

CHCCSL005

Apply learning theories in counselling

Release 1

Learner guide

Aspire Version 1.2



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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	February 2019	Minor corrections as part of our continuous improvement program. Updated broken URL links.

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CHCCSL005 Apply learning theories in counselling Release 1

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Before you begin

This learner guide is based on the unit of competency *CHCCSL005 Apply learning theories in counselling*, Release 1. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	<ul style="list-style-type: none"> ▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summary	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

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

Foundation skill area	Foundation skill description
Learning	<ul style="list-style-type: none"> ▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	<ul style="list-style-type: none"> ▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	<ul style="list-style-type: none"> ▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	<ul style="list-style-type: none"> ▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	<ul style="list-style-type: none"> ▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	<ul style="list-style-type: none"> ▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	<ul style="list-style-type: none"> ▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Research learning theories	1A Identify and access sources of information on learning theories	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Read and interpret information, distilling key themes and messages for counselling work	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Organise and record information to support current and future practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Analyse behavioural outcomes of different modelling and reinforcement influences	2A Identify and analyse the impact of modelling influences in a client's environment to facilitate client change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Analyse individual responses to similar modelling and reinforcement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Analyse the effects of environmental differences and dysfunctional environments	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Formulate a program for change in a counselling context	3A Identify change required to achieve identified outcomes and formulate and record a program for change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Apply stimulus and response techniques in counselling practice	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Apply reinforcement approaches to support behaviour change	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Develop a process for program monitoring, recording and intervention, according to individual client needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic 1

In this topic you will learn how to:

1A Identify and access sources of information on learning theories

1B Read and interpret information, distilling key themes and messages for counselling work

1C Organise and record information to support current and future practice

Research learning theories

As a professional counsellor one of the important aspects of your work is updating your professional knowledge. This involves keeping up to date with new studies and techniques that can be applied to the counselling area of practice. To do this you need to identify and access appropriate sources of information and be able to read and interpret studies in order to provide best practice of applying learning theories within a counselling context.

As a counsellor, it is important for you to keep a record of self-development activities to demonstrate ongoing learning and knowledge applicable to the counselling area of practice and to identify gaps in your learning and knowledge. This can be useful when selecting and applying for professional development activities.

1A Identify and access sources of information on learning theories

It is important to know how to access sources of information to continuously keep abreast of changes and new ideas and innovations in counselling practice. Best practice is supported by up-to-date and relevant knowledge.

Staff may develop skills and knowledge of current best practice through a range of competency development strategies including:

- ▶ attending workshops and training sessions aimed at promoting current best practice
- ▶ reading professional journals and literature
- ▶ working with a skilled mentor
- ▶ participating in discussions about standards and current best practice at team meetings
- ▶ participating in accreditation and continuous improvement processes
- ▶ internet research
- ▶ networking
- ▶ professional bodies representing the industry.

Research learning theories

To undertake a literature review you need to research and read widely. It is good to start with the original theorist of the learning theory. After the initial review of the theory, you will need to read current research that is based on these theories. A large amount of time can be spent researching articles to find that they are not relevant to the topic you are interested in.

Here are some tips on how to research and access information.

Read with a purpose

There are three stages to locating the resource and ensuring that it is relevant to the topic you are interested in:

- ▶ Look at the structure of the text – is it covering the topic of interest you are researching? Use the table of contents and the abstract to check the material presented. At the beginning, the topic can be very broad. As you research further you will be able to narrow down the focus of the topic.
- ▶ If the information is relevant, read the text in-depth. It will often refer to other texts that can further identify resources that you can access for more information. The bibliography at the back of the book can give you some basic overview ideas for research material.
- ▶ Be objective in your research. Look for all research articles that either support or do not support your arguments. This will broaden the knowledge of the area that you are researching.
- ▶ Questions that can assist you with research include:
 - What am I interested in?
 - What have I heard in the news?
 - What is something that affects me personally?

Determine the types of information

Identify what type of information that you need. Do you need facts, opinions, and analysis or research studies? As you are undertaking counselling you will need to access journal articles that relate to this area.

Questions that can assist in selecting information include:

- ▶ What are the main concepts of this topic?
- ▶ What are the issues surrounding this topic?
- ▶ What are some key terms that are being used to describe the topic?

A useful template to use is as follows:

- ▶ I am researching (topic).
- ▶ I want to find out (issue/question).

Access academic sources

Look at valid research sources and you will need to evaluate those materials as you research. While the internet can be useful for research, it is particularly difficult to evaluate the validity of the information it provides. Always remember to record your research and where you found it.

Do your sources clearly indicate the author(s) and who the author is affiliated with?

Are the facts and opinions clearly substantiated with further research and citations? (Do these citations link to credible sources (universities, research facilities, etc.)?)

Can you locate the sources that they used?

Use the internet

Five things to look for in a good website – Currency, Authority, Purpose, Objectivity, and Writing style.

Access databases

Articles will often be accessed through a database. In order to retrieve relevant articles, you will need to narrow the topic. Here are some suggestions for searching a database:

- ▶ Use keyword searches in the form of concepts.
- ▶ Use connector terms such as:
 - and – include both terms (learning theories AND children)
 - or – retrieve results that include any of the terms specified (children OR teenagers)
 - not – limit results to exclude the term or word you specify (modelling NOT behaviourism).
- ▶ Limit the results by using:
 - headings such as Summary, Abstract, Subject, Title or Author
 - peer reviewed – the articles have been intensely reviewed
 - date range
 - source types – academic journals, books
 - subject headings.

Evaluate sources

Consider the following when evaluating your sources of information:

- ▶ Currency – are the resources relevant?
- ▶ Authority – is it written by a credible author or organisation; has it been peer reviewed?
- ▶ Audience – who are the intended readers and what is the purpose of the information?
- ▶ Relevance – does it relate to your topic of interest?
- ▶ Perspective – does it put forth a biased view; are there references to other work that support or do not support the evidence presented?
- ▶ The author’s stated or implied purpose
- ▶ The conclusions the author has made
- ▶ The points that support the conclusions

Use websites

Is the website professional looking?

Informational resources present factual information and normally include .edu or .gov in the URL. Advocacy resources include .org in the URL and are usually from an organisation that is selling ideas or influencing opinions.

Business or marketing – A commercial business that is trying to sell products will have .com in the URL.

News resources – A resource that provides credible and current information on topics of interest will usually have .com in the URL.

Personal web pages – Social media sites such as Blogs, Twitter pages, Facebook are not usually supported by academic research.

Look for:

- ▶ advertisements
- ▶ links
- ▶ the last update of the page, to determine currency and accuracy.

Research using the internet

The internet provides a range of resources that can help you stay current with new developments in every area of counselling services. However, you should only use websites that are professionally endorsed or otherwise known to be reputable and accurate to ensure all information is up to date. By using the internet you are able to undertake reviews of current and past literature pertaining to specific topics.

Take the time to read widely and bookmark sites that you find particularly useful. Internet research can assist in finding articles and research material on specific areas or topics of interest and assist in finding related studies. An RSS (Really Simple Syndication) feed can alert you to new information on a website that you visit frequently, so you know when there is something new to read.

Here are some areas and sites for you to explore.

Government and independent publications

- ▶ In the aged care sector, for example, the Australian Government provides comprehensive information about the industry. Access this information from the Department of Health. There are also independent online publications that focus on current issues in the sector. Three examples are the Community Care Review, Australian Ageing Agenda and Aged Care Insite.

Community services bodies

- ▶ Each state and territory has a community services industry body that reports on developments in all areas of social services. Websites contain a range of state, territory and national information on community services and social issues for industry workers and the people who use the services. The national industry association is the Australian Council of Social Service (ACOSS) and state and territory bodies are similarly named; for example, WACOSS (for Western Australian), and QCOSS (for Queensland).

Conferences

Conferences and workshops are a good forum for obtaining current research and knowledge. Conferences will usually have subject matter experts that present the material.

Here are some ways that conferences can assist with the acquisition of information.

Benefits of attending conferences

- ▶ Individuals get updated information on key issues that they are concerned with.
- ▶ Issues are addressed on a specific topic by recognised experts who are up to date with the latest developments in the field.
- ▶ Substantial information on a topic is presented in a reasonably short period of time.
- ▶ Learning communities are created and bring together people with similar interests or learning needs.
- ▶ The learning environment encourages people to exchange experiences, ideas and practices from their own experiences.
- ▶ Subject matter experts provide interesting ways to present material that stimulates thought and debate.
- ▶ Perspectives will be broadened by the interaction of others.

Professional bodies

Professional bodies provide services and information to their members on the particular industry sector that they are representing. Counselling professional bodies can provide information on counselling therapies, including learning therapies.

You can access more information on professional bodies for counselling in Australia at:

- ▶ the Australian Counselling Association (<http://aspirelr.link/aca>)
- ▶ the Psychotherapy and Counselling Federation of Australia (<http://aspirelr.link/pacfa>).

Professional bodies can provide therapy information by:

- ▶ developing the evidence-base relating to the art and practice of counselling and psychotherapy
- ▶ developing the practice of counselling and psychotherapy
- ▶ supporting research and training
- ▶ establishing appropriate training standards for the profession
- ▶ assisting members with practice development
- ▶ accrediting education courses for counsellors
- ▶ recognising appropriate professional development opportunities for members.

Benefits of networking

Networks are valuable because they provide opportunities to share information, skills and resources and build supportive relationships with others who have common goals. This has many benefits in terms of optimising service delivery to clients. For smaller organisations with limited resources, networks provide a way to do more.

Networks and networking help to:

- ▶ achieve specific outcomes
- ▶ support the interests and needs of client groups
- ▶ learn about the roles, services and resources of other organisations
- ▶ provide advice and information about your own service and organisation
- ▶ provide opportunities for peer support and review
- ▶ promote professional development
- ▶ support joint programs and activities
- ▶ provide information for policy development
- ▶ lobby for funding and better services
- ▶ create smoother pathways for referrals across services.

Formal networks

Networks involve individuals and groups working together to share information, ideas and resources to help them meet common goals. The term 'networking' is often used to describe the process of making contacts with others to foster mutually beneficial and supportive relationships.

Different sectors within community services all have their own networks. For example, aged care, disability, mental health, youth and alcohol and other drugs (AOD) services have established networks that link all the agencies and services within each sector.

Some networks are based on a cross-section of organisations within a particular community, while others focus on a particular issue, such as housing.

Local organisational networks

Your organisation will have established links with a wide range of other agencies and service providers in the local area.

These networks are important, as you may have clients who are being assisted by more than one organisation or who require referrals to other services. For example, a client with alcohol and other drugs (AOD) concerns may also require mental health, accommodation and health services. Having established links in place with other agencies helps to ensure the client receives coordinated services.

Examples of local networks are:

- ▶ government services such as Centrelink
- ▶ housing departments and other accommodation services
- ▶ employment services
- ▶ health and education services
- ▶ welfare and charitable organisations
- ▶ local agencies working within specific sectors such as AOD, disability, homelessness, youth services and aged care.

Interest and support groups

Interest and support groups are usually consumer-based. They include self-help groups aimed at providing support to their members.

Examples of interest groups are:

- ▶ carer's groups
- ▶ mental health groups such as ARAFEMI and Grow
- ▶ groups aimed at supporting people with AOD concerns such as Alcoholic Anonymous
- ▶ special interest groups such as mother's groups or Riding for the Disabled groups.

Regional specialist and peak associations

These associations represent the interests of a particular region, specialist service or sector; for example, there are peak organisations for every sector. The aim of these organisations is to ensure that community services in each sector have a unified voice they can use to raise awareness of relevant issues and to lobby for funding at a national or state level.

Examples of regional groups are:

- ▶ Aged and Community Services Australia
- ▶ Australian Federation of Disability Organisations
- ▶ Carers Australia
- ▶ Ethnic Communities Council
- ▶ National Disability Services.

Professional or occupational associations

These associations include groups representing different professions or organisations such as community and welfare workers, social workers and psychologists. They each represent the interests of the group and promote professional and ethical standards within the profession.

Examples of professional groups are:

- ▶ Australian Community Workers Association
- ▶ Australian Association of Social Workers
- ▶ Youth Workers Association.

Join formal networks

Formal networks may require you to attend regular meetings and participate in network projects. You may need to meet particular eligibility criteria to be able to join a formal network, such as showing evidence of a qualification to be able to apply for membership of a professional association. If your organisation has a policy of encouraging workers to join professional networks, seek advice about which networks they consider most appropriate and whether they wish you to actively participate in network activities.



Try to join networks that provide opportunities to develop your skills and knowledge and help you meet your organisation's objectives. For example, you may have a professional interest in advocacy and find a network group that undertakes advocacy and lobbying for increased funding in your area of community services. Joining a network such as this has the potential to help you develop your own skills and interests and also benefit people using your services and organisation.

Informal networks

Informal networks include the links and relationships you make as part of your work or training that are not dependent on formal agreements. They are primarily based on sharing information and providing mutual support.

Informal networks include:

- ▶ other workers, particularly those in the community services industry
- ▶ trainers, teachers and academics
- ▶ contacts in policy and funding bodies.



You will build and develop a wide range of informal networks over time as part of your daily work. In many cases, informal networks develop as you make friends with colleagues or find individuals in government departments or other organisations who are helpful and a good source of information. These networks act as unofficial channels of information relevant to your work; for example, you may hear about a change in policy direction or service initiatives through an informal network contact before it is announced officially.

Your informal networks play an important role in helping you carry out your work effectively. Sometimes, the fastest way to obtain information is to phone a contact for the answer. Other times, you may simply need support from a colleague who is a good listener and understands the work you do.

Journal articles

One of the easiest ways to update knowledge is to read current and relevant journal articles relating to the topic of interest you want to learn more about. When reading journal articles it is important to understand the different components to the article. This will assist in evaluating the relevance of the article and save time for researching.

Here is some more information on the components of journal articles.

Title

The title is specific to the topic. It may give information about type of information. It may be an article on a study and the type of study, experimental, longitudinal or an analysis of current literature. Or a review of a theoretical approach,

Abstract

The abstract will give a brief summary of the overall content of the paper. It provides a complete synopsis of the research paper and introduces the topic and gives the specific research question. It will also contain the methodology used and a general statement about results.

Introduction

The introduction provides the broad topic and background information. It will narrow down to the specific research question.

Literature review

The review describes past research and how it relates to the current research article/problem.

Methods

The methods section gives information on how the study was conducted. It will give information on the type of population, sample and design. It allows the reader to judge the validity of the results and conclusions of the study reported.

Results

Results show analysis. The results could be quantitative or qualitative. If the results are quantitative there will be the inclusions of statistics. If qualitative, the results will be expressed as descriptive results.

Discussion/Conclusion

In this section the results are discussed; specifically, what the results mean in relation to the student, whether there any cautions about the findings and what the potential is for future research.

References/Bibliography

A full list of references should be included at the end of the article. This allows you to go to the source that has been used for the study. The references will be given in an approved style; for example, APA, Harvard, Oxford and so on.

Informal and formal learning

Informal and formal learning are quite different and both can be useful in gaining skills and knowledge in counselling services.

Formal learning involves a structured, planned approach with a curriculum or stated learning outcomes that need to be achieved to reach a level of competency. Formal learning is used for attaining qualifications or achieving certificates of competency.

Informal learning can be made up of a variety of activities and these can often be undertaken according to individual preferences for learning and skill development. Informal learning is useful because it can often be completed in a flexible time frame and can be done in an individualised way.

Some people find it much more motivating and interesting to learn in a formal situation whereas others are more motivated by informal learning. Think about which approach works best for you and which is most suited to what you are hoping to learn.

Here is a comparison of formal and informal learning approaches.



Formal learning

Formal learning involves a structured approach to teaching and learning and may be conducted face to face, online or through a blended learning method.

Instruction is guided by a teacher or facilitator and includes a variety of methods, including small and large group sessions and individual consultancy as required. End output is often a certificate or formal qualification such as a diploma.



Informal learning

Informal learning does not use a structured curriculum or specified outcomes. It can be used face to face or in online learning environments and is a method well-suited to learning on the job, as it can be combined with regular work duties. Examples include reading social media content, observing the work of others, visiting facilities or programs, or receiving feedback from colleagues.

Ask for a mentor

Some workplaces will appoint a senior or more-experienced colleague as a mentor. This person can help identify new strategies, monitor the effectiveness of strategies and help make adjustments when needed. They can also provide on-the-job support to help the person through stressful situations. You can talk through situations that have caused you stress and discuss ways in which you can handle situations better. This will help to address future stressors. Role-playing or practising the ways in which you will talk to people likely to self-harm will help you to think of ways you can communicate with them calmly and effectively. If you feel you need this kind of support, ask your supervisor to help you connect with a mentor.



Supervisors can act as a listening ear and should be the first port of call to access other internal support. A supervisor can refer to other internal resources such as counsellors, Employee Assistance Programs (EAPs) or stress management programs.

Example

Identify and access sources of information on learning theories

Katie is a youth worker who works with the schools in her local community to ensure students who are at risk of dropping out of school receive the required support to ensure their ongoing attendance and engagement.

It is very important that Katie keeps abreast of the most up-to-date research regarding barriers to education for young people at risk and the sociocultural factors that impact them so she can tailor her programs to suit individual clients' needs. Katie undertakes professional development by attending a relevant conference once a year to hear subject matter experts' latest updates on learning theories.

Katie is a member of a number of professional organisations. She receives new research findings in a newsletter. She is able to source the original publication and discovers some vital new research about the impact of educational achievement for students from minority religions. Using the data, she is able to discuss strategies with the schools about the need to acknowledge minority religions within their curriculum in order to be more supportive of those students.



Practice task 1

Re-read the previous example.

1. List two benefits for Katie attending a conference on learning theories.

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2. Give two reasons why it is important for Katie to undertake research using the internet.

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3. Identify two ways that Katie can identify and access sources of information on learning theories.

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[Click to complete Practice task 1](#)

1B Read and interpret information, distilling key themes and messages for counselling work

You must develop high-quality research skills so you can access the most up-to-date and relevant information to assist you when working with clients. This will involve reading, interpreting information and distilling key themes and messages for counselling work. In writing and reading contexts, distilling means to extract and summarise the main points.

A counsellor may utilise a variety of counselling, psychotherapeutic and psychological theories to facilitate a person's learning and effect behavioural changes. It is important to also be able to apply these analytical skills to the individual. This includes the cultural and socio-political context in which the client lives and how these factors affect the presenting problem. This includes analysing social and cultural influences such as age, development, (dis)ability, religion, cultural identity, sexual orientation, socioeconomic status, nationality and gender.

Here are some things to consider when accessing information about counselling and learning theories.

Read through all the information

Organise information into similar categories; for example, suggestions, strengths, weaknesses and similar experiences.

Label the categories or themes

Attempt to identify patterns or associations in the information.

Interpret information

Attempt to put the information in perspective; for example, compare results to what you expected.

Statistics

Statistics can be either qualitative or quantitative. Qualitative statistics are descriptive measures while quantitative statistics are numerical. It is important to have an understanding of what the statistical terms mean to analyse the information in journal articles.

You can access more information at:

- ▶ <http://aspirelr.link/abs-what-are-statistics>

Here are some frequently used terms for data analysis.

Population

- ▶ The population is the participants in the study. Descriptive statistics describe the characteristics of the population by measuring items and then summarising the measures. Inferential statistics make educated inferences about the characteristics of a population by using a random sample and analysing the information.
- ▶ Random sampling is when each participant of the population has an equal chance of selection for the sample.
- ▶ Matched subjects design is used for experimental design where there are two samples with each participant matched for certain criteria (age, sex, height, weight) being included in each sample.
- ▶ The larger the population sample, the more confidence can be placed in the results obtained.

Normal distribution

- ▶ This is sometimes referred to as the bell-shaped curve. If all results were plotted graphically they would form a curved shape. Low or high scores fall at the periphery of the bell-shaped curve and the mean score is the halfway point. If the results fall to one end of the spectrum, this is referred to as a skewed distribution and the curve shape will be altered.

Average deviation

- ▶ To calculate average deviation, you need to:
 - find the mean of all values
 - find the distance of each value from that mean
 - find the mean of those distances.
- ▶ This tells us how far, on average, all values are from the middle.

Mean, Median, Mode, Range

- ▶ The mean is the average of the scores obtained by everyone in the sample. It is calculated by adding all the scores together and dividing by the number of scores. It can be affected if some participants obtain a very high score or low score. These are referred to as outlier scores.
- ▶ The median is the score that is the halfway score – half the population is below this score and half the population is above this score.
- ▶ The mode is the most frequently occurring score in the population.
- ▶ The range is the distance or measure between the lowest and highest score in the sample.

Counselling method

How a counsellor explains the nature of the counselling process will depend to some extent on the method of counselling their agency prefers them to use. As a community services worker, you should be familiar with different approaches to counselling and have a good understanding of the micro-skills used in counselling; for example, active listening, paraphrasing, reflection of feeling, clarifying, using questions and structuring the counselling process.

It is likely that your organisation may adopt an integrated or eclectic approach to counselling that draws on elements from a number of different methods. For example, your organisation may suggest that you develop a working relationship with the client based on respect and empathy and use active listening skills as first identified by Carl Rogers's (1959) person-centred therapy, but that there may be occasions when you use solution-focused brief therapy or apply some elements from cognitive behaviour therapy in the work you do. The different types of learning theories enable a counsellor to choose a method of working with a person to effect a behavioural change.

Some learning theories used in counselling:

- ▶ Behaviourism
- ▶ Social learning
- ▶ Constructivism
- ▶ Cognitive behavioural therapy
- ▶ Rational emotive therapy
- ▶ Person-centred therapy
- ▶ Solution-focused therapy
- ▶ Gestalt therapy

Behaviourism

Behaviourism is a theory of learning that proposes that all behaviours are acquired through conditioning. Conditioning is the response (behaviour) to an event (stimulus) that can be modified through learning. All behaviours are learnt by the response people receive for their actions. Behaviourism focuses on observable behaviours and not the feelings or emotions a person has. Behaviourism contains elements of applied behaviour analysis, cognitive behaviour therapy and social learning theory. There are two types of behavioural therapy: operant conditioning and classical conditioning.

Here are some techniques that are used in each approach.

Classical conditioning techniques	Operant condition techniques
<ul style="list-style-type: none"> ▶ Flooding ▶ Systematic desensitisation ▶ Aversion therapy 	<ul style="list-style-type: none"> ▶ Token economies ▶ Contingency management ▶ Modelling ▶ Extinction

Principles of behavioural therapy

The principles of behavioural therapy are based on the premise that it is the behaviour that is the main focus and measure of treatment. There is some exploration of the person's past experiences and their feelings that are dependent on the consequences of their behaviour.

Principles of behaviour therapy

- ▶ It is the learnt experiences that determine the person's reality.
- ▶ Behaviour is learnt through modelling, conditioning and reinforcement.
- ▶ Behaviours have a purpose.
- ▶ Behaviours determine habits, thoughts, emotions and personality.
- ▶ Behaviour therapy aims to change behaviour.
- ▶ Therapy is scientific and focuses on what can be observed and measured. It is based in the present.
- ▶ Learning new ways to behave and transfer learning from one experience to another is the aim of behavioural therapy.
- ▶ Behaviour therapy is tailored for each person.
- ▶ It is the person's responsibility to set goals and complete learning tasks. The therapist and the person work collaboratively.

Historical figures in behaviourism

Here are some of the influential figures who developed the behaviourism model.

Behaviourism theorists

Pavlov

Ivan Pavlov (1849–1936) conducted studies looking at the digestive system and blood flow. He discovered that the digestive system could be stimulated in dogs through association with the ringing of a bell, before the sight and smell of food. Pavlov called this response a 'conditioned reflex'. The learning process is called conditioning. Pavlov also found that the response would die out (extinction) if food was not presented with the external stimulus of the bell.

For more information, research the work with stimuli and dogs that Ivan Pavlov used to explain classical conditioning.

Watson

John B. Watson (1878–1958) formed the branch of psychology known as 'behaviourism'. He believed that people would respond to external stimuli and exhibit learned behaviours similar to animals. He proposed that a person's behaviours were in response to their experiences and not due to hereditary or emotional feelings.

For more information, research the 'Little Albert' experiment that Watson used to demonstrate behaviourism.

Dollard and Miller

John Dollard (1900–1980) and Neal Miller (1909–2002) extended the work for behaviourism. They proposed that if a stimulus and response are presented together and then rewarded the person will be more likely to repeat the behaviour. They identified four elements of behaviour: drive, cue, response and reinforcement. This was known as the process of habitual response. This formed the basis of their theory of attachment; they sought to explain human socialisation, neuroses and psychotherapy.

Thorndike

Edward Thorndike (1874–1949) proposed the 'law of effect', which suggested that actions that had a positive consequence would be repeated while actions that caused an unpleasant effect would be stopped. This law was used by Skinner for the basis of Operant Conditioning.

For more information, research Thorndike's studies involving a cat escaping a puzzle box and reaching the reward.

Skinner

Burrhus Frederic Skinner (1904–1990), known as B. F. Skinner, proposed that operant conditioning was important to explain behaviours. Operant conditioning is intentional actions that have an effect on the environment. If reinforcement follows actions the action will be strengthened and more likely to reoccur. Skinner proposed that behaviour could be changed by the use of reinforcement.

Neutral operant: No impact on behaviours

Reinforcers: Responses that increase the probability of the behaviour being repeated. These can be positive or negative.

Punishers: Responses that decrease the probability of the behaviour being repeated.

For more information, research the experiments using rats and the Skinner Box that Skinner used to demonstrate operant conditioning.

Wolpe

Joseph Wolpe (1915–1997) in the 1950's proposed that the fear response of a phobia could be removed using the principles of classical conditioning.

The person is taught deep muscle relaxation and breathing exercises, which are paired with the fear provoking stimuli. This creates a fear hierarchy with stimuli at the lowest level building up to the most fear-provoking images.

The person works their way up to the top of the fear hierarchy accomplishing a situation where the most fearful item in the hierarchy does not produce anxiety.

For more information, research the work relating to desensitisation with spiders.

Bandura

Albert Bandura (1925–) proposed in 1977 that a person can learn behaviours by observation and that cognitive or mental factors are involved in learning. Bandura proposes that individuals think about their behaviour and consequences. This became the social learning theory.

For more information, research the Bobo doll experiment.

Classical conditioning

Classical conditioning is based on the work of Pavlov, who found that pairing a unconditioned stimulus (food) produced an unconditioned response (saliva). If a neutral response is introduced (a bell) and paired with the unconditioned stimulus, it will produce the unconditioned response (saliva). The neutral stimulus (the bell) becomes the stimulus for the conditioned response.

Here are the stages outlined more clearly.

Learning and classical conditioning

Stage 1

Before learning occurs, the neutral stimulus (the bell) does not produce salivation. The unconditioned stimulus (the food) produces the unconditioned response (salivation).

Stage 2

During the learning process, the conditioned stimulus (the bell) is paired with the unconditioned stimulus (the food) and the unconditioned response (salivation) is obtained.

Stage 3

When learning has occurred, the conditioned stimulus (the bell) produces the unconditioned response (salivation) without the presence of the unconditioned stimulus (the food).

Classical conditioning techniques

Treatment is focused on the outcomes or the behavioural change in behavioural therapy.

The techniques used for classical conditioning in behaviourism are outlined below. Some of these treatments have been used to change a person's behaviour.

Systematic desensitisation	Designed by Wolpe, this therapy focuses on changing behaviour for people with phobias. The main focus is on weakening the response to the stimulus. It is achieved by gradually exposing the person to the fear-inducing stimuli and teaching the person relaxation techniques when encountering the stimulus. The gradual process is to enable the person to take on new behaviours. It may start with a pictorial representation to building up to a real stimulus or stimuli.
Exposure therapies	This therapy involves 'in vivo desensitisation' and 'flooding'. In vivo desensitisation is similar to systematic desensitisation, but the person is exposed in gradual stages to the real fear-inducing stimulus. Flooding involves the person being exposed to the fear-inducing stimulus for a prolonged period of time.
Aversion therapy	This therapy involves pairing a behaviour with an aversive stimulus. The most common example is the pairing of alcohol with medication to induce vomiting (antabuse).

Social skills training	This uses the techniques of modelling, behavioural rehearsal and shaping: <ul style="list-style-type: none">▶ Modelling – watching others perform the social skill▶ Behavioural rehearsal – practising the social skill in therapy▶ Shaping – gradually applying the new skill to more-difficult social situations
Biofeedback	Biofeedback involves obtaining results of the person's bodily functions, pulse, breathing rate and blood pressure and feeding these back to the person to assist them to control their responses and implement relaxation techniques, such as deep breathing exercises.

Operant conditioning

Operant conditioning proposes that learning is controlled by the consequences of the person's behaviour. The consequences of behaviour can be either reinforcement or punishment of the behaviour.

Here are the types of consequences and information about each one.

Positive reinforcement

- ▶ Learning takes place through obtaining a reward for exhibiting the desired behaviour. An example of this is where a child is given a sticker for doing a task.

Negative reinforcement

- ▶ Learning occurs through the removal of a stimulus that the person does not want. An example of this is when the baby cries (aversive stimulus) and then it is fed and the crying stops.

Positive punishment

- ▶ An unwanted response to behaviour occurs that decreases the likelihood of the behaviour being repeated. An example of this is when a child who talks out of turn in the classroom is given yard duty.

Negative punishment

- ▶ Something is taken away to decrease the undesired behaviour occurring. An example of this is removal of the mobile telephone privileges by parents in response to an adolescent's overuse of the telephone.

Techniques used in operant conditioning

Here are descriptions of some common techniques used in operant conditioning.

Token economies

- ▶ This strategy relies on positive reinforcement. A person is given a token that can be exchanged for a reward. An example of this is the star chart used for children who perform desired behaviours. When a certain number of stars are achieved, the child can choose a reward.

Contingency management

- ▶ This strategy is a formal agreement that both the therapist and the person sign. It outlines the goals, rewards and penalties for demonstrating desired behaviour.

Modelling

- ▶ Modelling is learning through the observation and imitation of others. The person has a role-model and the reinforcement may be vicarious reinforcement when observing the model, leading to positive reinforcement when adopting the behaviours.

Extinction

- ▶ Extinction is the removal of a reinforcement of the unwanted behaviour.

Behaviourism and learning

Behaviourism proposes that different patterns and types of reinforcement of behaviour affect the person's ability to learn new behaviours and responses and also affect the person's ability to maintain these behaviours. The way the behaviour is reinforced also determines the amount of effort the person will put into acquiring the behaviour.

Schedules of reinforcement are defined below.

Response rate

The effort the person puts into performing the behaviour

Extinction rate

How soon the new behaviour will die out if reinforcement is not given

Social learning theory

Albert Bandura (1977) proposed that there was another dimension to learning not explained by classical conditioning and operant conditioning. Bandura suggested that a person can learn behaviours by observation and that cognitive or mental factors are involved in learning. Bandura proposes that individuals think about their behaviour and consequences. In his Bobo doll experiment, Bandura found that children modelled the behaviour they observed.

Here are cognitive factors that Bandura noted as important to learning behaviours.

Cognitive factors in learning

- ▶ Attention – How much notice the individual gives to the person
- ▶ Retention – How well the behaviour is remembered
- ▶ Reproduction – The ability to perform the behaviour that was demonstrated
- ▶ Motivation – How willing the person is to perform the behaviour

Observational learning

According to Bandura and his studies with children, certain factors influence the observational learning. Children observed individuals that are called models. The model can be someone that is close to the person such as a family member or teacher, or it can be a stranger they watch through media, television or social media. Bandura proposed that children observe the model exhibiting the behaviour and the response the behaviour receives, encode it within their memory and imitate the behaviour at a later time.

How observational learning occurs

Modelling

The child will look to people similar to themselves, so there is a tendency for same sex modelling. It is conditional on the perception of benefit to the child.

Reinforcement

If the child performs the behaviour that was modelled and it is reinforced, this will increase the likelihood of the child repeating the behaviour.

Vicarious reinforcement

The child observes the behaviour and the consequences. If it is seen to be rewarded, the child is more likely to repeat the behaviour. This is vicarious reinforcement.

Attachment

Children will attach to models where they observe qualities that are seen as desirable, or obtain positive reinforcement.

Identification

Identification is when the beliefs, values and behaviours are adopted or assimilated into own behaviours.

Imitation

A single behaviour is copied and the internalisation process does not occur until after reinforcement.

Constructivism

Constructivism proposes that people construct their reality through perception of their life experiences. This theory also looks at how people can deconstruct or reframe their life experiences through changing their behaviours. The theory incorporates all dimensions of the human reality including emotions, behaviours, and cognitive process. George Kelly (1905–1967) presented personal construct theory in 1955. He proposed that there were always different ways to interpret or give meaning to events. Kelly proposed that a person needed to construct or build and have knowledge of alternative scenarios.

Principles of constructivism

Activity

Human beings are active participants in their own lives. People make decisions and anticipate outcomes from different actions and experiences.

Order

People organise their lives and this happens at an automatic level.

Emotions are central for engaging attention, perceptions, memory and motivations.

Self

Each person is unique and the way a person views themselves is a process of understanding of the self. The person's experience and understanding of the world they engage in is unique.

Social

A person takes meaning of themselves from experiences with others and can express this as a story.

Life span

People develop over their life due to the need to change. If the change is small the person can change gradually. If the change is large the person will lose meaning, life order, control, identity and hope. The person will effect change in order to reorganise their self.

Therapies based on constructivism

There are many types of therapies employed within counselling that are based on the principles of constructivism. See examples of these therapies and the techniques that are used.

Narrative therapy

Narrative therapy was developed by Michael White and David Epston. Narrative therapy separates the person from the problem and encourages people to use existing skills and abilities to minimise problems in their life. Narrative therapy is useful for individuals, couples and families.

Principles:

- ▶ Recognises that people possess natural competencies, skills and expertise to effect change in their life.
- ▶ Externalises sensitive issues.
- ▶ Reframes the concern to see how it is assisting the person. An example is post-traumatic stress. Blocking out the event also blocks out the negative emotions associated with the event.
- ▶ Assists the growth of great self-compassion that can assist the person with the process of change

Techniques:

- ▶ Allowing the person to tell their story – first step towards change
- ▶ Objectifying problems.
- ▶ Building alternative stories – providing the contrast to the person's story, reflecting the person's nature, and allowing the person to rewrite their story
- ▶ Identifying what is important to the person, applying their values and identifying choices and actions

Collaborative therapy

Collaborative therapy proposes that knowledge comes from the social experiences of the person.

A problem is looked at from the knowledge of all involved. All parties contribute ideas through communication and develop the story. It is a collaborative approach to effect change.

Coherence therapy

Coherence therapy was developed by Bruce Ecker and Laurel Hulley in the 1990s. It proposes using an empathetic approach to analyse the person's emotional beliefs. Change is achieved by transformation of emotional truths formed in childhood that create symptoms.

Techniques:

- ▶ Identifying necessary and negative symptoms
- ▶ Changing deep and unconscious beliefs and perceived realities

Family systems therapy

Structural family therapy was developed by Salvador Minuchin (1974). It looks at family relationships, behaviours and patterns, and examines parental and sibling systems.

Techniques:

- ▶ Role playing different roles

Strategic family therapy was developed by Jay Haley, Milton Erickson and Cloé Madanes. This therapy examines family processes and functions by evaluating behaviour outside the therapy session. Change will occur rapidly without intensive analysis of the source of the problem.

Techniques:

- ▶ Reframing
- ▶ Using paradoxical interventions to take action that appears in opposition to their therapeutic goals

Intergenerational family therapy was developed by Murray Bowen. This therapy suggests that behavioural patterns are influenced by previous generations.

Techniques:

- ▶ Normalising the family's problems by using other families' experiences of the same problems
- ▶ Encouraging the individuals to accept responsibility and communicate this by using 'I' statements rather than blaming statements

Grief therapy

Grief therapy recognises that people may have two different styles of grief:

- ▶ Instrumental grieving focuses on problem-solving tasks and repressing emotions.
- ▶ Intuitive grieving involves a heightened emotional experience that leads to sharing feelings, exploring the lost relationship and reconstructing their life.

Other techniques

Other techniques that may be used in constructivism include:

- ▶ guided imagery
- ▶ journaling
- ▶ externalising the problem
- ▶ sensory-awareness exercises.

Cognitive therapy

Cognitive therapy is based on the theory that how we feel is determined by our thought processes.

Cognitive therapy aims to change the way a person thinks about an issue. Its focus is on changing negative thoughts as these lead to negative feelings and negative behaviours.

Here are some examples of the kinds of thinking that might lead to negativity.

Cognitive thinking that leads to negativity

- ▶ Personalisation – relating negative events to one's self when there is no basis
- ▶ Dichotomous thinking – seeing things as black or white with no other choices or actions
- ▶ Selective abstraction – focusing on selective aspects of an experience
- ▶ Magnification-Minimisation – distorting the importance of certain events

Techniques of cognitive therapy

Cognitive therapy challenges the thoughts that cause the negative feelings in a person.

Here are some techniques that a therapist may use in cognitive therapy.

Validity

- ▶ The therapist asks the person to prove their thoughts and beliefs with objective evidence. When the person is unable to do this the invalidity of their feelings and thoughts is exposed to the person.

Rehearsal

- ▶ Cognitive rehearsal requires the person to imagine the situation they have encountered in the past and works with the therapist to employ strategies that work to manage the situation. The person rehearses the behaviour and response to the difficult situation in the therapy sessions.

Guided discovery

- ▶ The therapist uses questioning to assist the person to identify invalid thought processes.

Journalling

- ▶ The person keeps a diary of situations they experience and keep a record of their thoughts, emotions and behaviours the person has in relation to the experience. The therapist and the person review the diary to identify faulty thought processes and identify better behaviours the person can employ.

Homework

- ▶ The therapist asks the person to undertake specific activities outside the session. These can include:
 - journaling
 - reading books or articles
 - note-taking through the session to review afterwards.
- ▶ The therapist may ask the person to employ a new behavioural technique and report back at the next session.

Modelling

- ▶ The therapist may undertake role-play activities to act out appropriate reactions to specific experiences.

Disorders that may be treated with cognitive therapy

Here are some disorders that use a cognitive approach in the treatment plan.

Eating disorders

A cognitive approach is used to examine the person's emotional issues that focus on self-esteem and society messages that equate thinness with happiness. Treatment includes both medical interventions and cognitive approaches.

The two most common forms of eating disorders are bulimia and anorexia nervosa.

Bulimia is a disorder where a person binge eats then self-induces vomiting or excessively uses laxatives, diuretics or exercise to prevent weight gain.

Anorexia nervosa is a condition where the individual continues to feel fat and is unable to recognise that their low body weight is a problem.

Mental health disorders

Mood disorders include the following:

- ▶ Mood swings, where a person's mood changes from euphoric to depressed with associated extreme behaviours
- ▶ Major depression or major depressive disorder, where a person experiences sadness, low self-esteem, moodiness and loss of interest for long periods of time (this is generally unrelated to an event, and different to grief and sadness related to loss)
- ▶ Schizophrenia
- ▶ Anxiety
- ▶ Bipolar disorder, which can take the form of a psychotic disorder, which is an illness where a person experiences extreme moods; for example, very elevated or very low. Some people may experience both extremes, while others will experience one or the other.

Treatment often includes medication and community support programs.

PTSD

Post-traumatic stress disorder (PTSD) is classified as an anxiety disorder. The primary goal of therapy is to assist the person to confront and work through the traumatic experience.

Cognitive therapy may be used in conjunction with medication and behaviour therapy.

Phobia

Phobia is a persistent irrational fear and desire to avoid an object or situation.

Obsessive compulsive disorder

Obsessive compulsive disorder (OCD) leads the person to have intrusive, anxiety-producing thoughts. The person tries to suppress these thoughts by doing ritualistic, irrational behaviours.

Major depressive disorder

Major depressive disorder, often called major depression or clinical depression, is a mood disorder.

Depression is an illness that affects the way a person feels, causing low mood and persistent feelings of sadness and helplessness. The person may also experience physical aches and pains and thoughts of suicide.

The variety of symptoms include:

- ▶ extreme sadness, crying or being tearful
- ▶ interrupted sleep patterns
- ▶ loss of interest in life and usual activities
- ▶ inability to concentrate or think clearly
- ▶ poor appetite or compulsive eating.

Treatment includes medication, individual therapy and community support programs.

Schizophrenia

Schizophrenia is a psychotic disorder.

It is an illness that affects the normal functioning of the brain causing distortions and disruptions to the way a person thinks, feels and acts.

The variety of symptoms include:

- ▶ confused and disordered thinking
- ▶ delusions
- ▶ hallucinations, which may be auditory and include hearing voices.

Treatment includes medication and community support programs.

Schizoaffective disorder

Schizoaffective disorder is a psychotic disorder.

It is characterised by a combination of symptoms of schizophrenia and a mood disorder.

Symptoms include:

- ▶ primary symptoms of schizophrenia
- ▶ symptoms of major depression sometimes
- ▶ symptoms of a manic episode at times.

Treatment includes medication and community support programs.

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) aims to assist people to change unhelpful or unhealthy habits of thinking, feeling and behaving. The approach of cognitive behavioural therapy is that thoughts, feelings and behaviours combine and affect the person's moods and behaviours. It aims to help the person have control over their thoughts, feelings and behaviour and change the person's conceptualisations. CBT uses practical self-help strategies to assist the person to develop positive and immediate changes in their life. It combines cognitive therapy with behavioural therapy to effect a change in the person's life. Counsellors help clients identify the irrational beliefs or patterns of thinking that underlie their problems. Counsellors focus on assisting clients to develop different ways of thinking about and dealing with issues in their lives, rather than delving into the historical cause of a client's problem.

Cognitive counsellors often provide homework for clients between sessions, and counselling may be shorter in duration than other methods.

Cognitive behavioural therapy includes:

- ▶ assessment
- ▶ person education
- ▶ goal-setting
- ▶ practise of strategies
- ▶ homework.

Rational emotive behaviour therapy

Albert Ellis (1913–2007) developed rational emotive behaviour therapy in the 1950's. This theory is based on a linear sequence of experience, beliefs and reactions of a person. In this model, a person has an experience; they interpret the experience, forming a belief about the event, the world and their place in the event. As a result the person experiences consequences based on the belief they have formulated.

In the therapeutic setting the therapist and the person work together to:

- ▶ identify irrational beliefs
- ▶ decide if they are rational or irrational (if a belief is stated as a 'should, must or ought' it is usually irrational)
- ▶ debate the irrational beliefs
- ▶ develop new rational beliefs.

Technique for forming new beliefs

Here are some ways that a therapist can work together with a person to form new and rational beliefs.

Ways new beliefs can be developed

- ▶ Coping self-statements
- ▶ Cost–benefit analysis
- ▶ Psycho-educational methods
- ▶ Teaching others

Beck's cognitive therapy

This form of therapy aims to teach people to identify faulty patterns of thinking and to use intervention strategies that change thought process and behaviour. It deems beliefs, thoughts, behaviours and emotions as being all interrelated. Changing the negative thought processes (cognitive distortions) will have a positive effect on behaviours.

Here are some examples of cognitive distortions.

Examples of distorted thinking

- ▶ All-or-nothing thinking – no middle ground; if something is not perfect, it is a failure
- ▶ Overgeneralisation – a single event is viewed as a never-ending pattern
- ▶ Mental filter – dwelling on the negative and not considering the positives of an experience
- ▶ Disqualifying the positive – maintaining the negative belief even when experiencing positive outcomes
- ▶ Jumping to conclusions – making negative assumptions without evidence
- ▶ Magnifying negative experiences and minimising positive achievements
- ▶ Emotional reasoning – making assumptions based on emotional feelings
- ▶ Experiencing guilt when unable to follow rigid rules containing should and should not parameters.
- ▶ Labelling – giving a label to your own character based on negative experience
- ▶ Mislabelling – describing an experience using highly emotive language
- ▶ Personalisation – assuming responsibility for all negative events even if they are not within your responsibility

Strategies to change thought processes

Cognitive restructuring can be achieved in the therapy sessions by:

- ▶ challenging absolutes
- ▶ reattribution
- ▶ identifying responsibility for experiences
- ▶ listing the advantages and disadvantages to moderate thinking.

Here are some difficulties that might be encountered in counselling.

Identification

- ▶ The person is unable to pinpoint the emotion or thought before the emotional response. The counsellor will need to explore through communication skills of questioning, clarifying and paraphrasing to assist the person to identify the thoughts or emotions they hold.

Rigid thinking

- ▶ The person is unable to change their thought processes even though they acknowledge the benefits of doing so.
- ▶ The therapist needs to continually reinforce the new thinking pattern and engage the person into practising and repeating new thought processes.

Limited motivation

- ▶ If the person is not freely choosing to undertake counselling the therapist may need to work with the person to identify the motivators for a change in the person's behaviour.

A humanistic approach

During the 1970s, American psychologist Carl Rogers first introduced the idea of humanistic theory. He believed that humans had a desire to achieve higher functioning. He believed people want to explore their personal growth and development and the role of the counsellor is to provide the necessary conducive climate to enable clients to solve their own problems. A humanistic approach uses a person-centred therapy where the counsellor provides opportunities for the person to determine his/her own direction.

Humanistic counselling recognises the uniqueness of the everyperson and empowers the person to seek their own answers. This approach leads the client to see that it is not their life experiences that have led them to problems but their negative responses to life events that can lead to emotional discomfort. The aims are for the person to accept both the positive and negative aspects of themselves. This approach emphasises that the person has the ability to reach their full potential if they are supported and provided with the right environment. The counsellor gives people the understanding and acceptance they need to work through their problems and to identify and express their feelings instead of trying to repress or deny them.

The counsellor acts as facilitator, but it is the person who resolves their own problems by gaining a deeper understanding of themselves. The counsellor develops a

relationship based on trust and respect and demonstrates the core conditions and qualities of genuineness or congruence, unconditional positive regard and empathetic understanding.

Characteristics of this type of counselling include active listening, reflection and acceptance of the client and their experiences.

Humanistic counselling depends on the following:

- ▶ People should have the freedom to explore their experiences.
- ▶ People should be made aware of their inner feelings and emotions.
- ▶ People have the capacity to make their own decisions and solve their own problems because they are the expert on themselves.

Principles of effective communication

Person-centred interpersonal communication is based on core concepts of person-centred therapy, which apply to communication with colleagues as well as people accessing counselling services.

Here are some core concepts of communication that are used in person-centred therapy.

Congruence

- ▶ Congruence means the communicator is genuine in their interest in the other person and their actions match their words. They do not have to fake this or adopt the position of an expert dispensing information.

Unconditional positive regard

- ▶ The communicator respects the other person by showing them unconditional positive regard, which means accepting the other person unconditionally, without judgment, disapproval or approval. This helps the other person to feel increased self-respect and to value their own experiences and actions.

Empathy

- ▶ Empathetic understanding means that the communicator seeks to understand the other person's internal frame of reference instead of imposing their own views on them.

Solution-focused therapy

Solution-focused therapy was developed by Steve de Shazer and Insoo Kim Berg in the 1970s. Solution-focused therapy focuses on the future and is goal-directed, instead of focusing on the problem the person presents with.

Solution-focused therapy proposes that all people have knowledge on what will improve their life and require the therapist to assist them with conceptualising this knowledge. It uses a strength-based, problem-solving approach that helps empower clients and assists them to learn strategies for resolving their problems or issues. It is usually conducted over one or two sessions and tends to focus on the client's situation and their future rather than their past. Counsellors assist clients to focus on solutions and their own competencies and resources rather than the problems or perceived

limitations that prompted them seek help. Clients may be asked to envision what they want their life to be like and to identify strategies that will help them achieve the outcomes they want.

Here are some of the techniques that are used in solution-focused therapy.

Previous solutions

People have solved other problems and may have thoughts on how they can solve the current problem. Questioning techniques are helpful for the person to verbalise the solutions and the means of achieving them.

Exceptions

Questioning techniques to uncover what occurred when the problem did not arise or was not such an issue for the person. What actions and thoughts were involved at this time? It can be explored from the person's perception of the experience or from the person's perception of what they believe others thought from the experience.

Focus

Phrasing the questions in the present and future tense rather than using past tense questions to prompt the person to look for ways to take action rather than dwelling on what has already occurred. Reframing the experience is another tool that can be used to assist the person to view the problem from another reference point.

Compliments

It is important for solution-focused therapy to validate what a person is doing well and acknowledge the difficulties that the person is experiencing and trying to overcome. It is giving ownership of the problem and the solution to the person and assists the person to recognise what they are doing well.

Action

When the therapist and the person has identified what has worked previously or explored other ways the person has identified they encourage the person to put this into effect.

Miracle question

Aims to help the person to describe small realistic changes and actions they can apply immediately and to imagine what will flow on from these small changes they make.

Scaling questions

These questions can enable the person to judge and clarify how difficult the situation is for them. This can also be a motivational tool for the person to make a change.

Session break

A brief break in the session occurs when the therapist reviews the information. Before this occurs, the person is asked to volunteer any other information that they feel would assist with the solving of the problem.

The therapist then compliments the person and offers a therapeutic message based on the identified goal.

Gestalt therapy

Gestalt therapy was developed by Fritz Perls, Laura Perls and Paul Goodman in the 1940s. The emphasis of this therapy is on raising the person's awareness of their actions, thoughts and feelings in the moment – rather than on what was, might be, could be or should be. The person needs to accept accountability for their reality and the therapist helps the person to do this by the use of language. All language should be owned by the person through the use of 'I' statements.



The therapist needs to have an understanding of the person's experience. The therapist achieves this through verbal communication and accurate interpretation of nonverbal communication. The goal of Gestalt therapy is awareness and is situated in the 'here and now'.

Techniques used in Gestalt therapy

There are some specific techniques that therapists can use when undertaking Gestalt therapy. Here are some examples.

<p>Experimental</p>	<p>The therapist can set tasks such as role play or homework to promote the person's self-awareness. This will increase the person's confidence in undertaking the task in reality.</p> <p>Example:</p> <p>A new teacher is nervous about presenting a topic to her peers. She is asked to practice this in front of the mirror. By focusing on what she needs to do it builds confidence for her to complete the task in reality.</p>
<p>Language</p>	<p>The therapist can:</p> <ul style="list-style-type: none"> ▶ use statements rather than questions ▶ the use of 'I' statements for the person to own the feelings ▶ focus on the present tense rather than the past or future ▶ use 'what' and 'how' questions to keep in the present.
<p>Enactment</p>	<p>The therapist can encourage the person to explore the two opposing parts of their personality by sitting in different chairs and taking on the part of the personality that is assigned to each chair. This can illuminate the techniques, beliefs and emotions that are present for the person in each situation. It may also take the form of role-playing different parts. Enactment is intended as a way of increasing awareness.</p>
<p>Exaggeration</p>	<p>This technique also allows the person to explore two opposing opinions/attitudes that the person may hold.</p> <p>One part/role demands things go a certain way while the other role/part disobeys.</p>

Dreams	The therapist can ask the person to explore their dream, take responsibility for the dream and increase their awareness of their thoughts and emotions expressed in the dream.
Fantasy	The use of guided imagery assists the person to imagine what they would do in certain situations or different roles.
The body	<p>To fully understand the experience the person needs awareness of the body's physical sensations.</p> <p>Identification – translating physical signs or nonverbal communication into verbal communication and owning it; for example, tapping fingers.</p> <p>Locating emotions in the body – assisting the person to locate where the body is feeling emotion and becoming more self-aware; for example, tightness in the neck muscles signifies stress.</p> <p>Repetition and exaggeration – the nonverbal movements should be exaggerated to assist the person to identify the feelings they are expressing.</p>
Confusion	This technique draws attention to the person's hesitation that indicates avoidance, blanking out, verbalism and fantasy to create self-awareness.
Confrontation	This technique must be applied with sensitivity and empathy and is used to assist the person to face the issues and have a clear awareness of their reality.
Application	<p>Gestalt therapy is used for:</p> <ul style="list-style-type: none"> ▶ anxiety ▶ depression ▶ borderline personality disorder ▶ counselling for couples and families.

Example

Read and interpret information, distilling key themes and messages for counseling work

Andrew is a youth worker. He works with a not-for-profit community organisation that acts as a referral agency for young people in crisis and offers short-term respite care.

Andrew is young, enthusiastic and keen to impress his co-workers and help other young people.

He comes across an article in a professional journal about a program offered to disengaged youths in Germany and the success it has experienced in helping young people re-engage with their community.

Andrew discusses the information with his supervisor who asks Andrew to prepare a report on the proposed main themes and ideas and how they can be related to Andrew's current work with young people in crisis.



Practice task 2

Re-read the previous example.

1. List how Andrew can distil the key themes and messages from this article.

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2. Give two examples of strategies that Andrew might use if employing cognitive behaviour therapy (CBT) in his work with young people in crisis.

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3. Identify two therapies that are based on learning theories that Andrew might research to support his work with young people in crisis.

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Click to complete Practice task 2

1C Organise and record information to support current and future practice

Counselling work can be very challenging, as it involves responding to complex human needs and difficult situations. You should be aware of your own limitations and seek opportunities to improve your skills and knowledge through development opportunities.

Practices that help workers assess their own skills include self-evaluation and supervision. Self-evaluation may take place in private periods of self-reflection, supervision sessions or group feedback exchanges with co-workers and supervisors.



As a professional counsellor you need to keep records of information to guide self-development and formal learning activities that you have undertaken and plan to undertake.

Take advantage of opportunities to help you develop your skills and knowledge through training, performance reviews, supervision and mentoring. In many organisations, this information becomes a part of your self-development plan, which guides your actions and professional development choices during the year.

You can promote your own development by keeping up with industry developments, applying these in your practice and taking action to stay abreast of trends.

Reflective practice

Using reflective practice to foster personal and professional development has become increasingly common in recent years. Reflective practice refers to your ability to reflect on your actions and responses to situations and use the learning and insights you gain to improve your own practice.

Here are some benefits of reflective practice.

Benefits of engaging in reflective practice

- ▶ Learning from experience
- ▶ Self-evaluation and analysis
- ▶ Greater self-awareness and understanding
- ▶ Identifying strengths and limitations in your practice
- ▶ Linking theory and practice
- ▶ Identifying areas for further training and professional development
- ▶ Preparing you to engage in organisation review processes and to seek and accept feedback from your supervisors and peers

Models of professional reflection

The area of study and learning related to professional reflection has evolved and developed over many years, resulting in a number of theories and models that are available for use in reflecting on professional activities and learning from them. Most models involve the mindful and deliberate use of reflection to inform future practice. Essentially, the process of reflection helps you to do your job better next time.

Two useful models are David Kolb's four-stage learning cycle (1984), which links the elements of experiencing, observing/reflecting, developing ideas and testing ideas in practice; and Donald Schön's reflection in action and reflection on action model (1991).

Here is an outline of Schön's reflection model.

Reflection in action

Thinking about what you are doing and what to do next as it happens, experiencing and acting immediately within the situation

Reflection on action

Thinking about what happened and what you would do differently next time, considering past actions and taking your time to reflect on the situation that has occurred

Self-reflection

Taking time to reflect on your own practice helps you to become more self-aware and to identify any aspects of your job you find difficult or need to improve on. One of the most effective ways to engage in self-reflection is to use a journal to record and explore what is happening in your working life.

Using the Schön model, self-reflection happens best after a situation has occurred. There needs to be an event, situation or action that happens to provide a purpose and focus for the self-reflection. A practice or reflection journal is one way of reflecting on actions.

Here is some guidance on how to maintain a practice or reflection journal.

Monitor development

Keeping written records helps you monitor your own development over time and identify areas of practice that you are confident in, as well as those you have difficulty with. The more you use your journal to reflect on and explore your role in the workplace, the better you will become at thinking in a critical way about your practice, solving problems, making decisions and being accountable for your actions.

Develop communication skills

You may find that regular periods of self-reflection and recording your thoughts in a reflective practice journal may enhance your ability to express yourself and use language appropriate to your occupation. By developing these thinking and use-of-terminology skills, you may improve your skills in providing and interpreting written and oral information about workplace requirements.

Use an appropriate space and format

A journal can be a book or electronic documents with enough space to write reasonably lengthy daily entries. The format of the journal is not important as long as it can be used specifically to record your reflections. It is better not to combine it with a personal diary, as a journal is essentially a tool for self-evaluation and development. Keep all your reflective notes together so they can be easily referred to in the future.

Maintain security of information

Your reflective journal must be kept secure at all times, as it may contain notes about clients' personal details. Your entries will also describe client behaviours and how you have dealt with them. Ensure others cannot access your entries. Be careful to never identify any clients or colleagues by name, to ensure their privacy and confidentiality is maintained.

Make regular entries

Write in your journal as often as possible. Self-reflection is most beneficial when carried out on a regular basis, as this reinforces the habit and helps you become more skilled at self-analysis. Your reflective practice journal notes can also be used as a means of identifying professional development opportunities and for raising points of discussion in evaluation sessions with your supervisor and/or peers.

Reflect on your performance

A useful way to begin self-reflection is to have a series of questions that you ask yourself at the end of every day. These questions may include 'What did I do well today?', 'What could I have done better?', and 'What can I learn from the experience?'. When using it to reflect on your practice, acknowledge what you are doing well and where you are improving, as well as any difficulties you are having.

Values, beliefs and behaviour

Working effectively with clients requires you to have a high level of self-awareness. This means understanding how your values, beliefs and behaviour may impact people, and seeking appropriate support or advice for your skills and cultural awareness if needed.

Values and beliefs, and their impact on behaviour, are described below.

<p>Values</p>	<p>Values represent personal standards. We learn personal values from our families, social and cultural groups, religious beliefs, school and personal experiences. Values can vary between cultures and societies. For example, you may place high value on personal freedom and individuality; however, in some cultures it is more important, especially for women, to value conformity and duty to others.</p>
<p>Beliefs</p>	<p>Beliefs are based on what people believe to be true; for example, many people have religious beliefs that guide how they live their lives. Individual beliefs are not easily changed, as they provide a basis for a person's understanding of the world. It is important to examine your own beliefs and not assume that what you believe is right and logical or that the beliefs of others are incorrect and irrational.</p>

Behaviour

A person's behaviour is influenced by their values and beliefs. For example, if despite all their training and experience, a community or health worker believes that depression is not really a serious illness, they may intentionally or unintentionally say something or act in a way that is disrespectful, or may cause harm, to a person who has depression.

Identify areas of personal development

One of the main reasons for self-evaluation is to assess your own practice and identify areas where personal development is required. You can then determine what development opportunities will enable you to improve your practice.

No matter what options you choose to advance your skills and personal development, you need to integrate your learning into practice. This involves using the skills you are developing, and continuing to monitor your learning through self-reflection and by seeking feedback from others.

Kolb's learning cycle is useful in helping understand this concept, as it places the elements of experiencing, reflecting, developing and then finally testing ideas in a cycle that continues in a circular fashion, with each element informing the actions of the next.

Consider the following to identify areas of personal development.

Identify what you do

- ▶ When you engage in self-reflection or participate in supervision sessions, you should consider all the factors that influence your practice. These include:
 - your ability to follow organisational policies and procedures
 - how you measure your performance
 - your ability to set goals and establish personal development plans
 - your time management skills
 - your functional literacy skills
 - your own degree of self-awareness and understanding of how your behaviour and personality traits impact your work.

Identify what you need

- ▶ Through feedback obtained from others, your own insights and your plans and career goals for the future, you should have a clear understanding of what areas of practice and personal development you want or need to pursue. For example, you may realise that sometimes you have difficulty developing a constructive working relationship with some clients and decide you want to develop your skills and abilities in the area of communication, relationship-building and counselling techniques. The professional development options available to address these issues may include seeking advice and guidance from your supervisor and experienced colleagues, and participating in further training through workshops or formal study.

Improvements based on own evaluation

When you are evaluating your own performance against specific competencies, it is important to think carefully about what you currently do well and how you think you may improve in the future.

Some competency areas relate to many different jobs, while others are quite specific and relate more to how you carry out particular aspects of your job. Specific competencies tend to be more focused on your interactions and work with people who use your services, and often include technical skills such as conducting assessments, running groups, providing targeted support, intervening in challenging situations and carrying out personal care, health or manual-handling tasks.

Here are some areas of performance competency where you may evaluate your performance and decide on areas for possible improvement.

Problem-solving

- ▶ Community services work presents many opportunities for using problem-solving. This includes resolving issues related to work tasks, dealing with situations, interactions with colleagues and time and resource management. Being good at problem-solving takes time and practice, and there are some specific skills such as using technology and adopting clear thinking practices that can assist you in becoming a better problem solver.

Communication

- ▶ In many community services jobs you need to communicate with different groups of people in varying contexts. Sometimes you have time to plan and consider your communication in advance but in some situations you need to respond rapidly and ensure your communication is precise, clear and well received. Good communication is a skill that can be taught and developed over time.

Technical skills

- ▶ Your day-to-day tasks often depend on technical skills. Depending on your level of responsibility, technical skills may include those related to the care and support of people requiring support, as well as how you work alongside or lead groups of people. Technical skills need to stay current and sometimes require regular updates, particularly in health and emergency management areas.

People-focused skills

- ▶ Having the skills to work directly with people is vital in community services fields. It takes skills and knowledge to be able to think in a way that places the person seeking or using support and assistance at the centre of your focus and ensures you operate from a person-centred viewpoint. Ongoing professional learning, reading, attendance at training sessions and conferences, mentoring and participating in networks all help build people-focused skills.

Recognise limitations

It is useful to be aware of your own limitations within your field of work. Understanding limitations means you are less likely to overstep your boundaries and act inappropriately.

Your limitations can be a catalyst for prompting further training or professional learning if you focus on what is currently limiting you in your career development and consider what you can do to reduce these limitations. For example, if you work frequently with people from a particular linguistic group you may find it limiting to not speak the same language. This could be a prompt to seek training in learning the language yourself so you can communicate more easily.

Limitations can relate to the following areas.

Areas of limitation

Qualifications

Professional qualifications such as food handling, CPR, first aid or team leading related to your chosen area of work

Interpersonal skills

Learning to get along with others and build teams and groups that operate effectively and deal easily with change and challenge

Practical skills

Hands-on skills such as manual handling, meal assisting, art and craft or running a shared reading or exercise class for various age groups

Study skills

Learning how to study is vital if you are to proceed further with training or seek higher qualifications – study skills help you get the most out of studies

Management focus

Moving into a management area requires new skills, knowledge and sometimes new qualifications – without these, your management opportunities are limited

Create a self-development plan

Creating a self-development or personal development plan encourages you to think carefully about the goals you set and what you can do to achieve them. This plan focuses on expanding your skills and knowledge to achieve personal and professional growth.

Your organisation is likely to use templates and have a specific policy and procedure to guide you through writing a self-development plan.

The plan is usually prepared in conjunction with your direct manager or supervisor; although you may be asked to draft your goals before you meet. Then you can discuss your goals and consider their feedback and ideas before finalising your self-development plan for the next 12 months.

Here is a list of important aspects to include in your self-development plan.

What to include in a self-development plan

- ▶ What you want to achieve (goals)
- ▶ When you want to achieve them by (time frame)
- ▶ How you will know when you have achieved them (measurement)
- ▶ What you will do to reach these goals (your actions)
- ▶ What help you need to reach these goals (support/mentorship/professional training)
- ▶ What aspect of your job these goals relate to (professional accountability)

The reflective journal

A reflective practice journal can be a diary that has enough space to write reasonably lengthy daily entries or a thick exercise book where you enter your own dates. The format of the journal is not important as long as it can be used specifically to record your reflections. It is better not to combine it with a personal diary, as a practice journal is essentially a tool for self-evaluation and professional development.

Keep all your reflective notes together in a format that can be easily referred to in the future. Your reflective journal must also be kept secure at all times as it may contain notes about clients' personal details and behaviours and how you have dealt with them. Be careful to never identify any clients or colleagues by name, to ensure their privacy is maintained. Write in your journal as often as possible and use it as a means of exploring your progress as a community services worker. When using it to reflect on your practice, acknowledge what you are doing well and where you are improving, as well as any difficulties you are having. A useful way to begin self-reflection is to have a series of questions that you ask yourself at the end of every day.

Questions to ask yourself may include:

- ▶ What did I do well today?
- ▶ What could I have done better?
- ▶ What can I learn from the experience?

Professional portfolio

A professional portfolio is where all your professional education is kept and it can assist you to plan for further self-development and professional activities. A professional portfolio can also assist you in reflection of what it means to be a learning professional who wants to develop their skills and knowledge and apply these to their practice.

A professional portfolio is the evidence of your skills, achievements, and professional experience. You will be able to use your professional portfolio to plan your continuing education and professional development.

Here are some things to consider including in your professional portfolio.

Transcripts

- ▶ Place a copy of all transcripts that you have obtained in your portfolio as evidence of formal learning.
- ▶ Keep the copy of professional development certificates.
- ▶ Keep a running sheet of in-service activities that you have attended.
- ▶ Keep a running sheet of all journal reading that you have undertaken.

Self-assessment

- ▶ Write and keep a self-assessment plan for your career goals and plans. This plan should be a five-year projection with a re-evaluation each six months to evaluate your progress.

Reasons for portfolio

- ▶ Useful for annual reviews
- ▶ Evidence for applying for grants and awards
- ▶ Professional development program
- ▶ Helpful for applying for grants

Presentations

- ▶ It is good to have examples of work such as submissions, and learning tools that you have developed.

Recognition

- ▶ Keep a copy of all recognition or feedback from organisations or clients.

Other

- ▶ It is helpful to keep all personal documentation such as the following in one section:
 - Birth certificate
 - Passport
 - Registrations to professional bodies

Format

- ▶ Hard copy
- ▶ E-portfolio

Supervision

Being provided with effective supervision can encourage you to develop your skills and knowledge and become confident and competent in your work roles. Effective supervision is a powerful tool for professional development, as it provides the opportunity to openly evaluate and explore your experiences at work, and receive guidance and support from others who have experienced similar issues.

In community services organisations, a supervisor is usually someone who is experienced in the area of work that team members are undertaking, and can provide appropriate guidance and support.

Here is how a supervisor can help you with self-evaluation.

Education

- ▶ Supervisors mentor members of their team and ensure they have access to professional development opportunities. They provide guidance about issues and problems that may prompt self-evaluation and encourage attempts at changes to work practice as a result of the evaluation process.

Administration

- ▶ Supervisors perform a range of administrative duties to ensure members understand their roles and can access required resources. They offer support in accessing organisational policies and procedures required for professional development and ensure time and space is available within the workplace for self-evaluation processes to occur.

Support

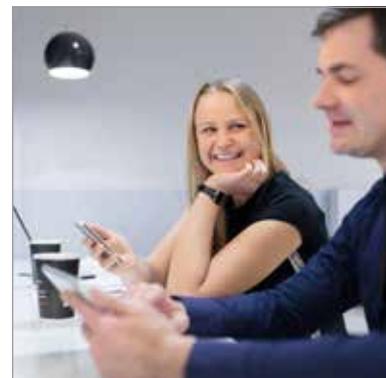
- ▶ Supervisors provide support and encouragement to members of their team when they encounter difficulties or problems. They suggest a format and approach for self-evaluation, provide guidance in developing evaluation skills and model necessary skills if required.

Peer supervision

Peer supervision is a process where a group of colleagues (peers) have regular meetings to engage in self-evaluation and discuss areas of practice. Peer supervision is usually carried out without a supervisor present, although peers may choose someone to act as the facilitator of the meeting. This person may be in an external supervisor role or be a professional practice supervisor.

Successful peer supervision allows workers to provide mutual support and constructive feedback to one another. Each participant has an opportunity to discuss their work by referring to particular experiences or issues and to receive constructive comments and feedback from their peers.

Participants benefit from reflecting with their peers, as they often feel less constrained and more able to talk freely than when a direct supervisor is present. They are able



to discuss and evaluate situations and performance without fear of being judged or having their comments considered as a poor reflection of their performance in the eyes of their supervisor.

The process of collaborating and discussing problems, issues and potential solutions is a way of building a strong team culture within your organisation.

Monitor and review

The evaluation process has two distinct but separate purposes:

- ▶ Procedural evaluation – monitoring and reviewing policy and procedural processes to ensure all support provided has been undertaken according to legislation and organisational procedures
- ▶ Outcome evaluation – monitoring and reviewing programs/services to ensure they are meeting stated goals and outcomes

It is important to evaluate effectively and ask the right questions.

Questions to consider when monitoring and reviewing practices:

- ▶ Were legislative obligations and organisational procedures followed?
- ▶ What were the desired outcomes of the service and were they achieved?
- ▶ What indicators did you use to measure the outcomes?
- ▶ What cultural, economic and environmental issues impacted the people you worked with?
- ▶ Will the monitoring and review engage all participants and stakeholders?
- ▶ What improvements should be made to ensure success with future programs?

Key performance indicators

Some organisations may develop a checklist to help with the evaluation process. Specific checklists may be prepared for the service provider, the work team, clients and others who contributed to the service or program to obtain information from their particular perspective.

Following is a list of key performance indicators you should regularly check as part of monitoring and review.

Key performance areas to review and monitor

- ▶ Appropriateness of program or service to the client's age, abilities and needs
- ▶ The client's social, cultural and environmental issues and concerns have been considered
- ▶ Client satisfaction
- ▶ Clients' progress
- ▶ Clients' needs being met
- ▶ Resources (including time, personnel, equipment and funds)
- ▶ Knowledge of key personnel

Continous improvement

As you review the work undertaken at the conclusion of the program or service, consider the various social and cultural factors that affected clients and how effectively you were able to reduce or eliminate the effects of these. Information you gather can be used in future work.

Here are some examples.

Examples of social and cultural factors



Age

- ▶ Up-skill older people in using technology in the workplace.
- ▶ Facilitate support for young adults such as community 'big brother/big sister' programs.



Long-term unemployment

- ▶ Provide technology training.
- ▶ Provide work-ready programs.
- ▶ Facilitate community volunteer positions to assist in the transition from long-term unemployment to participate in the workforce.



Family breakdown

- ▶ Facilitate access to family counselling.
- ▶ Provide access to various support agencies.



Homelessness

- ▶ Assist in finding short-term respite accommodation.
- ▶ Provide meals.



Racism

- ▶ Develop community- and school-based education programs.
- ▶ Facilitate community-based 'tolerance' days.



Education

- ▶ Provide support for young people at risk to facilitate their ongoing attendance at school.
- ▶ Arrange for community representatives in schools; for example, respected elders.
- ▶ Forge industry links to expedite apprenticeships.



Financial hardship

- ▶ Assist in applying for government assistance and benefits.
- ▶ Explore community-based funding and assistance.



Religion

- ▶ Ensure religious beliefs are accommodated in the program; for example, provision for prayer.



Geographic location

- ▶ Take support services to remote communities; for example, clinics, legal services and housing.
- ▶ Provide a transport service to pick clients up from their homes; for example, a community mini bus.



Access to transport

- ▶ Provide a transport service to pick clients up from their homes.
- ▶ Provide cab vouchers.
- ▶ Provide public transport cards.



Cultural beliefs/values

- ▶ Ensure appropriate clothing and facilities according to cultural beliefs.
- ▶ Ensure cultural traditions are accommodated in the program.

Review strategies

Use a range of strategies to measure whether outcomes have been achieved. These may include:

- ▶ pre- and post-program interviews with clients
- ▶ questionnaires
- ▶ observation checklists
- ▶ self-assessment evaluations
- ▶ discussion groups
- ▶ interviews with those who worked on the program with you
- ▶ review checklists.



Organise and record information

Gather the information and data collected from the review strategies. Prepare a list of recommendations for future improvement. Write a report for key personnel. The findings will identify areas for improvement. Ensure that the information collected is stored in line with the organisation's policy and procedures.

Here is a list of information and data that should be included in your reports.

Information and data to record in reports

- ▶ Where key performance indicators have been achieved
- ▶ Where key performance indicators have not been achieved
- ▶ Strategies and initiatives that have worked well
- ▶ Where strategies did not work
- ▶ Specific social and cultural factors that were not addressed or were addressed poorly
- ▶ Specific aspects mentioned in feedback from clients, co-workers and other service providers

Organise and record information to support current and future practice

Program/service review form

Service planning

- ▶ Ensured equity of access
- ▶ Identified social, cultural and environmental issues to be addressed
- ▶ Identified key performance indicators
- ▶ Identified how outcomes would be measured
- ▶ Identified all key personnel and participants
- ▶ Identified complaints process
- ▶ Identified reporting processes
- ▶ Prepared contingency plans to address risks

Service provision

- ▶ Met all organisational policies and procedures
- ▶ Resources (time, personnel, funding and equipment) were adequate
- ▶ Ensured ethical standards were achieved
- ▶ Addressed social, cultural and environmental issues
- ▶ Followed industry best practice
- ▶ Documented all actions, feedback and complaints

Key performance indicators

- ▶ Used relevant mechanisms and data to measure achievement
- ▶ Met all performance indicators
- ▶ Did not meet all performance indicators (indicate which ones)

Accountability

- ▶ Followed reporting procedures
- ▶ Services provided matched service specifications
- ▶ A financial audit was carried out at the completion of the program

Practice task 3

1. Give two examples of how a counsellor can identify areas for improvement in their counselling practice.

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2. Explain how keeping a professional portfolio can assist a counsellor.

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3. Give two things to include in a report to ensure current and future practice are supported.

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Click to complete Practice task 3

Summary

1. A responsibility for a professional counsellor is keeping up to date with new studies and techniques that can be applied to the counselling area of practice.
2. Best practice is supported by up-to-date and relevant knowledge. Staff may develop skills and knowledge of current best practice through a range of competency development strategies.
3. Being effective in current and future counselling practice involves reading, interpreting information and distilling key themes and messages for counselling work.
4. Behaviourism is a theory of learning, which proposes that all behaviours are acquired through conditioning.
5. Social learning theory proposes that the person can learn behaviours by observation and that cognitive or mental factors are involved in learning.
6. Cognitive behavioural therapy approach is that thoughts, feelings and behaviours combine and affect the person's moods and behaviours.
7. A humanistic approach uses a client centred therapy where the counsellor provides opportunities for the person to determine his/her own direction.
8. Rational emotive therapy is based on a linear sequence of experience, beliefs and reactions of a person.
9. Solution-focused therapy proposes that all people have knowledge on what will improve their life and require the therapist to assist them with conceptualising and to action this knowledge.
10. In Gestalt therapy the emphasis is on raising the awareness of the whole person of their actions, thoughts and feelings of the moment rather than on what was, could be or should be.
11. Constructivism proposes that people construct their reality through perception of their life experiences.
12. As a professional counsellor you will need to keep records of information to guide self-development and formal learning activities that you have undertaken and plan to undertake.

Learning checkpoint 1

Research learning theories

This learning checkpoint allows you to review your skills and knowledge in researching learning theories for application in counselling practice.

Part A

1. Describe two methods you could use to access information on learning theories.

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2. Give two examples of how the learning theory of behaviourism can be applied to counselling practice.

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3. Give two examples of how cognitive learning theory can be applied to counselling practice.

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4. Give two examples of how the theory of constructivism can be applied to counselling practice.

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5. Identify three other types of learning theories that can be applied to counselling practice.

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6. List two ways to identify information to support current and future practice.

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7. Give two examples of where a counsellor can record information to support current and future practice.

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Part B

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

Case study

Angela is a case worker at a non-government community organisation that supports young people. Her organisation works in a low socioeconomic, relatively disadvantaged community where the population consists mainly of older people, single-parent families, unemployed people and refugees. As part of her Diploma studies, Angela develops and implements a program to help support young refugees identified as being at risk.

Angela bases the program on a significant amount of research she undertakes, which identifies risk factors for the cohort of young people she works with.

She discovers that:

- ▶ biculturalism (that is, being able to operate and maintain values from both their previous culture and their current culture) is a very strong support mechanism for young refugee people identified as being at risk
- ▶ the school setting is paramount in supporting the biculturalism of young refugee students through allowing them to discuss or write about their home culture in the school learning environment they share with all other students
- ▶ bicultural identity could enhance their sense of belonging and confidence.

In consultation with her manager, Angela develops a program that encourages teachers to value and build on their students' cultural diversity, and to consider learning experiences that encourage biculturalism rather than an assimilation-only approach. The program also includes educating the parents of the refugee students so they understand and are supportive of a bicultural approach.

To maintain the funding for this program, Angela is required to monitor and review its outcomes. Based on her research she develops the following indicators of success:

- ▶ A sense of hope for the future
- ▶ Connectedness to the school
- ▶ Family support

Angela conducts the program over a six-month period. During this time, she helps teachers provide a bicultural curriculum, and she meets regularly with the parents of these students to encourage their acceptance of biculturalism. To measure the success of the intervention, Angela conducts pre- and post-program interviews with the identified students. Her questions are based on their feelings regarding the three identified indicators. She measures these indicators both before and after the intervention program.

Angela discovers on completion of the program that all students report a greater sense of hope for the future, stronger feelings of connectedness to their school and a significant sense of support from their families to continue celebrating their culture, while also adopting their new culture.

Based on her research, these success indicators allow Angela to conclude that her program is assisting young refugee students to be less at risk than their counterparts who did not complete the intervention program.

Angela is able to present this to the funding body and gain increased funding to roll the program out to a number of schools in the community.

1. List two ways that Angela can monitor and review practices used in the project.

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2. Describe how Angela can use the information collected from the study to support current and future practice.

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Topic 2

In this topic you will learn how to:

2A Identify and analyse the impact of modelling influences in a client's environment to facilitate client change

2B Analyse individual responses to similar modelling and reinforcement

2C Analyse the effects of environmental differences and dysfunctional environments

Analyse behavioural outcomes of different modelling and reinforcement influences

The different theoretical concepts of learning have varied perspectives and focuses. Some theories are suited to and appropriate for specific behaviours while others may have a broader application and look at the individual as a whole, including emotions and cognitive processes. After the relationship has been established with the person and the problem is fully explored the counsellor then needs to analyse all the information collected. The analytical phase focuses on identifying factors that shape and influence behaviour, and using critical thinking skills to identify environmental factors and motivating influences to achieve the desired behaviour. It is important to understand the theories, in addition to their practical application.

2A Identify and analyse the impact of modelling influences in a client's environment to facilitate client change

The environment a person is exposed to will have direct influence on the cognitive processes, emotional responses and behaviour that an individual exhibits. Individuals will choose models that they have contact with in their environment, or through media exposure, to construct behaviour. In order to change behaviour the individual needs to identify models they can emulate and learn new behaviours from. An important step to effecting a behavioural change for an individual is for the individual to assimilate the new behaviour and replicate it within their own environment. Analysing behaviours allows the individual to identify behaviours that lead to negative consequences and to explore alternative behaviours or cognitive processes that will have a positive effect.



Identify modelling influences within a client's environment

Social cognitive learning recognises that people are selective in what they choose to model and are more likely to adopt behaviours if:

- ▶ the person is accepted and given positive feedback and acceptance
- ▶ the behaviour is rewarded.

What a person chooses to adopt may be problematic, as negative behaviours rather than positive may be adopted if the model is witnessed being rewarded for the negative behaviour. Social learning theory focuses on the link of the environment and the individual's perceptions that determines behaviour. Developmental theorists propose that as a person moves through the life span stages, they observe different models. The family and caregivers are the first models and remain influential throughout the life span; additional models come from school, friends and social groups.



Observational learning

Observational learning is learning that occurs as a result of watching other people or models in the environment around the person. The person aims to make sense of their environment and the accepted methods of behaviour that are expected in the environment. Refer to Bandura's Bobo doll experiment. When attention is given to these models, information is encoded, stored and later retrieved. When storing information into long-term memory it is stored by association or semantic meaning. Individuals then need to retrieve this information and apply the learnt behaviours to personal experiences. If the consequences of using the new behaviours lead to a positive outcome for the person the behaviour is reinforced and will be able to be reproduced.



Vicarious reinforcement

When a person observes the consequences of behaviour exhibited by a model or person and chooses to act or not, Bandura called this process vicarious reinforcement. In this process a person is able to become selective in what they imitate. An individual will choose to model a behaviour in the aim of obtaining the consequences they observed the model receiving. Modelling enables the person to develop standards for behaviour, belief about their own abilities and adopt the characteristics that guide their actions.

Modelling and reinforcement can be effective to:

- ▶ learn new skills or responses – a person can integrate new patterns of behaviour through watching others and observing the consequences of others' actions
- ▶ inhibit the fear response – by watching others in situations where a person was fearful, they can adopt more positive responses to the fear situation
- ▶ assist the person to learn different behavioural responses as models provide cues the person can emulate.

Common behaviours of life span development

It is always important to remember that many people do not fit perfectly into these categories for various reasons. The benefit of considering these stages of human development is to reflect on modelling to better develop and cater for the needs of the person to adapt and improve the counselling relationship. Ageing is good example of where people age differently depending on personality, lifestyle, attitudes and health. It is important not to stereotype all aged people as having a particular set of needs.

Here are some behaviours common to particular stages of development.

Behaviours of adolescence

- ▶ Searching for identity – working out who they are and where they fit in the world
- ▶ Seeking more independence – this is likely to influence the decisions your child makes
- ▶ Seeking more responsibility both at home and at school
- ▶ Looking for new experiences – trying new experiences and engaging in more risk-taking behaviour
- ▶ Thinking more about ‘right’ and ‘wrong’ – having a stronger set of moral values and morals
- ▶ Being influenced more by friends
- ▶ Developing and exploring sexual identity
- ▶ Communicating in different ways; for example, the internet, mobile phones and social media
- ▶ Showing strong feelings

Behaviours of adulthood

- ▶ Adulthood behaviours vary significantly.
- ▶ Many of the issues and behaviours that arise in adolescence carry over into adulthood.
- ▶ Focusing on social identity as well as personal identity
- ▶ Making satisfying life investments
- ▶ Taking more leisure time for the purpose of relaxing and rejuvenating

Behaviours of ageing

- ▶ Changing relationships
- ▶ Retirement is different for everyone; some people adjust very well and others have difficulty
- ▶ Physical changes may be especially disruptive and affect people emotionally especially chronic health problems
- ▶ Taking longer to recall information or experiencing serious memory problems
- ▶ Experiencing grief, anxiety, sadness and loss
- ▶ Adjusting to new surroundings
- ▶ Acting stubbornly – trying to regain control by taking ‘my way or no way’
- ▶ Regressing – reverting back to old behaviours or ways of coping to deal with life
- ▶ Reminiscing – dwelling on how things were when they were younger

Example

Analyse behavioural outcomes of different modelling and reinforcement influences

Three-year-old Ruby has been observing children as they walk across the wooden plank in the outside play area. Standing on the plank herself, she appears hesitant. Her eyes are wide and her brow furrowed; she scans the area for support, unsure of what to do next. She takes two very tentative, wobbly steps with her hands down by her side.



Sven can see that she needs some assistance in taking the next step. Standing next to the plank, Sven walks in a straight line with his arms held out, using them to balance.

Ruby watches, looks at him with a smile and takes another step, using her arms for balance. She walks confidently to the end of the plank, pivots around on one foot, and walks back again. When she gets to the end, she claps herself.

'That was very careful walking, Ruby. You used your arms to balance and walked to the end', Sven tells her with a smile.

'I watched you', she replies.

With modelling, Sven has been able to help Ruby and not interfere with her attempts. Ruby is still in control of her own learning and her accomplishment gives her confidence to take risks and solve problems. She walks along the plank several more times, smiling to herself at her achievement.

Practice task 4

Re-read the previous example.

1. Identify the reinforcement techniques that Sven used to reinforce Ruby's behaviour.

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2. List two ways modelling and reinforcement can be effective when applied to the counselling practice.

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3. Explain briefly how observational learning occurs.

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Click to complete Practice task 4

2B Analyse individual responses to similar modelling and reinforcement

Every person is individual and has had individual experiences that form their unique history. The exposure to different models in their environment will also impact their behaviour in the present. If a group of people are exposed to the same model the individual response will vary according to the reinforcement they receive from others they interact with. Reinforcement is dependent on each individual. The level of motivation and the perceived benefits of the type of reinforcement will vary between individuals. It is the role of the counsellor to work with the person to analyse what will motivate a person to change their behaviour.



During the counselling sessions the counsellor and the client can undertake a variety of techniques such as role playing and test out the motivators for the behaviour that is being learnt.

Reviewing the progress and evaluating how the client is modelling the new behaviours through feedback and journaling, or other homework activities will give the counsellor insight into the person's progress with applying the new behavioural skills.

Key stages of psychosocial development

It is likely you will meet many people who defy these descriptions, as well as some who fit neatly within each category. It is important to see people as individuals who have a range of unique experiences that influence their behaviours and attitudes to life.

Here are some key stages of psychosocial development often seen in human development.

Key stages of psychosocial development

Infancy

- ▶ Intentional behaviour begins.
- ▶ Interactions revolve mostly around primary caregivers.
- ▶ Not able to take turns or see situations from the perspective of another person.
- ▶ Play is 'side by side' rather than true interactive play.
- ▶ Interactions should focus on small groups, building close relationships and a regular, predictable routine.

Childhood	<ul style="list-style-type: none"> ▶ Play begins to occur with others rather than simply engaging in own tasks alongside another child. ▶ Play occurs with a wider range of people. ▶ Experiences are less controlled by adults. ▶ Experiences occur in a wider range of settings. ▶ The individual begins to see themselves as a participant in a variety of settings and situations. ▶ Interactions should encourage choices, a wider social network and a focus on developing early friendships and social interaction with peers.
Adolescence	<ul style="list-style-type: none"> ▶ Greater influence of peer group. ▶ Tendency to take risks and experiment with behaviours. ▶ Individual is focused on themselves and their role in the world. ▶ Friendship groups are formed based on similar views, ways of expression and interests. ▶ The influence of family decreases, but there is still a need for boundaries, rules and parenting by negotiation. ▶ Interactions should involve the client in planning activities, having a say in what happens around them and promoting independence.
Adulthood	<ul style="list-style-type: none"> ▶ There is a often strong set of moral beliefs. ▶ Wide social networks can be drawn from people known through work, family, social and sporting activities. ▶ Multiple roles may be taken in life; for example, parent, worker, friend and partner. ▶ Time needs to be balanced across multiple responsibilities and roles. ▶ Interactions should focus on providing relevant and realistic choices and support to suit the current needs of the client.
Maturity (old age)	<ul style="list-style-type: none"> ▶ There is an increased risk of social isolation and decreased contact with other people in social situations. ▶ Greater time is available for own activities. ▶ There is an increase in the possibility of a partner's death and decreased contact with other family members. ▶ Roles taken in life may be reduced; for example, the client may no longer have work or parenting roles. ▶ Interactions should support the client at times of significant or changing need, and be respectful to the particular needs of the client.

Intellectual development across the life stages

Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers over the years, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to their research, humans move through a number of stages that can be identified by the presence of particular characteristics. Intellectual development is a series of stages through which people make qualitative changes as they acquire new knowledge. Decision-making is a cognitive process resulting in the selection of a belief or course of action.

Characteristics of different stages



Infancy

A child in the sensorimotor stage in infancy is characterised as experiencing the world largely through the senses. Actions are repeated frequently at this stage and, over time, results mean some actions become more frequent, while others fade.



Preschool children

Preschool children embark on a period of discovery and very rapid cognitive development, which mirrors significant gains in language skills over the same time span. The world and everything in it is explored, discovered, manipulated and employed. The child adds new words, and language forms on a daily or weekly basis.



Older children

Older children in the concrete operational stage (approximately 7–12 years) are able to use logic to solve problems, manipulate objects in their head and imagine doing things that are not actually happening. Memory skills increase and they are able to repeat skills they have been taught previously.



Adolescence

As the child moves into adolescence, they become able to use abstract thought and can create visual images and use objects to represent thoughts, feelings and concepts. They have a well-developed vocabulary and are able to communicate effectively with people from various age and social groups. It is important to note that the adolescent brain is still developing and does not reach full maturity until well into early adulthood.



Adulthood

Adults are capable of more complex and reasoned thought than children. Their response to a situation tends to be based on environmental, learnt and genetic factors.

Most adults have developed a moral code for deciding what they believe is right and wrong. This is based on what has been learnt during adolescence.

In some client groups, this judgment is limited through the effects of mental illness, dementia or cognitive impairment.



Maturity (old age)

In later adulthood, some people become more susceptible to conditions such as dementia, meaning that by the age of 85, around one in five adults is affected by some form of dementia.

Theoretical models on individual responses

Every person is unique and the person's past will influence interpretation of experiences. This can also affect the response an individual has to a model or a modelling activity. The way in which a person learns and their developmental stage is also important in understanding why individuals may respond differently to similar modelling and reinforcement techniques.

Here are three approaches that offer explanation for individual differences.

Approach 1

Robert Sternberg – Intelligence as mental activity

Robert Sternberg (1949–) defined intelligence as mental activity central to one's life in real-world environments; individuals 'succeed' in life when they use mental skills to adapt to, select, and shape external environments. The theory comprises three types of intelligence:

- ▶ Analytical – The individual analyses, evaluates, criticises reasons and judges an experience.
- ▶ Practical – The individual implies implements and uses knowledge to address the experience.
- ▶ Creative – Discover, invent, deal with novelty and create.

The theory suggests that 'intelligent' people will identify their strengths and weaknesses, make the most of their strengths and compensate for their weaknesses. Individuals are not limited to strength in only one of the three areas.

<p>Approach 2</p>	<p>Howard Gardner – Multiple intelligences</p> <p>Howard Gardner’s (1943–) theory consists of seven distinct types of intelligence. It sees individuals as possessing different kinds of minds and so learns, remembers, performs and understands in different ways.</p> <ol style="list-style-type: none"> 1. Visual-Spatial – Learn through visual activities. Examples of learning materials are texts, drawings, photos. 2. Bodily-Kinaesthetic – Learn through using their body. Examples are role-playing and acting out scenarios using real objects. 3. Musical – Like rhythm and sound. Learn through listening, music and radio. 4. Interpersonal – Like to understand and interact with others. Examples are group activities and seminars. 5. Intrapersonal – Look internally to make sense of new information. Like independent study. Tools are diaries, privacy and time. 6. Linguistic – Use words effectively. Examples are reading and playing word games. 7. Logical-Mathematical – Like reasoning, calculating. Think abstractly and conceptually. Examples are experiments and puzzles.
<p>Approach 3</p>	<p>Jean Piaget – Cognitive development</p> <p>Jean Piaget’s (1896–1980) theory proposes that individuals learn in different ways through developmental processes. He identified four stages:</p> <ul style="list-style-type: none"> ▶ Sensorimotor (birth to 2 years) infants learn through processing information through their senses. ▶ Preoperational (2–6 years) children learn through imitation and are unable to see another’s point of view. ▶ Concrete operational (6–11 years) children develop the ability to use logic and to consider multiple factors to solve a problem. ▶ Formal operational (11 years and over) children/ adolescents begin to understand abstract concepts and to develop the ability to create arguments and counter arguments.

Evaluate and select strategies to meet goals

When evaluating and selecting strategies, consider the information that has been collected and interpreted at the person's initial counselling assessment.

Referring to the assessment and your discussions with the person will provide a clear picture of what their individual needs and circumstances are. The person's own preferences should always be taken into account.

The assessment will have information that reveals individual variables amongst individuals. Some possible variables are listed below.

Possible individual variables

- ▶ Their history, pattern and circumstances related to their behaviour
- ▶ Behavioural history and attempts to make changes in the past
- ▶ What interventions have previously worked best for the person and what interventions were least successful
- ▶ The person's level of motivation and potential barriers that may impact successful changes in behaviour
- ▶ Their level of complexity the behaviour has for the individual
- ▶ Their family and social support network

Variables for modelling behaviour

Other factors that should be addressed to analyse individual response to similar modelling and reinforcement are outlined below.

Environmental factors

- ▶ Presence of the counsellor
- ▶ Type of instruction given to the person
- ▶ Learning style/s of the learner
- ▶ Types of reinforcement for modelling the behaviour – are they motivating for the person?

Stimulus

- ▶ How the stimulus is applied to elicit the behaviour – can it be generalised to other areas where the desired behaviour is wanted?

Reinforcement

- ▶ How the reinforcement is delivered
- ▶ Timing of reinforcement
- ▶ Sequencing of reinforcement
- ▶ If using punishment to eliminate behaviour is it applied consistently

The role of motivation

Motivation is what drives a person to achieve their goals and change behaviours. Daniel Goleman (1946–) identified four elements to explain motivation. These are personal drive, commitment, initiative and optimism. Every person though is unique in what will motivate their behaviour. There are two types of motivation: intrinsic and extrinsic.

Intrinsic motivation is the desire to perform an action or task based on the expected or perceived benefits of doing the behaviour. These motivators can include personal challenges, interest and desire. External motivators are rewards given to behaviour and can include money, power or good grades: the person must do the behaviour.

Both internal and external motivators are reinforcements.

Both internal and external motivators are used in these theoretical approaches:

- ▶ Behaviourism – all behaviour is acquired through conditioning; all behaviours are learnt through the person's environment
- ▶ Social learning theory – a person learns through watching models exhibiting behaviour
- ▶ Cognitive theory – focuses on the thought processes a person has in relation to their experiences
- ▶ Solution-focused theory – focuses on the future, is goal-directed

Barriers to reaching goals

At times, barriers that impact a person reaching their goals may come from the counsellor's relationship with the person. Counselling will provide the best outcomes if the relationship develops with rapport. Any forceful or directive language used in counselling to try and make a person see they 'need to change' will not be constructive. This is likely to put off the person who may not be ready and, in turn, may cause them to disengage from the counselling process. Alternatively, a person may simply agree with the counsellor during interviews to please them without being committed to work together on achieving their goals. Using person-centred principles and communication techniques appropriately ensures the person will take ownership of their goals.

The following issues may need to be considered when exploring options for the relationship with a person, setting goals and priorities and exploring issues.

Issues to consider when reaching goals

- ▶ Communication barriers based on special needs
- ▶ Culturally-specific factors
- ▶ Life span developmental factors
- ▶ Complex or untreated mental health conditions
- ▶ Poor cognition or cognitive impairment
- ▶ Poor levels of literacy
- ▶ Poor support and unstable living arrangements

Understand personal history

A person's history holds valuable information regarding how their personalities were developed, why they respond to experiences in a certain way and what will motivate the person to change their behaviour.

Below are some ways that personality and development theories can help a person understand how their personal history has shaped their current issues and challenges.

Repression

- ▶ Human development: Sigmund Freud
 - Freud suggested that people used defence mechanisms to keep unpleasant thoughts, memories and feelings in their unconscious. This defence mechanism may be used to repress a traumatic event or incident.
 - Assisting a person to understand the impact of a repressed event can help them understand the current impact on their behaviours and feelings.

Depression

- ▶ Cognitive therapy: Jean Piaget
 - Depression can stem from a range of issues. Life events, family history, personality, medical illness and a history of drug and alcohol use are factors that can contribute to depression.
 - Piaget's cognitive behaviour theory focuses on changing thought and behaviour patterns by identifying them and shifting from unhelpful thoughts and patterns to a positive problem-solving approach. Assisting a person to understand their historical ways of thinking, can help the person understand that thought patterns can be changed.
 - This aspect of Piaget's theory may be relevant for a person demonstrating negative self-labelling, such as, 'I feel like a failure. I am flawed. If people knew the real me, they wouldn't like me'.

Trauma

- ▶ Behavioural therapy: B.F. Skinner
 - Trauma is an occurrence that has caused a person to feel threatened emotionally, psychologically or physically. The effects of trauma can be long-lasting causing a person to live with the effects for many years. Skinner's behavioural theory was used to analyse the behaviour of a person who displays anxiety or fear that is still connected to a past event.
 - Assisting a person to understand how this historical event impacts their current behaviour will help to identify appropriate counselling strategies.
 - Aspects of Skinner's theory may be relevant to a person who displays distress that impairs their relationships, work or other parts of their life.

Integrate knowledge into practice

Once the plan for changing the behaviour has been developed, barriers to the integration need to be removed or minimised. This may be done by developing a method of addressing the barriers the person may have to changing the behaviour.

Here are some common barriers and how to address them.

Lack of motivation

- ▶ Methods of addressing barrier:
 - Identifying what will motivate the person to change their behaviour
 - Breaking the goal into chunks that are rewarded
 - Presenting role models that have achieved the desired goal

Reluctance to change methods that are in place

- ▶ Method of addressing barrier:
 - Encouraging the person to identify actions or behaviours that are different to the past
 - Encouraging the person to see the long-term benefits of integrating the knowledge into practice
 - Assisting the person to recognise that current behaviours are not achieving the goal

Not understanding why the change is necessary

- ▶ Method of addressing barrier:
 - Explaining the positive impact of the change to people receiving counselling support

Not having the skills to carry out the change

- ▶ Method of addressing barrier:
 - Practising activities in the therapy session to assist the person to acquire the necessary skills
 - Assigning homework activities to help the person acquire the new skills

Anxiety from consequences

Some people are highly motivated to change their behaviour and others are ambivalent or unwilling to do so. These people may not recognise they have a problem and have poor insight into their issue/s or what they have done or are doing. This may be the case with people who are required to participate in counselling due to a mandatory requirement imposed by a court; for example, they may have alcohol and other drugs (AOD) issues or it may be an issue regarding gambling. Some people agree to counselling because they have to, not because they identify an issue that they need help and support to understand.



Mandatory attendance at a counselling service can also cause anxieties because there are consequences resulting from the counselling process. If a report or recommendation needs to be made as a result of the counselling process, the person may feel pressure about what will be contained in the report. The consequences of the counselling report could have serious ramifications for children, employment or criminal records resulting in a return to court.

Interpret information

Analysing or interpreting information involves using critical thinking skills to break down and recombine information in different ways.

Interpreting information may include:

- ▶ skimming the information
- ▶ identifying themes in the information
- ▶ recognising any information that is biased or omitted
- ▶ determining the accuracy and relevance of the information
- ▶ checking to see if the information source is reliable.

Critical thinking

Critical thinking is a process for reasoning. It involves weighing up different sides of an argument, using logic to determine the merit of the argument and then drawing a conclusion. The conclusion should be based on facts rather than guesswork or speculation. Using critical thinking skills in research can provide a range of solutions appropriate to the situation.

In order to demonstrate critical thinking, you need to develop skills in:

- ▶ interpreting and understanding the importance of the information
- ▶ breaking down information
- ▶ creating a logical argument
- ▶ evaluating the credibility and worth of the position or argument.

A problem-solving approach

A problem-solving approach is multifaceted. It requires the counsellor to explore the social and cultural factors impacting people, brainstorm possible solutions, work collaboratively with other sectors and stakeholders, and then evaluate how well the solutions worked. Once the issues have been analysed, the problem-solving phase commences. If the desired behavioural change has not occurred the reasons for the noncompliance need to be explored.

When applying a problem-solving approach:

- ▶ clarify the person's situation so you have a clear understanding of the issues that confront them and their particular needs
- ▶ explore the situation using a range of techniques (for example, interview, questionnaire, health records)
- ▶ consider a range of appropriate options to resolve or improve the issue
- ▶ discuss the options with the person you are supporting and your colleagues
- ▶ adopt the most relevant solution that has the potential to effectively support the person or community.

Example

Analyse individual responses to similar modelling and reinforcement

Jenna, a 3-year-old, is in a holiday care program. Gary is an educator in this program and is in charge of a group of preschoolers aged 3 and 4. Many of the children are just beginning to explore their inner feelings and are starting to express their emotions a little more.

Jenna has parents who are both executives and work quite long hours, so she is looked after by a nanny at home. Jenna usually sees her parents briefly each morning before they go to work and she is often already in bed by the time they get home in the evenings. As a result, Jenna has developed a shy and indifferent nature and does not readily show her feelings.

Jenna watches the children around her and doesn't join in many of the games. She tends to remain a bit aloof.

On a number of occasions Gary has tried to draw Jenna out of her shell, asking her about her feelings on different things and trying to discuss emotions with her. So far he hasn't been able to get Jenna to open up. Jenna is still, after all, a 3-year-old with no understanding of the concept of discussion, so getting her to talk about feelings is beyond Jenna's capabilities.

Gary watches and listens to Jenna's limited interactions with other children. He realises he needs to play some games and do activities with the children who will encourage Jenna to act out and express some of her feelings and emotions. He also decides to find out about Jenna's particular interests and develop a project activity where Jenna is part of a team that needs to complete a task. This may give her a sense of teamwork and satisfaction from a job well done.



Practice task 5

Re-read the previous example.

1. Why might Jenna find it difficult to explore and express her emotions like the rest of the children in the group?

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2. List two factors that may cause the individual to have a different response to similar modelling and reinforcement.

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[Click to complete Practice task 5](#)

2C Analyse the effects of environmental differences and dysfunctional environments

A person's social development, their competence and conceptual growth, moral reasoning and self-esteem, and the social relationships they form are fundamental to interactions with others. Unhealthy environments are those that threaten safety, socially isolate individuals, and may be full of conflict, abuse or violence. A healthy environment, in contrast, provides safety and opportunities for social integration; a person's behaviour is influenced throughout their life span by the environment they find themselves within. These impacts can last a lifetime and often what is learnt in childhood is repeated over the individual's life span in different environments and in response to different experiences unless a conscious decision is made to alter the learned behaviour. The individual may not be aware that they are doing this.

Here are environmental influences throughout different life stages.

Environmental influences
▶ Infant – caregivers, family
▶ Pre-schooler – family, teachers, friends
▶ School age – family, friends, social groups
▶ Adolescent – peers, family, social groups, school
▶ Adult – family, work, social groups

Self-esteem, self-concept and the ideal self

Self-esteem, self-concept and the ideal self are all closely connected. Self-concept, sometimes called self-perception, is how a person sees themselves. It is a person's description of themselves, who they are and what their positive qualities are. The ideal self-incorporates a person's beliefs about who they should be and how they ought to be and ranks these particular descriptions by placing a value on each one.

Self-esteem is shaped by how a person's self-concept and their ideal self-work together. It is a measure of how a person weighs up their self-concept against their ideal self. The more accurate a person's perception of their positive qualities (their self-concept) and the more realistic the expectations they have of themselves (their ideal self), the healthier their self-esteem will be.

The interaction a child has with significant adults in their life has a formative effect on the child's self-concept, their ideal self and, ultimately, their self-esteem. Later, a child's peers may assume an equally significant role. Initially the way self-esteem develops is almost exclusively an outcome of adult influences. Early in childhood,



adult reactions are used by children as a measure of the type of person they are; the feedback from adults is their only real measure. Adult reactions also establish in the child the sort of person they think the adult wants them to be.

Theoretical perspectives

There have been different theoretical perspectives for childhood development and learning.

Socialisation is a lifelong process which begins at birth and continues through early childhood. It lays the foundations for the attitudes, values and behaviours that a person takes with them into adulthood. Socialising experiences start with the immediate carer, with later input from peers and early childhood educators, all of whom become the facilitators of guidance on social expectations and norms.

Social competence refers to the social, emotional and cognitive skills and behaviours that we all need to be successful in our social adaptation. Adaptation in this sense means being able to change or modify our behaviours or skills according to the social context. Social development varies according to input from the environment and people within it, opportunities for skill acquisition, the age of the child and individual situations. This social knowledge is required in order to be socially competent.

Children need to have social skills, social awareness and self-confidence to be accepted into the social network in which they live and play.

Here are some of the major theoretical influences that are used to explain childhood development and learning.

Erik Erikson

Erik Erikson (1902–1994) proposed the theory of psychosocial development, which maintains that children develop in a predetermined manner. Erikson was interested in how children socialise and the effects on their sense of self. He postulated that human beings go through eight developmental stages of socialisation during their lifetime. Erikson regarded each stage as a 'psychosocial crisis' or 'identity crisis' that arises and demands resolution before the next stage can be negotiated.

Stages one to three are most relevant to children's development:

1. Learning basic trust versus basic mistrust (hope)

This is the period of infancy through to the first one or two years of life. The child, well-handled, nurtured and loved, develops trust and security and a basic optimism. If not supported, the child becomes insecure and mistrustful.

2. Learning autonomy versus shame (will)

Erikson believes the second psychosocial crisis occurs during early childhood, approximately between about 18 months or two years and three and a half to four years of age. The child who has been guided and supported positively emerges from this stage sure of themselves, elated with their newfound control and proud – not ashamed.

3. Learning initiative versus guilt (purpose)

This third psychosocial crisis occurs during what Erikson calls the 'play age,' from about three and a half years onwards. During this time, the developing child learns to:

- ▶ imagine, to broaden their skills through active play of all sorts, including fantasy
- ▶ cooperate with others
- ▶ lead as well as follow.

Children who fail to develop these skills will feel a sense of guilt, be fearful, hang on the fringes of groups, continue to depend on adults and will be restricted both in the development of play skills and in imagination.

Highlighted throughout these stages is the need for direct and indirect positive influences from the child's social environment to promote progression to the next stage. These influences are the family, peers and the community. For children to see themselves as competent, and to have this competence increased, they look to and seek verification from people who are important to them.

John Bowlby

The earliest form of attachment is with primary carers; as children are exposed to new environments; for example, childcare, new attachments are formed. When educators respond to children in a way that acknowledges and values the child, this assists the child to form new attachments.

These new attachments, which are emotional bonds, form the child's new security base. The child knows that they can turn to a new person for support and share their developing independence with them. The morning 'Hello', the use of the child's name, a cuddle when in distress and celebrating their accomplishments and attempts at new things let the child know that the educator is responsive to their needs, dependable, supportive and accessible. Likewise, the child will turn to the educator when in distress and may show signs of distress when separated from the educator

These relationships are very important for children who are moving into new environments such as a childcare centre. Their current security base is within their immediate family; having a new 'friend' at a care centre provides much-needed support for the transition between home and the centre.

Children who have a secure attachment are more likely to develop further relationships and social skills more easily, as they are confident in their learning and are able to enjoy and feel relaxed in the new environment.

Rudolph Schaffer and Peggy Emerson

Schaffer and Emerson (1964) examined attachment according to the babies' age and found the following:

- ▶ 0–6 weeks – A-social; no discrimination by the infant
- ▶ 6 weeks–7 months – Respond equally to any caregivers but are more comforted when attended to by a regular caregiver
- ▶ 7–9 months – Special preference for a single attachment figure; start to exhibit separation anxiety and stranger fear
- ▶ 10 months onwards – Becomes more independent and starts to form multiple attachments

They found that responsiveness was the key to attachment, with play and communication the most important factors.

Harry Harlow

Harry Harlow (1905–1981) found that never forming an attachment bond is permanently damaging to infants. Harlow found that socialisation was most important for development rather than a mother caregiver.

Konrad Lorenz

Konrad Lorenz (1903–1989) theorised that attachment is innate and programmed genetically. Lorenz found that imprinting is important in the short term for survival and in the longer term for forming relationships.

For more information, research Lorenz's study of geese and imprinting.

Jean Piaget

Jean Piaget (1896–1980) suggested that children construct their own knowledge from their own experiences and interactions within the environment. Piaget also claimed that children develop an outlook on rules at different stages.

In his cognitive theory of development, Piaget identified four stages in the development of children's thought processes:

- ▶ Sensorimotor: Young children use their senses and motor responses to make discoveries.
- ▶ Pre-operational: Children begin to use words and symbols to distinguish objects and ideas.
- ▶ Concrete operational: Children engage in more logical thinking.
- ▶ Formal operational: Adolescents become capable of sophisticated abstract thought, and can deal with ideas and values in a logical manner.

Piaget suggested that moral development becomes an important part of socialisation as children develop the ability to think more abstractly. When children learn the rules of a game, they are learning to obey societal norms. According to Piaget, social interaction is the key to development. As they grow older, children pay increasing attention to how other people think and why they act in particular ways.

Albert Bandura

Albert Bandura (1925–) believed that children are taught and learn about their social world through observing, modelling of behaviours, attitudes and emotional reactions of others. There are four component processes underlying observational learning:

- ▶ Attention – The amount of attention a child is able to give to activities depends on a variety of factors, including the complexity of the activity, the perceived value of the activity and the child's own characteristics (for example, their sensory capacities and level of engagement)
- ▶ Retention – How and how much the child remembers of what they paid attention to; this includes how they code the information, mental images employed, and how they rehearse the activity in their heads and in practice
- ▶ Reproduction – Reproducing the activity is affected by the child's physical capabilities, and the way in which they observe themselves during the reproduction
- ▶ Motivation – The child needs a good reason to imitate the activity; this might be based on past experiences, promised (or imagined) incentives, or reinforced mode

Lev Vygotsky

Russian psychologist Lev Vygotsky (1896–1934) was an influential educational theorist. Vygotsky proposed a theory of social development, the key to which is the notion that social interaction is fundamental to cognitive development; that social learning in fact precedes development. Vygotsky also referred to more-knowledgeable others – teachers, peers, parents – as anyone with a better understanding or a higher ability level than the learner. Social development, the mastery of skills, learning and cognitive development can be developed through interaction with others.

Finally, Vygotsky described the zone of proximal development (ZPD) as the distance between a person’s actual development level (as determined by their ability to independently solve problems) and the level of potential development (as determined through problem-solving with an adult or in collaboration with a more capable peer). The ZPD is where, according to Vygotsky, learning occurs.

Social contexts of development

The context is the environment in which development occurs. These environments are determined by historical, economic, social and cultural factors. Urie Bronfenbrenner’s (1917–2005) ecological theory looks at the social contexts in which people live and the people who influence their development.

Here are the five systems that influence the individuals in society that Bronfenbrenner (1979) has identified.

Microsystem

This is the child’s immediate surroundings; the child’s development is examined by analysing the context of the child’s environmental influences. This includes analysing the direct interactions with parents, teachers, peers and others. In this system the child is directly affected. These include the interactions where the child forms social relationships and takes part in social activities.

The child is socialised through first-hand experiences at:

- ▶ home
- ▶ church
- ▶ peer group
- ▶ neighbourhood
- ▶ childcare centre.

Mesosystem

Linkages between microsystems such as family and school, and relationships between students and peers. Two microsystems interconnect to form a new experience for a child. They can be long-term and recurrent or a once only experience such as a school trip. This is where adjustments need to be made to function in each system. An example is the value system of the family versus the value system of the school. The child must be able to adjust these values to each environment. They enable the child to maintain a sense of constancy and familiarity in life settings. Mesosystems can be the cause of stress for an individual.

The person is required to perform two roles to fit each system. Examples of this are as follows:

- ▶ The primary school teacher is a family friend
- ▶ Parent's interaction with teachers
- ▶ School's interaction with day care providers

Exosystem

Experiences in a setting where a child does not have an active role but influences the child's experiences. This could be the economic factors that impact a family. The amount of money earned by the family will directly influence the home experience for the child. If the family has a high income the child may be able to have more technology at home, including the internet. If there is less money the child may not be able to have outside interests that cost money.

Examples include a parent's workplace, government agencies, mass media, extended family networks, and neighbourhood and community contexts.

Macrosystem

The broader cultural environment in which students and teacher live, which includes beliefs, laws and governmental resources.

Examples include shared beliefs, values and customs of a culture, wars and natural disasters

Chronosystem

The sociohistorical conditions of a student's development. The environmental events and transitions that occur throughout a child's life. Changes over the life course in family structure, socioeconomic status, employment, place of residence.

Psychosocial development

Psychosocial development occurs through well-described stages and refers to the brain functions as it relates and matures with an awareness of the world in which the person interacts. It is affected by physical changes in the brain and how it functions, as well as through the influence of parents, peers and others in society.

The relative importance placed on family and peer groups changes according to the different stages of development. Consider the following.

The relative importance placed on family and peer groups

In early life, the family and primary caregivers are the key influences on a child.

As children move out from family, to childcare centres, school and the community at large, they begin to form other attachments that influence their behaviour.

In adolescence, they become more influenced by their friends and peer group, with much of their behaviour at this stage reflecting this change.

Adulthood sees a growing independence and reliance on one's own skills, and often a change in role to caregiver rather than receiver of care.

As humans move into the later adulthood (maturity) life stage, there is an increasing need for dependence on others, and a change for some people to being a receiver of care.

Families in Australia

The Australian Bureau of Statistics (ABS) defines families in Australia as being a group of two or more people that are related through blood, marriage, adoption, step or fostering and who live together in the same household. At least one person needs to be over the age of fifteen.

There are three types of identified families in Australia, which are defined here.

The three types of families

Couple families

Based on a couple relationship with or without children. Can be same- or opposite-sex couples and all reside in the same household.

One-parent families

Where one adult is living with at least one child in the same house. The household may include other related people.

Other families

These include households that are neither couple- nor parent-child families, such as brother and sister households.

Functional roles

In families it is usual for each member to have a specific role they undertake within the family structure. The assigning of primary and secondary roles is necessary for a well-functioning family. When systemic roles are taken on by individual members of the family they can ensure the family functions well but can also lead to on-going difficulties for the person in later life through learnt behaviour that is reinforced by the family role they hold.

Primary roles

For the adults these are the parent and partner. In traditional families one is the breadwinner and one assumes responsibility for the home and children. In Australia, these distinct roles are changing as a number of families have two working parents.

Secondary roles

These roles are more task-specific and are related to family goals.

Each member of the family is assigned a task that will help the family achieve the goal.

Examples of tasks:

- ▶ Cooking
- ▶ Washing dishes
- ▶ Gardening
- ▶ Driving
- ▶ Cleaning

Systemic roles

These roles are similar to secondary roles but the tasks are assigned to the member of the family from their acceptance into the family. These are usually assigned unconsciously and are not openly defined or acknowledged by family members. A member of the family may hold more than one role. Here are some of the roles that may become dysfunctional for the individual family member who holds them.

Caregiver

The person who cares for the family. They have a tendency to put their own emotional and physical needs last.

The hero

Presents the family system to outsiders. They also tend to neglect their own needs and if they fail to be 'perfect' they experience guilt that can result in stress-related problems.

Scapegoat

The one who acts out or goes against the family norms and rules. They may have self-defeating and low self-esteem behaviours.

The lost child

They avoid conflict and tend to be obedient and well-mannered. They may have low self-esteem and a limited ability to enjoy life to the full.

The mascot

Defuses stressful situations and conflicts with humour. The mascot tends to mask their emotions.

Functioning families

Well-functioning families are able to support and value all members of the family.

Here are some qualities that characterise a well-functioning family.

Characteristics of well-functioning families

- ▶ Can recover from adverse situations
- ▶ Flexibility – differences between people are tolerated and encouraged
- ▶ Collaboration is encouraged
- ▶ Ability to adapt to external influences and welcome change
- ▶ A sense of purpose
- ▶ An organised structure
- ▶ Clear expectations about roles and relationships
- ▶ Each member can learn from others in the family group
- ▶ A positive emotional environment is priority
- ▶ Each person is viewed as separate and part of the family structure
- ▶ Each person in the family can operate using thinking and emotional systems with other members of the family
- ▶ Connectedness across generations

Children and functioning families

Parents create a functional family environment by allowing children to develop and grow into emotionally healthy and mature adults.

Functional families allow children to:

- ▶ experience the 'here and now' rather than past problems or future 'should'
- ▶ think for themselves
- ▶ recognise their own feelings and experiences
- ▶ have their own wants and choices
- ▶ desire and choose what they want.

Types of dysfunctional families

Families may become dysfunctional through environmental factors or through the behaviours and communication that is modelled by family members. Children who are in dysfunctional families may develop emotional and physical problems that are carried through into adulthood. This can severely impact on future relationships both personal and at work. This can cause the never ending cycle of dysfunctional families.

Here are some patterns that may occur in dysfunctional families and the behaviours that a person from these dysfunctional families may exhibit.

Patterns that may occur in dysfunctional families



Compulsions

Parents who have addictions or compulsions such as alcohol, drugs gambling that have repercussions for other family members.

The family tends to be chaotic and unpredictable.



Violence

Parents who use the threat or apply physical violence to control members of the family. Children in these environments witness the violence, may participate in the violence or develop fear and anxiety relating to the anticipation of violence.

This can be manifested as:

- ▶ verbal abuse
- ▶ physical abuse
- ▶ sexual abuse
- ▶ financial restriction
- ▶ social restriction.



Exploitation

Children are treated as possessions or property of the parents.

Children are used to fulfil the parent's physical and emotional needs.



Lack of support

Parents do not provide physical, emotional or financial support for the child.

This can be due to a number of reasons such as:

- ▶ disabling physical illness
- ▶ chronic mental illness
- ▶ poor family of origin parenting experiences, and hence, poor role modelling, in the parents' histories.



Control

Parents exert rigid control over the children in the family. There is no flexibility regarding the rules.

This can cause the child to become incapable of decision-making.



Social problems

Children may have social problems such as:

- ▶ withdrawal and loneliness
- ▶ loss of confidence
- ▶ learning problems
- ▶ anxiety and depression
- ▶ alcohol and drug abuse
- ▶ self-harming
- ▶ criminal behaviour such as theft.



Discipline problems

- ▶ Selfishness
- ▶ Defiance
- ▶ Unstable behaviour
- ▶ Recklessness
- ▶ Violent behaviour
- ▶ Disruptive behaviour



Educational problems

- ▶ Bullying
- ▶ Disruptive behaviour
- ▶ Decreased learning ability
- ▶ Poor academic results

Environmental factors and dysfunctional families

Environmental factors have a lasting impact on the child that continues into adulthood. Dysfunctional families may occur as a result of environmental factors. Children learn behaviours to cope with dysfunctional family environments and the experiences they encounter within these families.

Environmental factors include the following.

Age	Family
<p>The younger the child in a dysfunctional family, the more impact there is on the child. Adverse experiences shape the human brain that is developing to ensure the infant's survival.</p> <p>Behaviours are learnt to cope with the dysfunctional family environment and carry on as learnt behaviours in later life.</p>	<p>Families may become dysfunctional if the following factors are not in place:</p> <ul style="list-style-type: none"> ▶ Personal support networks – Family and friends who supply emotional and social support ▶ Social connectedness to the rest of the social community they are situated within ▶ Access to social facilities, including: <ul style="list-style-type: none"> – childcare – preschool and kindergarten – schools – sporting facilities – community health centres.

Young children

Research has demonstrated that from the moment of conception environmental impacts help shape and develop a child. Antenatal nutrition and exposure to harmful substances have an effect on the developing brain of the infant. After birth the family becomes the important reference structure for the young child. Relationships with parents and caregivers are important for identity formation, survival and maturation of social skills and personality. Genetics influence social behaviours and development but the environment the child is situated in determines the behaviour the child exhibits.



Children learn to understand, share and experience the emotions and perspectives of others through positive modelling of empathy and helpfulness towards others from their role models. This social modelling assists children to be willing to help other children in distress by displaying altruism. Children need to learn to distinguish and label emotions and understand that their own behaviours can affect others.

As children get older, they learn about themselves, who they are, how they are 'supposed to act' and what constitutes appropriate gender-specific behaviour. Gender-typing is when children acquire masculine and/or feminine roles and identify with these roles. Within each community, family and cultural group, there is an agreed way for boys and girls to behave, react, dress and so forth. When dealing with

behaviours of concern, you need to know the stance that is taken at home; what is gender-appropriate at home may not be acceptable outside the home and needs to be discussed. Communication must be positive and take into account the variables in order to result in a supported and collaborative decision on strategies that can be used.

Friendships

Friendships with other individual/s provide a shield against stress, are a source of positive feelings and often have a significant effect on the individual’s social development.



Friendships can meet the individual’s needs for:

- ▶ companionship, by providing someone to interact with
- ▶ a sense of belonging, helping define who they are and where they fit in the world
- ▶ socialisation, learning the social context of the individual they are interacting with and the setting they are in
- ▶ self-esteem and image.

Early peer friendships

Early peer friendships contribute substantially to both social and cognitive development and to the effectiveness with which children will function socially as adults. Being able to form friendships depends on:

- ▶ the child’s self-image
- ▶ how well the child can communicate
- ▶ whether the child behaves in a way that encourages friendship
- ▶ the child being able to recognise and use a range of social skills.

Here are some things to keep in mind about friendships.

Voluntary	<p>Individuals choose their friends. Friendships may be based on many things, such as:</p> <ul style="list-style-type: none"> ▶ the clothes the other child is wearing ▶ the fact that they see the child regularly ▶ the fact that the person will play with them and/or share toys with them ▶ how much fun the other child is to be with.
Importance	<p>Friendships are extremely important as they provide children with opportunities to generate a special relationship with another person not in the immediate family; someone with whom they can develop and practise a range of social skills.</p>

Emotion and behaviour	Through friendships and interactions, children learn and practise how to regulate their emotions and behaviour. They take note of the social cues and feedback provided by their friends, which in turn is a powerful motivator to change or adjust inappropriate behaviour and to learn new behaviour.
Support	Friends also provide support to try new things, work cooperatively, take on new ideas and test them. Generally these attempts can be made without fear of retribution or failure. Play is one of the major activities in which this occurs naturally.

Adolescence

Adolescence is the time of transition for individuals moving from childhood to adulthood. It is a time when friends and social groups take over the importance of the dominant role modelling from the family unit. At this time individuals are going through physical, emotional and cognitive changes. Adolescents are trying to form new identity as an individual in society and will often take on new roles and display new behaviours in an effort to fit in with the new identities. It is the time of assimilating previous experiences, traits, values and aspirations that they have developed from birth with a new identity.



Alongside the physical changes the adolescent is developing cognitive function and complexity of thought. Emotional changes can lead to changes in the problem-solving ability of adolescents as they strive for independence. At this time adolescents can hypothesise beyond the present. They are able to engage in decision-making based on a cost–benefit analysis, according to Piaget’s theory about the formal operational stage.

Peer group pressure and influences

Peer group pressure and influence affects all individuals but are extremely influential in the childhood and adolescent years. Erikson’s theory of development finds that pre-adolescents are concerned with competence versus inferiority and that children take pleasure in undertaking tasks. In adolescence, teenagers work at refining a sense of self by testing roles as they are trying to work out their identity and who they are. Children and teenagers want to belong and feel part of a group. Often an adolescent or child will model the behaviours of others in the group in order to fit into the group. Peer pressure can be direct (a person saying how to fit into their group); indirect (certain habits or activities that define the group); and self-motivating (the person’s desire to be part of a group).

Peer pressure may involve:

- ▶ dressing in a certain way (gothic, wearing brand label clothing)
- ▶ getting involved in particular activities
- ▶ listening to particular music
- ▶ decisions about using drugs and alcohol
- ▶ decisions about who to date
- ▶ choosing particular friends or peers
- ▶ academic performance.

Peers as positive role models

At all stages of development, a person is constantly adjusting values and beliefs.

As the person moves towards adulthood the desire for independence is often displayed by adjusting behaviours and values imparted in the family unit to those of their peers. This can be a positive social learning environment for the adolescent as peers are able to model positive social cues and behaviour that is relevant to the child and adolescent. The information provided by peers will be more relevant for the individual:



- ▶ Person-based credibility – age, race
- ▶ Experience-based credibility – related to the peer's experiences in a particular field; for example, drug use, academic performance
- ▶ Message-based credibility – the language used by the peer to impart knowledge or information

School

A child spends many hours of their life in school. This environment must be friendly and allow a child to learn and develop.

Schools should:

- ▶ give each child positive guidance and encouragement toward acceptable behaviour and encourage children to express themselves and their opinions
- ▶ allow the children to undertake experiences that develop self-reliance and self-esteem
- ▶ maintain at all times the dignity and rights of each child
- ▶ regard the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service
- ▶ provide opportunities to interact and develop respectful and positive relationships with each other and with staff members and volunteers
- ▶ consider the size and the composition of the groups in which children are being educated and cared for.

How behaviour may be influenced

A child's behaviour can be influenced by a variety of factors. Here is an indication of what may impact a student's behaviour inside and outside of the school environment.

Behaviour within school

Factors that may influence children's behaviour include:

- ▶ an environment designed to foster children's learning and development – offer a range of challenges and experiences that reflect the breadth of ages, interests and capabilities of all children
- ▶ the educational program contributes to the learning outcomes and is based on the interests, ability and experiences of each of the children and is sensitive to individual differences
- ▶ educator and child relationships – when interactions between educators and children are positive, respectful, engaging, caring and supportive, children's confidence, abilities and self-esteem are enhanced
- ▶ the children's environment – for instance, would the child's behaviour be different if they were in another room with a smaller group or a mixed age group or does the child require more targeted intervention?
- ▶ consistency in care – children need reliable and consistent adults who keep them physically and emotionally safe and know their individual needs to enable them to develop the skills necessary for self-regulation such as self-esteem, confidence and trust
- ▶ educators working in partnership with families to ensure that experiences planned for children are meaningful
- ▶ children's behaviour in the context of their culture, their community and their family and in relation to their individual stage of physical and intellectual development
- ▶ educator-child ratios – are they adequate to meet the particular needs of the children at the service?

Behaviour outside school

Factors that may influence a child's behaviour include:

- ▶ family relationships
- ▶ changes to family circumstances
- ▶ an event that has occurred in the community
- ▶ limited social experiences
- ▶ cultural expectations, experiences and child-rearing practices
- ▶ exposure to drugs and/or alcohol
- ▶ the child's emotional development and temperament
- ▶ presence of a disability that may impact the child's social and emotional wellbeing.

School, home and community

Learning can be enhanced for children if home, school and the community have a collaborative approach. One of the key ways this occurs is the interaction and communication between the different environments.

Formal education is one way that children learn and develop. According to Bronfenbrenner's theory, the child links what is learnt at school and at home. Joyce Epstein's overlapping spheres of influence model (1987) suggests that children learn more when schools, home and community are complementary and supportive.

Here are the different environments in which the individual can learn and some more information about them.

Home

Learning can be helped by:

- ▶ designating an area to do homework
- ▶ providing access to reading material
- ▶ assisting with homework and studies
- ▶ ensuring a stimulating environment
- ▶ involving parents
- ▶ interest and active being engaged by parents
- ▶ communication between parent and child
- ▶ parents valuing learning
- ▶ parents modelling effective behaviours to assist with learning.

School

The following factors may impact learning:

- ▶ School composition
- ▶ Classroom composition
- ▶ Classroom influences
- ▶ Teachers – training, subject matter knowledge, quality of teaching, teacher-student relationships, and teacher expectations
- ▶ Teaching approach – learning intentions, success criteria, feedback, student perspectives in learning, use of technology

Community

Students can hold the following beliefs and motivators, which may come from the community:

- ▶ Desire to please family,
- ▶ Obligation to repay family by achieving academically
- ▶ Strong family support for academic achievement
- ▶ Desire to avoid emulating negative family role models
- ▶ Family exert little or no influence on academic motivation and performance

Socialisation consists of activities that are directed at enhancing children's decision-making and problem-solving skills, and affirming their growing autonomy, independence, and academic abilities.

Example

Analyse the effects of environmental differences and dysfunctional environments

Mustafa (4 years, 7 months) has attended the early learning centre for the last two years. He is the youngest child of nine and the second son.

Mustafa has difficulty making and maintaining friendships. He only approaches and interacts with other boys in the preschool environment. When any girls try to join the play in which Mustafa is involved in, he yells at them to go away and says, 'Only boys can play here'. Recently he has started to become physical and push the girls away.



When a staff member intervenes in any given situation of aggression, Mustafa yells at them and on several occasions, has hit out or kicked the staff member.

Mustafa's parents are concerned about him moving onto primary school because he is obese, short in stature and does not like having girls in his class.

Mustafa has excellent language skills. He is bilingual and reads confidently to himself and his friends, which he enjoys. But Mustafa does not join in any games or activities if there are girls sitting in the area and he is rude and unwilling to listen to female assistants within the centre, physically turning his back on them.

The situation is an ongoing dilemma that has faced the staff for the last two years. There have been numerous parent interviews about his behaviour.

Mustafa's father states that his son's behaviour is quite acceptable. Mustafa constantly tells his dad that no-one will play with him. Mustafa's father tells him that he does not need friends to do well at school. By contrast, Mustafa's mum is quite concerned about his lack of friends and thinks his weight is ballooning because he will not be involved in any type of physical activity at home or the centre.

Practice task 6

1. Explain how the age of a child is critical for development in a dysfunctional family.

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2. Re-read the previous example. What influence has the family and peer groups had on Mustafa?

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3. Identify two factors that may cause a family to become dysfunctional.

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Click to complete Practice task 6

Summary

1. The analytical phase focuses on identifying factors that shape and influence behaviour, and using critical thinking skills to identify environmental factors and motivating influences to achieve the desired behaviour.
2. It is important to understand the theories and their practical application.
3. The environment a person is exposed to will have direct influence on the cognitive processes, emotional responses and behaviour that an individual exhibits.
4. Individuals will choose models that they have contact with in their environment, or through exposure through media, to construct behaviour.
5. If a group of people is exposed to the same model the individual response will vary according to the reinforcement they receive from others they interact with.
6. Unhealthy environments are those that threaten safety, socially isolate individuals, and may be full of conflict, abuse or violence. A healthy environment, in contrast, provides safety and opportunities for social integration.
7. A person's behaviour is influenced throughout their life span by the environment/s they find themselves in during each stage.

Learning checkpoint 2

Analyse behavioural outcomes of different modelling and reinforcement influences

This learning checkpoint allows you to review your skills and knowledge in analysing behavioural outcomes of different modelling and reinforcement influences.

Part A

1. Give two examples of how modelling in a person's environment can facilitate change.

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2. Give two examples of information that can be taken from a client's personal information to assess modelling influences in the person's environment.

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3. Identify a theory to explain why there are individual differences in behaviour when exposed to similar modelling and reinforcement.

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4. Give two examples of variables, other than individual, for explaining the individual differences for modelling behaviours.

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5. Identify a learning theory that supports the conditioning model and explain briefly how it facilitates change in a person.

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6. Identify two types of dysfunctional family or social environments that a child may be exposed to.

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7. Give two examples of how peer pressure could influence behaviour.

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8. Identify two possible environmental impacts on an individual's behaviour.

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Part B

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

Case study

Dahab is a young Sudanese refugee. He and his family recently arrived in Australia from the Kakuma refugee camp. This camp is home to more than 80,000 people. Primary education is available, but the quality of schooling is poor. There is frequent violence in the camp.

Dahab and his family have been settled into an Australian community with other Sudanese families. They have received significant assistance, including counselling, and Dahab is ready to start attending school.

After a few short weeks, it is apparent that Dahab is not settling into school and is often absent. When he does attend school, he is disruptive. Dahab's teacher seeks help from a community organisation that is heavily involved with the local Sudanese community and discovers that, as a result of living in camps where there is little or no day-to-day structure, the highly structured environment of the classroom is alienating Dahab.

Dahab's parents are unfamiliar with the expectations of the Australian schooling system and there are also language issues. Dahab's teacher utilises the expertise of the community workers to work with Dahab and his parents. As a result of the intervention, Dahab engages with school and soon starts to make rapid progress.

1. List two environmental impacts on Dahab that have contributed to his behaviour at school.

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2. Identify two modelling influences Dahab can use to change his behaviour?

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Topic 3

In this topic you will learn how to:

3A Identify change required to achieve identified outcomes and formulate and record a program for change

3B Apply stimulus and response techniques in counselling practice

3C Apply reinforcement approaches to support behaviour change

3D Develop a process for program monitoring, recording and intervention, according to individual client needs

Formulate a program for change in a counselling context

People undertake counselling with a goal to effect a positive change in their life. In order to achieve this, a person's behaviour needs to change. The person must identify behaviours that have had negative consequences and explore emotions about present behaviour. In psychoanalytic counselling, exploring emotions is the primary focus, but in a behavioural approach the emphasis is on changing the behaviour. This will lead to a change in thought processes and emotions. The behavioural counsellor must clearly explain the concepts of negative and positive reinforcement required for behavioural change to the person and gain consent.

3A Identify change required to achieve identified outcomes and to formulate and record a program for change

The first step in effecting behavioural change is to identify why the person wants to change. Are they experiencing negative consequences of their current behaviour or are they wanting to emulate and achieve the positive outcomes of a person they have observed? In order to effect a behavioural change, the person needs motivation to change.

To change behaviour, the new or desired behaviour needs to be broken down into individual components. This will involve setting goals that are realistic and achievable. A full assessment of the problem needs to be undertaken before the behavioural therapy approach begins. As well as exploring the consequences of the current behaviour it can also include information on:

- ▶ medical information and other information supplied by external services in the referral
- ▶ self-report questionnaires measuring overt behaviour
- ▶ discussion on actions in situations that caused anxiety.

Information on the person's needs may also be obtained through observation of the person's physical appearance and body language.

All the information and objectives need to be recorded in a behaviour modification plan and regularly reviewed to see if the person is able to perform the new tasks and if they are progressing. Feedback can then be given to the person to maintain their motivation and progress and new strategies devised if needed.



Observations of the client

A lot of useful information about a person's emotional, physical and psychological state can come from careful, accurate observations. During the counselling interview, information can be added to the profile of the person and can provide further information on how best to help them. Consider the following.

Information from observation

- ▶ As the first point of contact, you are often able to identify aspects of a person's emotional and physical needs. These may be things that are important to the person's wellbeing but they are not able to articulate. Your observations of a person's behaviour can help you to determine whether to seek advice or whether someone else is in an unsafe position. From observing their body language, appearance and other cues you may get some insights into their requirements and these can be suggested to the person as needed.

Considerations for the observer

- ▶ While it is important to look for all the verbal and nonverbal signs during the interview, avoid making assumptions, labelling the person's behaviours or making judgments based on your own values.
- ▶ Under the *Privacy Act 1988* (Cth), a person has the right to access all personal information kept about them by your organisation, including any notes of observations made during a counselling session. For this reason, observations you record must always be accurate.

Empowerment

As a professional providing a counselling service, you will work using an empowerment approach to support people. Empowerment refers to a state that people arrive at, which sees them take control of their own lives. A large number of people in receipt of counselling services are often vulnerable because of their needs.

Your focus when providing counselling services is to provide information, resources and support to assist people to build capacity, gain confidence and take control of their lives, then you will always be working to uphold people's rights through an empowerment approach.



Disempowerment

Disempowerment in counselling relates to acting in ways that demoralise the person being counselled and the ultimate decline of their human rights. The person may perceive themselves as having a lack of power and the only way they can feel good about themselves is by taking power from others. On the other hand, disempowerment can be caused through ignorance. A counsellor might believe they are doing the best they can for a person by doing everything for them. In fact, this approach is just as disempowering because it leads to further dependencies, a lack of control for the person being counselled and their rights not being upheld.

Here are some tips to help counsellors develop an empowerment practice.

Reflect on your practice

Ask yourself, 'Did I provide services in ways to do myself out of a job?'

If you answered 'no', you need to ask yourself why. Check your approach to your work.

Empathise

Think about how you would want to be treated if you were in a role reversal with the person you are providing counselling for. Would you want people providing counselling in ways that stripped you of your dignity and personal control over your own life?

If you answered 'no' then think about how you can change your practice.

Find a mentor

Talk to your supervisor and ask them to mentor you to build the skills to work from an empowerment model. Make a regular time to meet with your supervisor to discuss how you handled situations. Be honest – especially with yourself.

Person-centred approach

A person-centred approach is used in conjunction with two other principles associated with counselling: a holistic approach and a strengths-based approach.

A holistic approach means taking into account all of a person's needs and not just focusing on one problem such as drug addiction. Counsellors who adopt a holistic approach also consider a person's environment, their social connectedness, their physical and mental wellbeing and whether or not their basic needs for housing and financial security are being met.

A strengths-based approach identifies a person's strong points, advantages and assets and helps the person use these to build confidence and self-efficacy in other areas of their life. For example, if a person is interested in creativity and art, they may benefit from the opportunity to explore this area of their life. This may foster personal growth and understanding.

Characteristics of a person-centred approach are provided below.

Features of a person-centred approach

Respects and values each individual as they are

Provides individualised services that match an individual's needs

Provides a safe and supportive environment

Includes people in making decisions that involve them

Listens to and addresses complaints

Motivation

Motivation is both internal and external for the person. Motivation must consist of factors that stimulate desire and energy in people to be interested and committed and make an effort to attain a goal. Motivation is affected by:

- ▶ the intensity of the need
- ▶ the reward of the goal
- ▶ the expectations of the person.



Motivational interviewing

Motivational interviewing focuses on increasing the person's motivation to change, even if they have not yet made a decision to change, or are not sure that they can or want to change. The technique, devised by William Miller and Stephen Rollnick (1991), uses open questions, affirmations, reflections and summaries to encourage the individual to explore their reasons for behaviour and reasons for changing it. It accepts that ambivalence is a normal part of changing any entrenched behaviour and works with the person at their current stage to explore their impediments to change.

Individuals are encouraged to reflect on the discrepancy between their actual behaviour and how they would like to be. Motivational interviewing explores with the person what they value or want to achieve in life and how this may be at odds with their present behaviour. The assumption is that people are more likely to change their behaviour if they are prepared to acknowledge the impact on themselves and others.

Motivational interviewing techniques involve:

- ▶ building the person's confidence and belief in their ability to change
- ▶ using active and reflective listening skills to gain insight and show empathy
- ▶ encouraging the person to consider how their present pattern of behaviour may affect the achievement of important life goals
- ▶ avoiding arguments with the person about their behaviour as this may result in them becoming defensive and resisting change
- ▶ rolling with resistance, which means being prepared for resistance and continuing to work with the person in a calm and accepting manner.

Assess readiness for change

The transtheoretical (or stages of change) model was developed by James Prochaska and Carlo DiClemente in 1982 as a guide to determine a person's readiness to change their behaviour. The model also proposes strategies that can be adopted to guide the individual through the different stages.

Some individuals are highly motivated to change their behaviour and others are ambivalent or unwilling to do so. The stages of change model recognises that people go through a number of stages before they actively begin to implement change.

The type of intervention a counsellor provides each person is influenced by the stage of change they are in. A person in the pre-contemplation stage is often unaware of the possible harm their behaviour is causing. Therefore, the most appropriate type of intervention will be one that raises their awareness of these issues; for example, a brief intervention.

The benefit of the stages of change model is that it helps a person to understand that change is an ongoing process with defined steps. All parties should accept that relapses are likely to occur and the person may need to repeat the change cycle until they are able to maintain behavioural changes.

Here is more information about the different stages through which a person progresses in order to change their behaviour.

Pre-contemplation

The person is not considering change.

Example:

- ▶ 'I was forced to come here. I'm not telling you more than I have to keep the judge happy.'
- ▶ 'I can't stop using right now. My life is too complicated.'

Counsellors can provide information about the harm associated with current behaviour and encourage the person to consider healthier behaviours by looking at the positive and negative aspects of their current behaviour and their effects on the person's life.

You should try to:

- engage the person – if you are able to appropriately engage with a person, this means that they are more likely to come to you if or when they are thinking of doing something about their behaviour
- raise awareness of risks involved in certain behaviours – this can be achieved by using motivational interviewing techniques.

Contemplation

The person is ambivalent. There is an awareness of the need for change, but they are not yet ready to invest time, money or energy into the process.

Example:

- ▶ 'I'd like to get a good job one day
- ▶ 'I'll give up someday. Now is just not the right time.'

Effort is put into increasing the person's awareness of the negative aspects of their current behaviour and the possibilities of a new life if the change does occur.

The goal has to be important to the person; discussion needs to be about what they want out of life, relationships that they want and values they hold.

The person must have confidence in their ability to achieve the goal; if they do not, they are less likely to try, focus discussion on what supports will help improve confidence.

Preparation

The person is trying to make changes and is planning for change.

Example:

- ▶ 'I came here to get help, but I want to know what that involves before I make any decisions.'

During this phase, individuals make decisions and actively plan for the change; for example, making doctor's appointments or committing to a series of counselling sessions. Support and encouragement are vital here.

Action

The person is actively taking steps to change.

Example:

- ▶ 'I've seen my doctor and he's given me a lot of information about the methadone program.'
- ▶ 'I've come to get help and I will do whatever is needed to become confident in social situations.'

People who are at this stage have sustained their new behaviour for some time and require support to keep going. It is useful to discuss strategies for relapse prevention and teach coping skills, how to participate in substitute activities and how to avoid situations that may trigger a relapse.

Maintenance

The person is committed to sustaining new behaviour.

Example:

- ▶ 'I haven't avoided flying for six months. It's been tough and I need some more help to get through the difficult times.'

People move into this stage when they have sustained the new behaviour for more than six months. They require support from trusted people, as well as ongoing development of coping strategies.

Relapse

The person has relapsed and returned to old patterns of behaviour. The process starts again.

Example:

- ▶ 'I tried the techniques, but I went straight back to old behaviours'

The most likely initial outcome of stages of change is a relapse. This is when the person returns to old patterns of behaviour. As part of the planning process, try to prepare the person for this stage in advance by explaining that relapse is often the most likely outcome.

After a relapse, a person may enter the change model at any stage. Where they enter largely depends on the way they perceive their relapse. For example, it may be that the person goes back to old behaviours after finishing a counselling program or the person begins to dabble and use negative coping mechanisms intermittently. You should try to reinforce gains and not assume that all gains that were initially made are now gone. Keeping the person connected to your services is important and, as always, you should offer encouragement to the person.

Goal setting

The setting of goals is important to achieve a specific behavioural change. The goals set should be realistic and achievable. The counsellor and the person both need to agree on the specified goals.

Part of the role of the counsellor is to help the person develop a set of achievable yet challenging goals, and understand the actions required to meet those goals. It may be clear from discussions what the person's goals are but they may require some assistance in the clarification and prioritising of their goals.

Goal setting may also help to identify and clarify issues relevant to the counselling service. Articulating a personal goal means identifying what things could look like in the future or what changes need to be made to make that goal possible. The end result is that the person will have identified an outcome that they can work towards. With the help of the counsellor they can set actions to help them achieve that outcome. In other words, what do they need to do in order to be able to meet that defined goal?

Goal clarification is done with consideration of the needs and objectives of the person and takes into account the resources available to meet those goals. It is the person themselves that best understands their goals and personal aspirations and how they want their life to be. Goals and priorities may change or require modification from one appointment to the next to accommodate changing circumstances and resources. This is also part of the evaluation process.

In order to set the goals the following information is required.

- ▶ Information needed to set goals
- ▶ What is the problem or the behaviour?
- ▶ How severe is the problem for the person?
- ▶ What triggers the problem or behaviour?
- ▶ What thoughts or feelings does the person have when exhibiting the problem behaviour?
- ▶ Who else is involved in the problem behaviour?
- ▶ What is the person's relationship with the others involved in the problem behaviour?

Goals

Clarifying goals may require that they are prioritised and divided into those goals that the person can work towards in the short term, and those that are more long-term. With clear priorities the person is more likely to be motivated to work towards achieving their goals. When goals are clearly stated, and priority decisions made, both the counsellor and the person have a better understanding of what is to be accomplished. It is also a good way to recognise progress through the achievement of goals.

Goals can be set using the following acronym.

S

Specific:

Target and clearly define a specific area that you want to improve.

M

Measureable:

Suggest an indicator of progress; quantify if possible. Determine how you will know the goal has been achieved.

A

Attainable:

Agree what the goals should be and keep them achievable in the time frame.

R

Realistic:

Identify what results can realistically be achieved given the available resources, knowledge and time.

T

Time framed:

Specify when the result can be achieved; make sure there is enough time to achieve the goal, but not too much time.

Counselling plan template

During the counselling process documentation of all stages is a key responsibility of the counsellor. Each organisation will have a policy and procedure for this process. A recommended template for use is usually provided within each organisation for this purpose.

Here is a sample of a structured counselling plan. It includes a list of the information items that will be covered and discussed during the initial interview.

Initial counselling plan	
Background information	
Name and personal details of client:	
Start date:	Start time/Finish time:
Referral notes:	
Special needs:	
Safety or reporting issues assessed:	
Interview items to be covered	
Informed consent and boundaries:	
Current status:	
Client goals:	
Client's priorities:	
Observations of client requirements:	
Client behaviours/Comments:	

Assessment summary
Primary issue:
Secondary issue:
Co-existing issues:
Plan for reaching goals (Objectives/Interventions):
Actions to be taken:
Safety or reporting issues re-assessed:
Evaluation strategies:
Further referral:
Review date:

Informed consent

In many workplaces, there is a process called informed consent. You must get permission to do an activity or task from the person who is legally able to give the permission, such as a parent or legal guardian, if the person is under 18 years of age. Once a person is 18 years of age, they are usually seen as an adult and can consent to take part in an activity or task. In some cases, there may be a court instruction that the person is not able to make their own decisions. In these cases, family members or legal guardians make the decisions for them. If this happens, there will be information in the client file about who you need to ask for permission to do an activity or task for that person.



Support self-efficacy

Without confidence, a person cannot perform to their potential. The concept of self-efficacy has often been used interchangeably with the concept of self-esteem, which is the process of evaluating the self; however, self-efficacy is more accurately described as a precursor to self-esteem. It is an individual's belief in their own competence. Self-efficacy is a critical component of behaviour change.

You can support a person's self-efficacy by:

- ▶ consistently communicating your belief in the person's capacity to achieve goals and holding a sense of hope
- ▶ talking about how others in similar situations have changed successfully
- ▶ providing opportunities for other people accessing the service to act as role models
- ▶ providing credible, understandable and accurate information about AOD use
- ▶ providing information about methods and tools for recovery in a way that instils hope in the person
- ▶ breaking the change process down into achievable small steps
- ▶ establishing that belief in the ability to change (self-efficacy) is an important motivator.

Decision-making and evaluation

Once the goals and all of the information are collated, it is then necessary for a decision to be made regarding:

- ▶ continuing the therapy
- ▶ redesigning the person's goals
- ▶ referring the person to another service.

The evaluation stage of counselling is ongoing and the therapist and the individual need to decide whether the implemented strategies are working or whether they need review.

Example

Identify change required to achieve identified outcomes and to formulate and record a program for change

Miranda is the senior officer in an organisation and has just completed trialling a new program for long-term unemployed clients. This consists of having guest speakers from local industries address the group, strategies to improve their interview skills, literacy and numeracy skills, technology skills and research skills, and volunteer work placements. You have reviewed the report compiled from the monitoring and review phase.

While it has been highly successful for many clients, the review highlights that some aspects of the program are not meeting the needs of a sub-population of clients due to specific cultural and social factors. These include:

- ▶ the inability of some participants to concentrate when learning technology skills
- ▶ a lack of social skills when volunteering
- ▶ frequent absences from the program due to childcare issues.

To ensure you continue to receive funding for the program, revise these aspects to ensure all clients are benefitting from the program.



Practice task 7

1. Why might a person want to change their behaviour?

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2. Identify two techniques a counsellor can use in motivational interviewing to explore the problem behaviour with the client in a counselling session.

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3. List two stages in the stages of change model that a counsellor can use to identify the individuals' readiness to change their behaviour.

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Click to complete Practice task 7

3B Apply stimulus and response techniques in counselling practice

When endeavouring to change behaviour, it is necessary to work in a consistent and structured way and focus on providing a common message about what appropriate behaviour is. There are several different strategies that may be considered under this approach – differential reinforcement strategies, stimulus control and instructional control – that can be used separately or together. The important thing is that they are applied consistently.



Applied behaviour analysis

The use of reinforcement and punishment for behaviours is called applied behaviour analysis. It aims to change a person's behaviour (response) to a stimulus. It is the application of either positive or negative reinforcement or punishment to assist a person to employ more positive behaviours or to eliminate an unwanted behaviour. The behaviour is systematically reinforced by applying interventions either before or after a specific behaviour that a person exhibits.

For it to be effective, the following conditions must be met:

- ▶ The behaviour involved in the procedure is significant to the person.
- ▶ The functional relationship between the behaviour and the environmental variables is identified.
- ▶ The behaviour is a target of modification.
- ▶ The change is significant to the person and is able to be generalised and maintained.
- ▶ The procedure can be replicated.

Steps in behavioural therapy

When conducting a therapy session, there are some steps that can be utilised to form a process.

Steps for conducting a therapy session

Identify the problem

1

Find out from the person what the problem is. To get a baseline of the problem to be able to measure progress, the therapist needs to know how often the problem occurs, how long it lasts, how severe the problem is and what they have tried in the past to address it.

Identify goals

The therapist and the person work together to set goals and objectives. These need to follow the SMART principles and be:

2

- ▶ specific
- ▶ measurable
- ▶ achievable
- ▶ realistic
- ▶ time framed.

Strategies

3

This involves the therapist and the person working together to identify strategies that can be utilised. This will involve teaching the person new skills and techniques. It is important to have the person's commitment and a contract put into place that the person signs and accepts.

4

Implement

The person implements the agreed plan.

5

Assess progress

The progress is evaluated and strategies or objectives are modified or extended. This forms part of the reinforcement for the person with the learning of new behaviours.

6

Continue

Continue the plan and monitor for relapses.

Schedules of reinforcement and effects

Different patterns of reinforcement of behaviour were found by B.F. Skinner (1904–1990) to have different effects on learning new behaviours. The level of motivation to use the new behaviours will vary according to the response and when the response is given.

There are four schedules of reinforcement for behaviours, which are outlined in more detail below.

Fixed ratio schedule

A response is reinforced only after a specified number of responses. It produces a high rate of responding.

It is a type of associative learning involving changing behaviours based on the behaviour's consequences.

Example:

- ▶ A child does not like doing homework so every third time the child completes homework a food treat is given.
- ▶ A rat is given a pellet after every fourth press of the lever.

Variable ratio schedule

The response is only given at certain times and no fixed pattern of response is implemented. It creates a high steady rate of responding.

Example:

- ▶ A child does not want to clean his room so a random reward system of giving the child extra time for the television is given for cleaning his/her room. This could be the first time, the fourth time, the fifth time, the ninth time the child exhibits the desired behaviour.
- ▶ A rat gets a food pellet for pressing a lever a random number of times.

Fixed interval schedules

A response is given for the behaviour after a fixed rate of time. The response rate is higher towards the end of the time interval then slows down after the response has been given.

Example:

- ▶ A pay check is provided weekly.
- ▶ A rat presses the lever and gets a reward every ten minutes.

Variable interval schedules

The response is randomly given over time. The behaviour will be exhibited at a slow steady rate as it is unknown when the response will occur.

Example:

- ▶ A rat is given a reward after one minute, another reward after five minutes and a further reward after three minutes.
- ▶ Praise for a child's effort in doing a task is given at different time intervals.

Operant conditioning and classical conditioning

In classical conditioning when a conditioned stimulus is no longer paired with an unconditioned stimulus the response stops being elicited. Ivan Pavlov's experiment shows that the dogs stopped salivating if the bell was not followed by the food. This is called extinction. Extinction is a term used to explain why behaviours that are learnt are no longer used by individuals. Pavlov also found that, when a stimulus similar to the conditioned stimulus occurs, it also elicits the same response. This is called generalisation. In contrast to this, the ability to discriminate between two similar stimuli can occur, and the conditioned responses will not occur. This is called discrimination.



In operant conditioning, extinction occurs if the learnt behaviour is no longer reinforced or if the reinforcement is no longer rewarding.

Pavlov found that the learned behaviour can spontaneously reoccur and proposed that the person could not, after learning a new behaviour, return to the previous unconditioned state. Skinner found in operant conditioning that extinction rate was lower if a partial reinforcement schedule was used.

Consequences

Punishment is a term used to describe the process in operant conditioning to describe a method of reducing or eliminating unwanted behaviours. Punishment is not always an effective mechanism to use to eliminate unwanted behaviours, as it needs to be applied after the occurrence. If there is a delay in the application of the punishment it may cause the punishment to be ineffective as the person may not associate it with the behaviour. For punishment to be effective, it must be consistently applied. This is not possible in some cases due to time and location; for example, a fine for speeding. The fine is imposed if the person is caught and this does not always occur.

Punishment while eliminating unwanted behaviour does not assist an individual to learn more acceptable forms of behaviour. Punishment can lead to other undesirable behaviours and the use of punishment needs to be considered regarding the consequences and outcomes for the person.

Skinner identified two types of punishment that can be used to decrease or eliminate unwanted behaviour.

Here is more information on the two types of punishment that can be utilised.

Positive punishment

Positive punishment is when an unwanted stimulus is used after an unwanted behaviour occurs.

Examples:

- ▶ Teacher scolds a child for not raising their hand before answering a class question.
- ▶ Parent scolds a child for not putting their shoes away in the correct place.
- ▶ A worker receives a verbal warning after reporting for work late.

Negative punishment

Negative punishment involves removal of a desirable stimulus after the occurrence of an unwanted behaviour.

Examples:

- ▶ A person's driver's licence is removed after they have been caught drink driving.
- ▶ A person's pay is deducted due to their late arrival at work.
- ▶ A person's library privileges are revoked after not returning overdue books.

Example

Apply stimulus and response techniques in counselling practice

Sam and his client, William, have developed a behavioural management plan and put strategies in place to help stop William being disruptive in his group craft sessions. The strategies include time out and raising his hand and waiting his turn for the instructor to come around to him. Over four weeks, Sam and the staff monitor these strategies to see if they have resulted in the desired behaviour. William's positive results are recorded on a wall chart with stars to show when his behaviour has been appropriate.



Practice task 8

1. List two components that need to be met to affect behavioural change.

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2. Identify two steps involved in undertaking counselling with a person.

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3. Using an example, explain the difference between operant conditioning and classical conditioning.

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[Click to complete Practice task 8](#)

3C Apply reinforcement approaches to support behaviour change

Reinforcement is the positive or negative reinforcement of one form of behaviour or one response to a certain situation. It involves using rewards or the removal of a negative or undesirable consequence for the desired response rather than punishment for the inappropriate response. The aim is to encourage the client to repeat the appropriate response or behaviour, until it eventually replaces the behaviour that is unwanted. In order to apply the intervention the person needs to be fully informed and give consent.



For the reinforcement strategy to work the counsellor must identify whether the strategy is motivating for the person. This can be identified through feedback and observation of the person in the counselling sessions.

Provide information to the person

Intervention strategies aim to reduce and raise awareness of risky behaviours by sharing information and motivating people to change those behaviours. The best interventions are achieved when the person is fully informed and feels they are an active participant in the process.

Before beginning an intervention, the person should be given a sufficient amount of relevant information, and this information should be discussed with the person for the purpose of clarification.

Information that you give to the person should cover the following:

- ▶ The purpose of the agreed intervention strategy
- ▶ Your role in the intervention (clarify your role to avoid misunderstanding)
- ▶ How you will maintain the person's privacy and confidentiality
- ▶ The person's right to informed consent and to have complaints dealt with through appropriate channels
- ▶ The expectations of the person; for example, they should ask for clarification or help if they don't understand anything

Importance of informing the person

When the person is fully informed and they feel that they are an active participant in the process, the likelihood of a positive result is increased. For example, an intervention based on relapse prevention includes working with the person to identify strategies that the person can use to avoid relapsing. This includes a reassessment of their individual needs and circumstances.

Here are some tips for providing information about the intervention to the person.

Show empathy

Show empathy by trying to see the situation from the person's point of view. You can try to understand their opinions or attitudes. It is not necessary to always agree with them in order to demonstrate empathy.

Listen

Listening is the most important part of communicating and it is a very useful tool when providing information to the person about the intervention. If you are not concentrating on what the person is saying to you, you are not listening to them. By listening you can avoid misunderstandings, arguments, delays and mistakes.

Communicate

When using verbal communication to inform people about the intervention, consider the words you use. The tone, pitch or volume of your voice is important for good communication. A good guideline is to remember the five Cs. Words should be:

- ▶ clear – easy to understand
- ▶ concise – to the point
- ▶ concrete – specific
- ▶ correct – factual and accurate
- ▶ courteous – polite.

When using nonverbal communication to get your message across, the messages are communicated through body language or how you position parts of your body to communicate. Eye contact helps the flow of communication and shows interest, warmth and concern. A gesture, such as nodding your head, shows the person you are listening and agreeing with them.

The communication style you choose should be appropriate to the situation and the relationship you have with the person.

Be aware of personal space

Being aware of personal space is important. Always keep some distance between yourself and the person.

Prepare for questions

A person needs to be comfortable with what you have told them. You do not want them to think that the intervention is a test or something that is done to them by a person in authority.

Always take the time to answer questions that the person may have about the intervention as this will help avoid any misunderstandings or problems later in the intervention process. Promote conversation with the person regarding any difficulties they may be having. If they feel they can be honest with you about what they are experiencing or feeling, it will help with the intervention process.

Adult learning

Incidental learning is effective for adults because the person is learning something that is immediately useful to them. The main disadvantage is that it is unstructured and may have little planning or documentation. The principles of reinforcement can overcome this gap and become part of the formal process of counselling so it can be fully documented and evaluated.

To successfully identify opportunities for informal or incidental learning, look for a gap between the person's current skill level and the skills required to perform a task satisfactorily. Where these gaps exist, you can use a range of learning strategies to enable the person to learn.

Here is some more information about the strategies.

Being a role model

A person who needs to change a behaviour can learn from what they see their identified role model portraying.

Demonstration

You can demonstrate to a person, step-by-step, how to perform life skills, interpersonal skills and new behavioural responses.

Skills component mastery

You can help the person change behaviours by breaking a task down into its components and allowing time to practise each step to achieve mastery.

Contextualisation

It often helps for people to know the context in which the skill is applied.

Drama and role-play

Role-play can help a person change behaviour by practising the new behaviour in counselling sessions. The role-play can be based on situations where the person has identified triggers for the negative behaviours.

Peer education

Forming a peer group of people with similar experiences and providing an opportunity to talk about those experiences can be useful for learning. Peer education can be helpful for:

- ▶ talking about relationships
- ▶ advocacy
- ▶ learning what adjustment others have had to make
- ▶ sharing information on what resources are available.

Conditions and behavioural therapy

Behavioural therapy is now used as a component of the counselling therapy rather than the total approach.

Conditions that may be treated with behavioural therapy include the following.

Anxiety disorders

Examples:

- ▶ Generalised anxiety disorder
- ▶ Social phobia
- ▶ Specific phobias
- ▶ Obsessive compulsive disorder
- ▶ Post-traumatic stress disorder
- ▶ Panic disorder

You can read more about these disorders at:

- ▶ <http://aspirelr.link/beyondblue-anxiety-types>

Sexual disorders

Examples:

- ▶ Male erectile disorder
- ▶ Female sexual dysfunction
- ▶ Paraphilia
- ▶ Gender identity disorder

You can find more information at:

- ▶ <http://aspirelr.link/male-sexual-health>

Depression

Examples:

- ▶ Major depression
- ▶ Melancholia
- ▶ Psychotic depression
- ▶ Antenatal and postnatal depression
- ▶ Bipolar disorder
- ▶ Cyclothymic disorder
- ▶ Dysthymic disorder
- ▶ Seasonal affective disorder (SAD)

You can read more about these disorders at:

- ▶ <http://aspirelr.link/beyondblue-depression-facts>

Interpersonal and marital problems

Examples:

- ▶ Developing positive and respectful relationships
- ▶ Relationship difficulties
- ▶ Separation and divorce
- ▶ Remarriage and re-partnering
- ▶ Children
- ▶ Online relationships
- ▶ Rural and remote relationships
- ▶ Relationships in a new country
- ▶ Relationships and the workplace

You can access more information at:

- ▶ <http://aspirelr.link/relationship-advice>

Eating disorders

Examples:

- ▶ Anorexia nervosa
- ▶ Bulimia nervosa
- ▶ Binge eating disorder
- ▶ Night eating syndrome
- ▶ Purging disorder

You can access more information at:

- ▶ <http://aspirelr.link/disordered-eating-and-dieting>

Cardiovascular disease

Examples:

- ▶ Coronary heart disease
- ▶ Cardiomyopathy
- ▶ Congenital heart disease
- ▶ Stroke
- ▶ Peripheral vascular disease

You can access more information at:

- ▶ <http://aspirelr.link/cardiovascular-disease-behavioural-therapy>

Childhood disorders

Examples:

- ▶ Oppositional defiant disorder
- ▶ Conduct disorder
- ▶ Attention deficit hyperactivity disorder

You can access more information at:

- ▶ <http://aspirelr.link/behavioural-disorders-children>

Behavioural theory techniques

Here are some of the techniques that therapists use in behavioural therapy to assist the person to modify their behaviour.

Techniques used in behavioural therapy

- ▶ Role playing
- ▶ Deep breathing and relaxation techniques
- ▶ Positive reinforcement
- ▶ Activities to promote focus
- ▶ Journal writing
- ▶ Social skills training
- ▶ Flooding and desensitisation

Types of feedback

There are many different types of feedback that can be given to a person to assist and encourage their learning. Generally, praising success and using a calm voice and simple clear language are beneficial. Feedback can be used to reinforce behaviour, when reviewing progress and when learning new skills or behaviours.

Here are some examples.

Types of feedback



Instructions

When giving instructions or talking a person through a process:

- ▶ give simple, clear directions one at a time
- ▶ be patient and wait for the person to complete one step before you give the next instruction
- ▶ praise the person on completion of each step
- ▶ if something goes wrong, explain why and let them try again
- ▶ demonstrate if necessary
- ▶ do not make a fun of mistakes or a person's attempts.



Prompting

When prompting:

- ▶ if you can see the person is having trouble, ask them what comes next and talk it through with them
- ▶ remember you can also use nonverbal prompts
- ▶ do not criticise when the person if they do something incorrectly.



Praising

When praising:

- ▶ congratulate the person on what they can do
- ▶ emphasise strengths and achievement
- ▶ point out the progress they have made.



Giving feedback

When giving feedback about what is working and not working:

- ▶ make sure you have the person's attention, getting them to stop what they are doing if necessary
- ▶ give the positives first, then say what needs to be done differently; talk about the task, not the person
- ▶ suggest rather than tell; don't set yourself up as the expert
- ▶ let them experiment with ways of doing things if the first way doesn't work
- ▶ finish with praise.



Encouraging experimentation

When encouraging further experimentation:

- ▶ step back and ask what they think
- ▶ be patient and let them experiment, and possibly fail, without intervening
- ▶ create an atmosphere where it is okay to make mistakes along the way
- ▶ concentrate on the outcome, not the process.



Providing information

When providing information:

- ▶ give factual information
- ▶ concentrate on the task, not the person
- ▶ check the person has understood
- ▶ demonstrate, if necessary
- ▶ give the person time to understand
- ▶ repeat the information as many times as necessary.



Making suggestions

When suggesting the correct way of doing things:

- ▶ get the person's attention
- ▶ use a calm voice
- ▶ demonstrate as well as explain
- ▶ do not belittle or make fun of their efforts
- ▶ be gentle and non- directive; for example, 'Sometimes people try doing it like this'.



Acknowledging success

When acknowledging success:

- ▶ praise the person and celebrate their success
- ▶ organise rewards and incentives; choose something that is important to the individual, such as a system of stars or stickers that others can see.

You can also suggest that it is important for them to reward themselves, and facilitate them in identifying how and when they will do this.

Constructive feedback

Here are two tips about how constructive feedback should be given.

As soon as possible after the event

- ▶ Constructive feedback tells people what they are doing well and what they could possibly improve upon. This feedback should be given as soon as possible after the event so that it is fresh in everyone's mind.

Appropriate to the person's age and level of development

- ▶ Constructive feedback must be provided in a format and language appropriate to the person's age and level of development and help them see there are possibly ways of doing something better. The closer to the event the person receives feedback, the more effective it will be.

Use motivational rewards

Not all people undertaking counselling for behaviour modification will achieve the higher levels of motivation. Concepts of self-expression and self-actualisation may not eventuate for all people, except in exceptional circumstances. Often the use of an extrinsic method of reward will be initially motivating but it is necessary to ensure that a person maintains their motivation and the reinforcement may need to be altered as the person progresses through the therapy. Intrinsic motivators may be more rewarding for some people.

Here are some examples of the types of rewards that motivate people at each level of Maslow's hierarchy.

Self-actualisation

- ▶ Opportunities for self-expression or self-advocacy
- ▶ Opportunities that maximise independence
- ▶ Creative outlets

Esteem

- ▶ Statements that build self-esteem
- ▶ Praising and congratulating
- ▶ Being recognised by others for your achievements
- ▶ Being the centre of attention
- ▶ Opportunities that promise meaningful relationships

Love/belonging

- ▶ Rewards that offer social interaction
- ▶ Going to the shopping centre
- ▶ Going to visit friends
- ▶ Joining a club or taking part in group activities
- ▶ Going to the football and feeling you are part of the team you are cheering on

Safety

- ▶ Assurance that you will be there to support them
- ▶ Confidence that things will be done the same way every time
- ▶ Reassurance that they are safe and remain safe
- ▶ Making all activities as risk free as possible

Physiological

- ▶ Concrete rewards, such as special meals
- ▶ Activities that are physically pleasant such as going for a swim or going to the gym
- ▶ Being allowed to sleep in
- ▶ Having a massage

Example

Apply reinforcement approaches to support behaviour change

Jodi is very disruptive at the school she attends. She tends to shout out in class and often tries to hit other children if she does not agree with what they are saying or if they appear to have all of the teacher’s attention.

Her care coordinator has discussed these behaviours of concern with Jodi’s teacher. They have decided to draw up a positive programming strategy to help Jodi learn to put her hand up and then wait until she has been asked to speak.

The program includes modelling appropriate behaviour, learning one step at a time and rewarding Jodi with a star sticker on her special chart each time she performs the appropriate behaviour. It is hoped that over time she will stop the disruptive behaviour and adopt the more appropriate behaviour.



Practice task 9

1. Give two examples of reinforcement approaches that can be implemented to assist a person modify a behavioural response.

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2. Give two conditions that might require behavioural therapy.

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3. Give two examples of constructive feedback that can be given to the person when applying reinforcement approaches to support behavioural change.

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Click to complete Practice task 9

3D Develop a process for program monitoring, recording and intervention according to individual client needs

Developing and implementing strategies to form a support or response plan does not complete the process of behaviour management. It is important that you continually monitor the effectiveness of the strategies you choose and the impact the strategies have on the client's ability to develop and maintain positive responses.



It is important that the counselling plan is well-documented and should contain the intervention strategies and techniques being used. The plan should be developed in consultation with the client/person and outline the responsibilities of both the counsellor and the person. The plan should be kept in the person's case file notes and stored securely in line with the organisation's policies and procedures. This applies to written documentation and electronic case files. If video or auditory tapes are used within a session, these also form part of the client's case notes.

Monitoring is part of a practice of continuous improvement. As a counsellor, it is your responsibility to check how well the plan is working and whether the client's behavioural change is progressing. You then have to decide whether aspects of the plan could be changed to better meet the client's needs. Any changes need to also be entered in the counselling plan.

Evaluation strategies



The aim of an evaluation is to understand what is working well and what is not working well, and what might assist in improving progress for the person. The evaluation process involves reviewing the progress made so far and reviewing the person's goals and priorities. This clarification confirms that they are still valid in relation to the issues that have now been identified and agreed on.

It is recommended to review and evaluate the counselling interviews with your supervisor either before they occur or after they have happened – or both, as required. A supervisor can offer advice on other options or actions and perhaps a different approach that may not have considered. Evaluating the progress of the counselling interview with a supervisor can benefit the person seeking help through the counselling service because of the supervisor's expertise and experience. Generally, evaluations should occur on a regular basis with a supervisor.

Monitor the program

When evaluating a program the counsellor will look at monitoring all strategies used across the range of plans to ensure that the responses are positive and adaptive. Monitor the client's plan to ensure that the strategies achieve what they were put in place to do, and that they do so in an efficient and effective manner. This usually means monitoring whether the client has learnt to adapt or change their behaviour as a consequence of the strategies detailed in their plan.

You also need to monitor the plan for its effectiveness in achieving the behavioural modification. Where strategies have not changed the behavioural response, you must revisit the process you used to develop the support or response plans for the person.

You must monitor strategies to determine their level of intrusiveness on the person's dignity and self-esteem, and observe the person for signs of discomfort. Consultation with the person is the best way to assess how they are feeling in regard to their sense of dignity and self-esteem.

Here are some guidelines regarding what needs to be evaluated for monitoring therapy.

Positive responses

A positive response, in the context of providing advanced behavioural support for clients with behaviours of concern, is the desired outcome as outlined in the behavioural support plan. If the strategies have achieved what they were put in place to achieve in an efficient and effective manner, the person will show positive behavioural responses.

To ascertain whether the person has shown positive responses, ask the following:

- ▶ Has the strategy effectively managed the behaviours of concern?
- ▶ Do the strategies continue to have the positive impact that was originally observed?

Adaptive responses

Monitoring the effectiveness of strategies involves judging whether the client has learnt to adapt or change their behaviour as a consequence of the strategies and whether they are maintaining or further developing that changed response.

You also need to assess whether the new behaviour is now so firmly entrenched that the strategies are no longer necessary (because they have served their purpose) or further development is needed in this area.

Monitor the strategies

Here are some strategies that may be implemented and examples of what to look for when monitoring their effectiveness to develop and maintain positive and adaptive responses.

Strategies that may be implemented	
Ecological manipulation	<p>Positive response:</p> <p>Has the behaviour stopped occurring now the trigger for the behaviour been removed?</p> <p>Example: Stopping the loud music has stopped the behaviour.</p> <p>Adaptive response:</p> <p>Are positive triggers that have been introduced now redirecting the behaviour?</p> <p>Example: The person is calmer now they have photos of family on their wall.</p>
Positive programming	<p>Positive response:</p> <p>Has the person learnt new skills as planned?</p> <p>Example: The person now knows how to communicate with others.</p> <p>Adaptive response:</p> <p>Does the person use their new skills in a variety of situations?</p> <p>Example: The person can handle money effectively when shopping.</p>
Focused support strategies	<p>Positive response:</p> <p>Has everyone worked together to focus on the behavioural change?</p> <p>Example: The person performs the positive behaviour with a variety of different people.</p> <p>Adaptive response:</p> <p>Is the new behaviour being used in a variety of situations?</p> <p>Example: The person now communicates verbally with all health professionals.</p>
Data collection	<p>Positive response:</p> <p>Did you collect the data you needed?</p> <p>Example: An observation list was completed for the client.</p> <p>Adaptive response:</p> <p>Did this data lead to changed behaviour?</p> <p>Example: The data identified triggers for the behaviour of concern.</p>

<p>Generating a hypothesis</p>	<p>Positive response:</p> <p>Were you able to create a hypothesis?</p> <p>Example: The person only got angry when his father was in the room.</p> <p>Adaptive response:</p> <p>Did the hypothesis lead to strategies that would change behaviour?</p> <p>Example: The person did not get angry when his father was not present.</p>
<p>Multi-element support plans</p>	<p>Positive response:</p> <p>Did you combine a series of interventions to work together?</p> <p>Example: The person's plan included combined strategies of time out and learning new skills.</p> <p>Adaptive response:</p> <p>Did the combination of strategies assist the person to change their behaviour?</p> <p>Example: The person no longer reacts negatively to a crowded, busy environment.</p>
<p>Reactive strategies</p>	<p>Positive response:</p> <p>Did these strategies work to halt the behaviour of concern when it occurred and produce a more acceptable response?</p> <p>Example: The person no longer hits strangers.</p> <p>Adaptive response:</p> <p>Did these strategies help the person to learn new ways of handling the stressful situation?</p> <p>Example: The person has learnt to communicate appropriately that they want to be removed from the environment.</p>
<p>Seeking expert assistance</p>	<p>Positive response:</p> <p>Were you successful in receiving expert advice or assistance?</p> <p>Example: A referral to a health professional was made.</p> <p>Adaptive response:</p> <p>Did this assistance lead to positive outcomes?</p> <p>Example: The person attends sessions with a physiotherapist and is making progress.</p>

Monitor and modify

While your focus in counselling and behaviour modification plans has been on reducing the incidence and negative impacts of behaviours identified, you also need to maintain the person's self-esteem. This means that strategies need ongoing monitoring to see whether they need modifying to increase the person's sense of self-esteem.

Modification does not necessarily mean removing a strategy, but it may mean giving the person a greater role in that strategy or finding ways to make the strategy less intrusive.

Monitor strategies by:

- ▶ checklists
- ▶ observations
- ▶ journal activities
- ▶ formal reviews and feedback
- ▶ reviewing the person's self-assessment.

Records management

You have a responsibility to document information gathered in the interview following the counselling session. It must be collated in an accurate manner to ensure all records adhere to organisational procedures and guidelines. Policies and procedures for maintaining accurate and up-to-date case history notes are based on legislative requirements that are directed at community organisations to be accountable for the services they provide.

A person's case notes and records can be used to show an organisation is being responsible for their actions and providing appropriate services to people. At various times, courts may request documentation to resolve legal matters related to service provision.

Consider the following when recording documentation.

Ensure accuracy and clarity

Records must be accurate and written in a way that can be clearly understood by others. Always check what has been written to make sure it is clear and that the report includes the name, signature, date and time it was written.

Be objective

Write only facts about what is seen, heard or done. Avoid personal opinions and feelings, and illustrate points with factual descriptions of behaviour. If all the facts about a situation are not clear, then make sure this is stated and do not infer that more is known than it is. If you are reporting what someone else has said, use direct quotes as much as possible.

Use appropriate language

Use bias-free language and a neutral tone as far as possible; for example, 'seems to', 'appears to' or 'presented as'. Avoid using clichéd or emotive language and slang. Remember that the person may read the report.

Completeness

Reports should contain relevant information. This may include both positive and negative information and include notes about behavioural changes or observed indicators of risk.

Be timely

Write your reports as soon as possible after contact with the person to ensure accuracy and to make sure the person's records are kept as up to date as possible.

Make careful alterations

Any alterations made to your records should be done neatly and initialled. Never change what someone else has written.

Maintain files

It is important that information is entered into files as soon as possible after any event, so that files are always current. If a client's file does not contain current information, it can lead to serious problems in the service you provide.

The following shows information that must be kept current and the possible impacts if it is not.

Sense of wellbeing

- ▶ Changes in wellbeing may trigger behaviours of concern such as withdrawal. If changes are not recorded, behaviour could be attributed to other causes.

Triggers and influence

- ▶ Counsellors and individuals cannot eliminate triggers unless they know about them.

Ecological manipulation

- ▶ Changes to the environment need to be recorded so that everyone ensures the changes are maintained.

Differential reinforcement strategies

- ▶ If reinforcement strategies are not recorded, workers cannot take a consistent approach to behaviour management.

Geographical containment strategies

- ▶ If containment strategies are not recorded, an incident may escalate, resulting in harm to people or property.

Determine referral with the person

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them. People have the right to remain in control of their decisions and this can provide them with a sense of empowerment and control over their behaviour. A person is required to make commitments in terms of time and effort in order to successfully take part in treatment, so they should be made aware of these factors.



You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into a person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs. Some counselling services are offered on a regional basis, and only people who live in that region can access those particular treatments or services. Encourage the person to phone ahead to check their eligibility for their chosen program, make an appointment or place themselves on a waiting list if necessary.

Example

Develop a process for program monitoring, recording and intervention according to individual client needs

Sonia has worked with Vincent to implement a number of strategies to change his behaviours of concern. Vincent has made inappropriate sexual suggestions to a number of his female support workers. He has agreed on a plan to change his behaviour.

His support plan contains a number of strategies, including:

- ▶ learning to shower himself so that support is less needed
- ▶ ecological manipulation, in the form of only using male support workers for his personal care until he can undertake it himself
- ▶ participating in a program to develop Vincent's social skills and training about sexually appropriate behaviour.



When Sonia monitors his progress, she discovers he is attending his training in social skills and sexually appropriate behaviour, but an incident report has been received to say that Vincent touched a female worker inappropriately when she came to provide home care. This considerably distressed the worker.

Sonia reviews and monitors the strategies to see what has been successful and what has not worked well. She decides that further ecological manipulation is required to stop Vincent's behaviours of concern, so she recommends only male workers support Vincent, including for his home care services.

Practice task 10

1. Why is monitoring the progress of an individual important in counselling?

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2. Give two examples of different methods a counsellor may use to implement the counselling plan.

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3. What are counsellors' responsibilities for program monitoring and recording for individual clients?

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Click to complete Practice task 10

Summary

1. Monitor the client's plan to ensure that the strategies achieve what they were put in place to do, and that they do so in an efficient and effective manner. This usually means monitoring whether the person has learnt to adapt or change their behaviour as a consequence of the strategies detailed in their plan.
2. You also need to monitor the plan for its effectiveness in achieving the behavioural modification. Where strategies have not changed the behavioural response, you need to revisit the process you used to develop the support or response plans for the person.
3. You must monitor strategies to determine their level of intrusiveness on the person's dignity and self-esteem and observe the person for signs of discomfort. Consultation with the client is the best way to assess how the client is feeling in regard to their sense of dignity and self-esteem.
4. Your organisation will have written policies and procedures about how to file documents to ensure you meet legislative requirements. By accurately completing and maintaining client documents, you are meeting your employment obligations, legal responsibilities and protecting yourself and your organisation against future legal challenges. It is essential that you complete all documents in accordance with your organisation's policies and protocols.
5. Your organisation will usually have a set form, template or prototype for any information you need to record regarding the person's behaviour management plan.
6. All documents should be completed promptly and accurately, and kept current to ensure high-quality service provision.
7. Client files should be kept in a locked cabinet and/or be password protected if stored on a computer.
8. To be effective in behaviour modification, a counsellor must be able to apply stimulus and response techniques in counselling practice.
9. To affect a behavioural change, the counsellor and the client must identify reinforcement techniques that can be applied consistently.

Learning checkpoint 3

Formulate a program for change in a counselling context

This learning checkpoint allows you to review your skills and knowledge in formulating a program for change in a counselling environment.

Part A

1. Give two examples of information a counsellor must identify to assist a client to change their behaviour.

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2. Identify the different schedules of reinforcement that can be used in changing behaviour.

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3. Describe the difference between positive and negative punishment.

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4. Explain how reinforcement can be used to support behavioural change.

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5. Give two examples of techniques used in behavioural therapy.

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6. Explain why it is important to monitor the progress of the counselling plan.

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7. Give two examples of how the behaviour modification plan can be monitored.

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Part B

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

Case study

Nola has just begun to provide services for Lincoln. Lincoln came to Nola’s service after being released from hospital after a significant mental health episode. Nola’s role is to support Lincoln in his recovery journey. Lincoln is not happy to be at the service as he says all workers just want to ‘control him’ like his psychiatrist does. Nola’s service screens for AOD use as part of the intake process.

After administering the screening tool, Nola becomes aware that Lincoln is a frequent and long-term user of cannabis. Lincoln tells her that cannabis helps him to relax. Lincoln lost his job before he was hospitalised due to missing too many work days and being aggressive verbally to his supervisor and co-workers. He is now at risk of being evicted as he is behind in his rent. Lincoln tells Nola that he can’t return home to live with his parents because they are ‘sick of his drugs’. Lincoln tells Nola that he is sleeping in his car because his parents asked him to move out after he was arrested.

Lincoln and Nola formulate a plan for Lincoln to reduce his dependence on using cannabis and to seek employment to assist Lincoln in his recovery process. Nola refers Lincoln to a community employment service that will assist Lincoln to prepare a resumé, coach Lincoln in interview skills and assist Lincoln with obtaining interviews for employment.

Nola reviews Lincoln’s progress at the next meeting and provides positive reinforcement for Lincoln’s achievements. Lincoln identifies that being well-prepared for job interviews has increased his self-confidence and he now has the confidence that he can decrease his drug taking. Nola and Lincoln identify motivators for Lincoln to use to assist him in this process.

Nola and Lincoln agree to meet each week to review progress. Nola records all the information into Lincoln’s case files and provides written information to Lincoln covering the reinforcement strategies they decided to employ. Nola also wants Lincoln to be more responsible for managing his behaviour and sets Lincoln homework activities to enable him to be more self-aware. Nola also asks Lincoln to keep a journal of his feelings and emotions to assist in identifying when Lincoln is more vulnerable to using drugs and becoming aggressive. Nola and Lincoln also role-play scenarios where Lincoln would previously use cannabis and substituted other behavioural responses that Lincoln could employ when in situations that caused him to exhibit the unwanted behaviour. When Lincoln exhibits the modified behavioural response, Nola gives verbal encouragement in the form of positive feedback.

1. What changes in behaviour are required of Lincoln to achieve identified outcomes?

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2. Describe the stimulus and response techniques that Nola introduced Lincoln to in counselling practice.

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3. Describe the reinforcement approaches that Nola employed to support the behavioural change for Lincoln.

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4. Identify the strategies that Nola used to monitor Lincoln's progress in achieving the goals of the counselling plan.

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