcare settings including lack of funds, zero tolerance of inebriation during sessions or assessment, and difficulties in arranging or travelling to appointments (Shulman *et al.*, 2018). The Sure Steps Counselling Service, as part of the Dublin Simon Community, is a not-for-profit organisation that provides counselling and psychotherapeutic support to those who are experiencing homelessness. The service meets many of the needs of their clients as it is a low threshold service, free of charge and the counsellors are flexible in where they meet with clients. CAMS was adopted by the service to ensure the counsellors were equipped to provide suicide specific care to clients vulnerable to suicide. Preliminary research to investigate the implementation of CAMS within the service identified a number of benefits and challenges in completion of the CAMS paperwork and the need for round the clock care for homeless clients who were suicidal (Adams *et al*., 2018). An out of hours service (5pm – 10pm) was subsequently set up as an extension of the service to work specifically with clients who were suicidal (See Appendix).

The Suicide Status Form, the core assessment tool within CAMS, was used to inform the development of the SSTT. Many of the clients attending the Dublin Simon service are being supported in residential environments, or in the public streets, where a sit down side by side format, as per the CAMS, is not possible. As such, the SSF was re-imagined into a conversational guide and a booklet was developed to help guide support workers through the conversation with a suicidal client, until they could access the CAMS intervention in the Sure Steps counselling service. The SSTT was the treatment pathway created to facilitate this process, with all Dublin Simon staff being familiar with the CAMS, familiar with the referral pathway, and able to engage suicidal service users in a risk assessment, safety planning process while waiting for a full CAMS intervention. The extent to which these changes have facilitated the counsellors work, or their experience of using CAMS and the SSTT within the homeless sector, given a period of time to become comfortable with the tool after initial training, has not been investigated in-depth.

In order to improve and facilitate training, contribute to continuous quality improvements to services and practice, and to provide insight to other mental health professionals working with those experiencing homelessness, the aim of this research study is to explore counsellors' experiences of using CAMS and the SSTT. The specific objectives of the research are to explore the beneficial aspects and limitations of the training the counsellors have received for CAMS and the SSTT, whether additional supports are required by counsellors using CAMS and the SSTT, and the advantages and barriers of using CAMS and the SSTT among those working with those experiencing homelessness.

Research Design

This study used an exploratory qualitative research design. The inclusion criteria for participants included: (1) currently working/volunteering with the Sure Steps Counselling Service; (2) hold a minimum two year diploma course in Counselling and Psychotherapy, with 100 client hours completed; (3) being in active external supervision; and (4) having received training for CAMS and the SSTT. Six participants were interviewed. In order to protect the anonymity of the counsellors, each counsellor will be identified as 'Participant' with an associated number (P.1, 2, 3, 4, 5, 6). Participants were invited to participate via e-mail. A Plain Language Statement explaining the specific details of the research was attached to the e-mail. Written informed consent was obtained prior to the commencement of the interview. Semi-structured interviews were conducted by the first author in a place and at a time convenient to the participant. Each interview was recorded, lasted between 45 to 60 minutes and was transcribed verbatim. Thematic analysis was conducted on the data, following the six steps as outlined by Braun and Clarke (2006), which involved initially becoming familiar with the data, the generation of initial codes, searching for themes, reviewing, defining and naming the themes and finally, producing the report.

Results

Seven themes were identified that described the experience of using CAMS and the SSTT in the homeless sector: (1) *'Seeing it live in action'* – The lasting impact of in-person training on counsellor practice; (2) *'I don't see it now as a barrier'* – Approaching the CAMS paperwork; (3) *'… now I feel more confident'* – CAMS and the SSTT as a psychological resource for the counsellors; (4) *'They want to know they can trust you'* – Building a trusting relationship; (5) *'the client is coming in effected and there's that level of mental illness…'* – Challenges in implementing CAMS; (6) *'Use the tool to enhance who you are, use the tool to make you more proficient'* – Flexibility of integrating CAMS into counsellor practice; and (7) *'for the support, just the comradery support'* – The importance of colleague support.

'Seeing it live in action' –
The lasting impact of in-person training on counsellor practice
The in-person training the counsellors received for CAMS had a significant lasting impact on counsellor's practice both in providing the theoretical and practical base for using CAMS and also on the way in which the counsellors subsequently engaged with their practice and interacted with their clients. The role play during the CAMS in-person training resonated with all of the counsellors. They noted it to be the most critical aspect during training that facilitated the transition of CAMS from a theoretical approach to how it could be practically applied.

> it was more watching him interact in a session that I found particularly beneficial, the theory you can read in depth in a book and we do all have the manual… but it's seeing it live in action (P.2)

One of the counsellors described how it was not until they could ask the instructor about using CAMS with clients experiencing homelessness and see it, that they could actually visualise how to implement it within the homeless sector.

> [the instructor] helped to show me… and that was so important because now, I can actually see how I could go into a completely chaotic situation and use the CAMS straight away, and I don't think that was part of the training, but I asked the question, because it was to do with my experience of working with homelessness and vulnerability (P.3)

For another counsellor, the tone of the instructor's voice and non-verbal body language was the most significant part of training, which has remained as part of their practice. This has influenced the way in which this counsellor works with clients, both when using CAMS and in general practice.

> For me the best part of the training was the way he spoke, his tone, because I actually have a very high tone, so I always have to, even now I know my tone is quite high, so it was very interesting to watch how his tone, it was lower and you know like his body language was very calm even though the client was saying really distressful stuff (P. 5)

Many of the counsellors noted, that as a result of training they had become more direct in their approach of speaking about suicide.

> One statement that [the instructor] made on the training, that I found horrific at the start, but actually I have used it a lot in sessions it's very effective, [the instructor] said well you do understand if you end your life now, you're not going to have the chance to work on these issues, and sort them out (P.4)

"I don't see it now as a barrier" – Approaching the CAMS paperwork

Many of the counsellors admitted that they had initially resisted the paperwork associated with CAMS, viewing it as a barrier to the psychotherapeutic process. The SSTT, which was developed specifically in this service, enabled counsellors to interact with suicidal clients in a way informed by CAMS without using the paper SSF.

> I don't really like paperwork, I don't think a lot of people do if you are a bit Rogerian, paperwork you feel is a barrier, that you are not really communicating with the client… but… it is still possible, because the main thing is to connect with the client, once you have that… you can work with the paper, I don't see it now as a barrier (P.5)

The way in which the counsellor approached the paperwork in the session was seen as important to gain a positive response from the client.

> I introduced [the client] to the paperwork very tentatively, I introduced it in a slower manner, ok this is the first session, I think it is very important to be very non-directive in that first half hour (P.4)

Building a rapport and gaining the client's trust was seen as important before introducing the paperwork. The counsellors elucidated to the issue that if the client does not trust you, they may not be honest during the risk assessment, as they are aware, depending on the answers they provide, it will determine the outcome of the session.

> A client had actually said I'm not answering any of these questions, because I have before, and I know what happens… once [the client] trusted the paperwork, and I explained that it was in [the client's] best interest, I got it done (P.4)

In contrast to using the traditional CAMS approach, using the SSTT did not allow counsellors to track their client's progress, or to create a stabilisation plan. However, the SSTT was a useful resource when working with a client over the telephone or if there was an instance where the paperwork was not appropriate.

> Sometimes when the team finds someone, you know then you can just telephone support, you can't do the CAMS stabilisation plan but that's where the [SSTT] can fit in very well and that's where I have found on the telephone, you're relying on that (P.3)

"… now I feel more confident" –
CAMS and the SSTT as a psychological resource for the counsellors

It became clear that CAMS and the SSTT provides the counsellors with confidence in assessing suicidal risk, for structuring sessions and using the forms as reassurance to reaffirm their practice in the event that a client did complete suicide. Prior to receiving the CAMS training, many of the counsellors admitted that they had not felt comfortable working with a suicidal client; "when I started Sure Steps as a counsellor, I would never had felt comfortable working with a suicidal client, because I didn't have that [CAMS] training… now I feel more confident" (P.5)

Throughout the interviews, the counsellors expressed the stress and anxiety they can experience when they are speaking to a client in a crisis situation who is suicidal. The SSTT and CAMS were credited with alleviating some of this anxiety as it provided them with direction when confronted with a crisis situation.

It is a shock when you get a call but once you have that [the SSTT] I do think it gives you a structure and you're less frazzled, and you're more focused when you're talking to the client, and you're still empathetic, you're not rattling off a check list, you are engaging with someone who is often very resistant or balling crying or both, and it feels good to be able to ask good questions (P.2)

'They want to know they can trust you' – Building a trusting relationship

Trust was a theme that emerged both as a major issue for the clients and an essential element in building a strong therapeutic relationship for meaningful work between the counsellor and the client. Given the isolation of the clients experiencing homelessness, taking a collaborative approach in addressing their suicidal ideation was seen as a necessity for the counsellors.

It has that beauty piece in that it is a collaborative approach, that element really works, what you're saying to the client is look I understand where you are, I understand where you are coming from and I am not here to try and change that, I am just here to try and help you find a better way (P.6)

One counsellor described this collaborative approach and building this trusting relationship as giving the client a metaphorical hug.

[the client] was just so heightened, so lost, just needed someone to just put their arms around them, not physically, and feel heard and not judged and they are back to a regulated place, as much as they can regulate, and be able to sleep (P.3)

"the client is coming in effected and there's that level of mental illness…" – Challenges in implementing CAMS

Due to the chaotic life circumstances of some clients experiencing homelessness, there are a number of challenges that the counsellors described when using CAMS and the SSTT among this population. As the counselling service is low threshold, many of the clients coming to sessions can be under the influence of drugs or alcohol. Engaging a client who is intoxicated in meaningful therapeutic work did pose a challenge to counsellors. Furthermore, if a client had a dual-diagnosis and did not have access to a psychiatrist, the counsellors found offering the necessary support was difficult.

I do feel that there are challenges there because the client is coming in effected and therefore, they can be very agitated and find it hard to stay focused with you not least with the CAMS in general (P.1)

The counsellors also conveyed that many barriers exist for homeless clients with a dual-diagnosis in accessing mainstream healthcare for a psychiatric assessment and treatment. Many of the counsellors found that they lacked the skills to support

clients with a psychiatric condition. This caused the counsellors to feel limited in their ability in using CAMS to provide the necessary care that they believed the client required.

> Most of us wouldn't have a psychological background, we're psychotherapists… we may lack certain other things… particularly when it is around severe psychiatric conditions, we just don't have that training… we have no psychiatrist, so if the client doesn't have one, that aspect of the care is missing… the clients issues may be much more complex than the tool can cover… it may be the right tool, but I don't know how to use the tool in that context (P.2)

"Use the tool to enhance who you are, use the tool to make you more proficient" – Flexibility of integrating CAMS into counsellor practice

The counsellors spoke extensively about their ability to integrate CAMS and the SSTT into their own psychotherapeutic approach and utilise their individual areas of competency.

> I think it's a really good framework, and the fact that it leaves me very free to use the best skills, if they need CBT, or psychotherapy (P. 3)

The counsellors had specific ways in which they used aspects of the form to guide the sessions with their client.

> I used [the client's] reasons for living and reasons for dying, to put in place small attainable goals, each week, so we took one and focused on one or two each week, it really helped [the client] (P.4)

One counsellor also claimed that it had become part of their 'toolkit', a resource they could draw from even within their general counselling practice.

> It's a great guide for you, it asks questions that you can bring into general counselling, it actually opens up a lot for general counselling, in terms of like, say on the form you might identify self-hate, and they rate that as really high, then you are going to ask the questions around that, that might lead into other things.. deeper work or longer work (P. 6)

The fact that other tools can be integrated into the framework such as a complementary piece on self-harm was seen as a benefit of CAMS.

> the self-harm is still definitely an aspect that we need to add on… it will be complementary to CAMS and it fits right in, [CAMS] does allow to integrate other things and that's why I like it so much (P.2)

When asked what the counsellors would recommend for another clinician using CAMS, one counsellor captured the essence of the theme in their emphasis of how important it is for CAMS to be a tool which is integrated into the counsellor's individual style of practicing.

> I suppose the recommendation that I would give in implementing that in this sector or any other sector is don't lose who you are, use the tool to enhance who you are, use the tool to make you more proficient, but don't forget what your baseline is (P.2)

"… for the support, just the comradery support" –
The importance of colleague support

One benefit of having CAMS as a standardised tool used by all of the counsellors, was the fact that the counsellors could seek advice from other CAMS trained counsellors. This provided them with insight on how their colleagues were using CAMS.

> You get a broader understanding and a different approach, you get the sense of how pressurised it can be, I haven't experienced that but someone else has, so I can understand… in their words, someone else might have met someone that is much more chaotic than I would have encountered so I would get to know how they managed that in the CAMS (P. 6)

The counsellors also noted that having an out-of-hours team did alleviate some stress when they went off shift, as they were confident in the knowledge that their clients had someone to call if they needed support; "having a team that works those hours, is incredibly helpful there, because we would be going home when they come in" (P.2).

Discussion

Seven key themes capturing the counsellors' experiences of using CAMS and the SSTT among the homeless sector were identified. A number of unique findings were captured from the current research, including how the counsellors adopted CAMS and the SSTT in their work among the homeless sector, and the added confidence that CAMS and the SSTT provided counsellors when working with suicidal clients. This research contributes to the current literature on working with suicidal clients and has provided insight on the limitations and benefits of using CAMS, and evidence-based treatment among the homeless population.

Many of the counsellors noted that prior to having received the CAMS training they did not feel comfortable working with suicidal clients. Receiving training that provides counsellors with the skills and knowledge to achieve professional compe-

tency when working with suicidal clients should be a minimum target for all counselling courses (Scheerder *et al.*, 2010). This study extends our current understanding of the challenges faced by counsellors when confronted with a suicidal client, and the necessity of providing suicide specific training for staff. A key finding from the current research was the long-lasting impact of training on the counsellor's practice with suicidal clients, which was attributed to the in-person role-play. The role-play also made the training more relevant to their cohort of client.

As documented across the literature and identified in the current study, working with suicidal clients is an anxiety provoking and stressful experience (Reeves and Mintz, 2001). Having CAMS and the SSTT to structure sessions alleviated some of this anxiety. The SSTT was seen as an important contribution to alleviating this anxiety when working over the telephone with clients. It was evident that the counsellors have become more confident in using the SSF and so many of their concerns and initial beliefs about the paperwork have dissipated. One explanation for this, may be attributed to the counsellors customising the tool to fit within their practice and thus problem solving some of the initial issues. Therefore, the way in which the counsellors integrated the CAMS into their unique style of practicing, is an important step in providing care for the client, as they are then drawing from their areas of competency and using the forms creatively to match the needs of their clients.

Building a trusting relationship was seen as crucial for the successful introduction of the SSF. Building a strong therapeutic relationship, has been seen as an important way to overcome barriers when working with the homeless population (Canavan *et al.*, 2012). CAMS is a useful tool in aiding this therapeutic alliance; as highlighted by the counsellors in this study, sitting side by side with the client did contribute to a collaborative way of working.

Challenges do exist when implementing CAMS and the SSTT within the homeless sector, such as difficulty with client engagement if the client is under the influence of drugs or alcohol, no fixed abode and often a limited support system. It was also noted by the counsellors that they lacked expert knowledge of psychiatric conditions, and felt limited in their ability to treat the client efficiently if that aspect of care was missing. This emphasises that CAMS is a tool, which still very much relies on the skills of the clinician; it also highlights the need for additional input from psychiatry in supporting the needs of homeless people.

The counsellors from this study emphasised the importance of speaking with colleagues as a form of support, to confirm decisions they had made regarding a client, to seek advice, or to learn from the experiences of other CAMS trained counsellors. Thus, providing training and implementing an evidence-based suicide specific intervention among a team of mental health professionals has a number of benefits, including the opportunity for peer supervision and guidance.

There are some study limitations. The sample size was small. It was a purposively selected sample, which means that the experiences provided are only within one organisation in Dublin City Centre. Future research should also be conducted to explore the experiences of a range of professionals with differing areas of expertise in their implementation of CAMS, which would further refine the specific facilitators and challenges that exist for individual professions both within the homeless sector and across other sectors.

To conclude, this study has important practical implications for other mental health professionals adopting CAMS for their work with suicidal clients and for organisations implementing CAMS within the homeless sector. First of all, for organisations, recording a role-play which has been adapted to those experiencing homelessness, in addition to the in-person training could provide much more relevant insight for mental health professionals when beginning CAMS training and could be a resourceful tool when wanting to revise the training session. Secondly, individual mental health professionals should note that the SSTT is a beneficial resource in a crisis situation, or when working over the telephone. Finally, gaining the client's trust and forming a therapeutic alliance should be a priority before introducing the SSF. Working with suicidal clients can be a traumatic and challenging experience, therefore gaining insight from counsellors who are using a suicide specific intervention, which has been adapted for the needs of this population, offers a strong contribution to the current literature.

Appendix

Dublin Simon Suicide Response Structures

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│   Dublin Simon Suicide   │
│   Response Structures    │
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┌─────────────────────────┐
│    Suicide Specific      │
│  Treatment Track (SSTT)  │
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┌──────────────┐  ┌──────────────┐  ┌──────────────────┐
│ Collaborative│  │              │  │                  │
│ Assessment   │  │              │  │ Suicide          │
│ and Management│ │ SSTT         │  │ Prevention       │
│ of Suicide   │  │ Protocols    │  │ Service and      │
│ intervention │  │              │  │ Telephone Line   │
│ in Sure Steps│  │              │  │                  │
│ Counselling  │  │              │  │                  │
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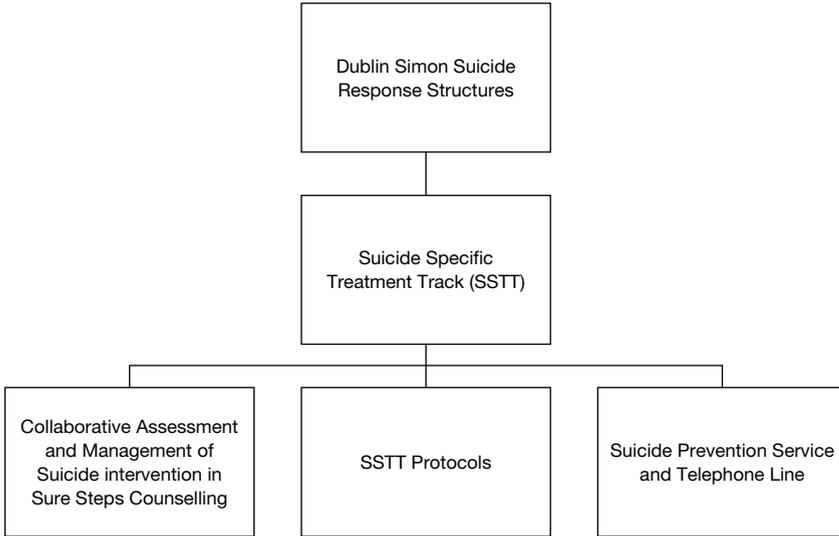
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