CHCCSL002
Apply specialist interpersonal and counselling interview skills

Release 1

Learner guide

aspire
learning resources

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Aspire version 1.5

Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	June 2017	Updated to incorporate feedback and minor content changes as part of our continuous improvement plan.
Release 1, version 1.3	February 2019	Minor changes as part of our continuous improvement program. Updates to broken URL links.
Release 1, version 1.4	July 2019	Updated to reflect the new Aged Care Quality Standards
Release 1, version 1.5	November 2019	Updated in line with changes to the Home and Community Care (HACC) program.

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All websites referred to in this unit were accessed and deemed appropriate at time of publication.

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCCSL002 Apply specialist interpersonal and counselling interview skills*, 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	▶ 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	▶ 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	▶ 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	▶ 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	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ 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	▶ 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	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ 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	▶ 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 Communicate effectively	1A Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Facilitate the client–counsellor relationship through selection and use of micro-skills	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Integrate the principles of effective communication into work practices	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Observe and respond to nonverbal communication cues	☐ Confident ☐ Basic understanding ☐ Not confident
	1E Consider and respond to the impacts of different communication techniques on the client–counsellor relationship	☐ Confident ☐ Basic understanding ☐ Not confident
	1F Integrate taking case notes with minimum distraction	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Use specialised counselling interviewing skills	2A Select and use communication skills according to the sequence of a counselling interview	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Identify points at which specialised counselling interviewing skills are appropriate for inclusion	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Use specialised counselling communication techniques based on their impacts and potential to enhance client development and growth	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Identify and respond appropriately to strong client emotional reactions	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Evaluate own communication	3A Reflect on and evaluate your own communication with clients	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Recognise the effect of your own values and beliefs on communication with clients	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Identify and respond to the need for development of your own skills and knowledge	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship

1B Facilitate the client–counsellor relationship through selection and use of micro-skills

1C Integrate the principles of effective communication into work practices

1D Observe and respond to nonverbal communication cues

1E Consider and respond to the impacts of different communication techniques on the client–counsellor relationship

1F Integrate taking case notes with minimum distraction

Communicate effectively

Effective communication aims to achieve a shared understanding of thoughts and ideas through the exchange of information. How this information is exchanged and interpreted will vary greatly based on the skills and the knowledge of the participants and their previous experiences in relationships and with services. It is important to remember that everyone has a unique communication style and that tailoring the message to the individual's needs will decrease the risk of misunderstanding.

Effective communication is tailored, clear, easily understood and employs active listening and clarification techniques. Often communication is not effective due to barriers that may hinder the communication process. These barriers may be physical, emotional or hidden in the values and beliefs a person holds. Both participants – the sender and the receiver – may have barriers to overcome to facilitate effective communication.

In community services, the most important thing to remember when exchanging information is not to assume you understand or have been understood until you have taken the time to confirm the understanding is correct with each participant.

1A Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship

In supporting people to identify, explore and resolve issues a support worker needs to have highly developed skills in communication, and knowledge of how to address barriers to communication. Along with communication skills the support worker needs to have a comprehensive knowledge of the legal and ethical issues that impact the role of the support worker, the organisation and the person accessing the services. Without following legal and ethical obligations, communication will not be effective as an atmosphere of trust between the support worker and the person accessing the service will not be established. Support workers need to incorporate respect, genuineness and empathy into their interaction when counselling people who are accessing the service.

The counselling relationship

Counselling explores the issues a person has through building a relationship with the person. A counsellor needs to build rapport and trust with the person so that the person is able to communicate their concerns. The relationship is built on trust and confidentiality. The counsellor needs to offer the person empathy, understanding and respect. The use of micro-skills in communication is vital to assisting understanding of the concerns by both the person and the counsellor.

For an effective counselling relationship boundaries need to be set and adhered to. Both the counsellor and the person need to understand their boundaries and roles and responsibilities.

Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship. It is important to do this at the beginning, so that both parties have all the information they need to develop the trusting relationship, share clear expectations and avoid future misunderstandings. This shared understanding may need revisiting at some points in the recovery journey to check if expectations have changed, and to address any aspects of the relationship that may not be working well and discuss how to address and improve these. Having clear 'rules of engagement' is important to avoid situations where a person may be disappointed because they perceive a worker as failing to live up to promises and expectations. As always, good fences (boundaries) make good neighbours (partners in recovery journeys).

Interact with the person showing warmth, openness, care and authenticity

Using your communication skills to interact with a person to show warmth, openness, care and authenticity is the foundation for establishing and maintaining a trusting, respectful relationship, which will assist the counselling experience. This aspect of an effective working relationship includes the element of hope, which has been identified as a key factor in influencing the outcomes of a person's journey towards achieving their goals.

To do this effectively you will need to build rapport and use a range of communication techniques in motivational interviewing and counselling, including open and closed questions to probe for more information; how to summarise what a person has said to clarify your understanding and check accuracy. These skills are all essential for working within a counselling environment.

Build trust

It takes time to build a trusting and open relationship. It is essential to use effective communication skills to indicate respect, express warmth and empathy and help the person feel at ease with you. Sharing within appropriate limits can build trust.

What to share

It may be helpful to share some basic personal information about yourself in the early stages of a support relationship, focusing on what you might have in common with the person, such as whether you have children, whether you grew up in the city or the country or what your cultural background is. In doing this you must be very careful not to overstep boundaries and share inappropriate private information which might blur the boundaries of the relationship.

What not to share

Remember that you are both there because of the person's mental illness; you would perhaps be unlikely to have met in other circumstances, so although the relationship between you is a key factor, neither of you is there primarily to develop a close personal relationship. Creating an illusion of being 'best friends' is disempowering and leads to dependence.

Interact with the person in ways that continue to build trust

Interacting is about how you communicate. Communication consists of behaviours, which are observable and external rather than internal. You may feel warmth, you may care for or about a person, you may think you are being open and honest, and you may believe you are being authentic, but if these qualities are not evident in your actions and behaviours, especially in your communication behaviours – the other person will not know. The other person cannot see inside you; you must show them what is there.

The following actions build further trust but neglecting them is likely to have the opposite effect.

Be congruent

▶ To communicate in a genuine manner is to demonstrate your personal and professional attitudes and beliefs. If there are underlying prejudices or judgmental attitudes, these will be exposed when communicating. Tone, pitch, voice, rate of speech and body language all convey a message. Check that this message is consistent with what you are saying.

▶ Part of establishing and maintaining rapport with a person is to ensure plans and arrangements are discussed and followed by action. This is an important factor in building trust between workers and people with mental health support needs. Do not make promises or statements that you cannot honour. Be very clear about probable and possible outcomes.

Follow-up communication

▶ Once rapport has been established and actions taken, it is important that there is some degree of follow-up communication. Follow-up communication may be initiated by the person but should definitely be undertaken by workers as part of the counselling process. This helps to maintain the professional relationship and provides an opportunity to discuss the current situation. It may also identify any changes or issues that may need to be addressed or could affect the counselling process. Follow-up communication also provides the person with a sense of continued support and respect and may be required to check that referrals have been acted upon correctly.

Develop empathy

Empathy is the ability to understand the feelings and motives of a person from their point of view not from an external viewpoint, such as your own. It is the ability to 'step into someone else's shoes'. It demonstrates the ability to hear and understand a person's perspective without necessarily agreeing with it yourself. When a person feels that someone is truly trying to understand, they feel emotionally safe. They are less likely to get frustrated and angry so the risk of conflict and argument is reduced. To establish meaning from a communication, you need to interpret the information.

Everyone risks misinterpreting a message by making assumptions based on one's own perspective but true understanding comes from gaining meaning from the speaker's perspective. Questions can be helpful to clarify meaning. Open questions, which require a comprehensive response, encourage the responder to think and reflect. Closed questions, requiring only a single word (yes/no) or short phrase response, limit how a person can respond, but are also necessary in the course of the contact to elicit specific information.

Warmth, care and authenticity

Your ability to convey attitudes and feelings that are helpful to the person receiving support can be strengthened if you take the time to think about how positive characteristics are conveyed.

Warmth

Warmth is a quality expressed primarily by nonverbal communication and includes factors of tone of voice, facial expression, posture, gestures, proximity and touch. Make sure that you are careful and sensitive in the use of touch to stay within professional boundaries; it might be OK to touch a person's hand to indicate empathy, but less appropriate to give them a big hug. Some kinds of touch breach legislative and common law requirements. Your organisational policies and procedures may be a useful guide in this.

Care

Care is a trickier concept. You can indicate that you care about someone through your actions and through what and how you communicate. Your actions are probably the most important factor in reassuring someone that you care; supplemented by how you interact with them and how you communicate. Showing respect, expressing empathy, and valuing the person as a human being and as a unique individual all demonstrate care; however, taking over and doing things the person can do for themselves may be misguided as it can lead to learned dependence, which is disempowering and does not show respect for a person's abilities and strengths. Avoiding being overprotective and over-caring is sometimes called 'tough love'.

Authenticity

Authenticity is also more complex. Being 'authentic' means being true or genuine; that is, being who you are, in a professional sense, rather than 'acting a role'. This, in this context, can include a range of communication skills and techniques plus the content of communication. Authenticity is something that can be proved. The evidence is in your actions and your words. Being authentic includes being open and honest with the person, but also includes making sure that what you are saying is relevant and can be checked for accuracy; and that the feelings you express are real, not faked.

Legal and ethical responsibilities when conducting counselling

Working in the community services sector involves important ethical and legal requirements. These requirements enable workers to respond fairly and professionally to the needs of the individuals who access community services.

The legal and ethical framework that governs the community services environment is there to protect you and the individuals receiving your care.

It is therefore important that workers follow ethical guidelines, comply with duty-of-care and legal responsibilities, and are able to identify and report a breach in procedures.

Legal responsibilities and liabilities

All the people who provide support within your service must also understand and abide by the regulations, standards and laws. Depending on the sector of community services, people who have legal responsibilities include support workers, social workers, education officers, psychologists, case managers and physiotherapists.

It is possible that a civil liability claim may arise from a breach of duty of care; or a criminal liability claim may arise from breaches of statutes or health and safety Acts. If a manager or others fail to uphold legal responsibilities of compliance, the consequences may vary depending on the extent of noncompliance.

Failure to uphold legal responsibilities may result in:

▶ suspension or cancellation of service–provider approval

▶ sanctions where there is an immediate and severe risk to health, safety or wellbeing of care recipients

▶ notice of noncompliance whereby all care recipients must be informed of noncompliance and the actions that will be taken to address areas of noncompliance

▶ a negligence claim if the care provider or those working there have breached duty-of-care responsibilities.

Considerations of legal and ethical issues in counselling

The treatment plan needs to consider the person holistically – not just what is required for management of the presenting issue. For some people who access the service other issues such as domestic violence have a direct impact on their presenting issues and these issues need to be addressed in the treatment plan. Often the referral that comes into the organisation from other agencies will have identified some of the other problems that the person is experiencing in their life. This is referred to as a dual diagnosis or comorbidity. When designing the treatment plan there are a number of areas that need to be assessed to ensure interventions will be successful. Before commencing the interventions the person should be fully assessed. The organisation will have a policy and procedure for intake assessment with supporting documents to complete. It is important that you familiarise yourself with these requirements.

The following information outlines some of the considerations that are relevant to the treatment plan and counselling intervention strategies when referrals come to your service.

Mental illness

▶ Does the person:
  – receive treatment for their illness and is the illness well-managed
  – require referral to a doctor or clinical mental health service
  – require support from a community mental health service
  – pose any risk to workers and others
  – have supportive friends and family
  – have other issues that are affecting them, such as homelessness or substance misuse
  – have family and friends who also require support?
▶ Does the agency have the resources to support the person?
▶ Can staff recognise and respond to indicators of mental illness?

Child protection issues

▶ Are there indicators of risk of abuse, harm or neglect connected to the person's children?

▶ Has the person's child disclosed abuse?

▶ Does the child's stage of development (for example, under five years) place them at greater risk?

▶ What protective factors are present?

▶ How will the child's various needs be met?

▶ What family and welfare programs may help the family address their needs?

Domestic violence and abuse

▶ Does the person:

- require crisis intervention or immediate help to remain safe

- have indicators of risk or actual abuse, harm or neglect

- have injuries and/or do they require medical help

- require crisis or other accommodation

- require counselling

- require access to legal services or the police to obtain restraining orders

- have children who may be at risk

- have other issues such as substance abuse or mental health issues?

Developmental disability

▶ Does the person:

- require formal assessment to determine how their care needs can be best met

- have their needs for self-determination and independence met if appropriate

- have a supportive family or carer (if not, do they have enough social contact to avoid isolation)

- have suitable accommodation

- need assistance to learn independent living skills

- have a carer or family who may also have support needs?

Acquired brain injury

▶ Does the person:

- receive appropriate services to meet their needs

- engage in challenging behaviour

- require specialist support services; for example, rehabilitation services or behavioural consultants

- need assistance to learn independent living skills

- have adequate social and recreational opportunities

- have grief and loss issues that they need to deal with

- have a carer or family who may also have support needs, including learning how to respond to behaviours of concern?

Homelessness or inadequate housing

▶ Does the person:

– have access to basic services such as welfare, clothing and blankets, meals, outreach, or a place to shower

– have barriers to obtaining accommodation; for example, unemployment, race or culture issues

– know what options are available to obtain housing

– have other issues involved such as substance abuse or mental health issues?

Unemployment

▶ Does the person:

– need to access services such as Centrelink and Job Services Australia

– need specialised support to learn résumé-writing skills

– have barriers to employment such as age and lack of confidence

– want to learn more about training options?

Juvenile justice issues

▶ How is the person involved in the juvenile justice system? For example, are they in detention, under community supervision or probation, or a diversionary program?

▶ What is their family situation?

▶ Does the person:

– need access to legal advice or an advocate

– have family or other informal support

– have special needs; for example, appropriate cultural support

– have peer group or social factors that influence their situation

– have other areas of concern such as homelessness?

Communicable disease

▶ Does the person:

– receive appropriate health care

– require support to manage their condition?

▶ Are staff aware of the need to take precautions to avoid contracting infectious diseases such as hepatitis or HIV/AIDs?

Financial difficulties

▶ Is the person eligible for government benefits through Centrelink?

▶ Are they in a situation where they are being financially abused?

▶ Do they require financial counselling?

▶ What other support do they require; for example, employment services?

New arrival in the country

▶ What are the circumstances of the person's arrival; for example, are they are a refugee or illegal immigrant?

▶ What experiences may they need help to address; for example, torture and trauma?

▶ What are the person's language and cultural needs?

▶ What other support does the person require to meet their needs?

Understand the obligations of your role

You must have a clear understanding of the legal framework relevant to your work role. This knowledge helps you to work safely in a counselling environment while supporting the person's rights.

Your responsibilities are documented in your job role or position description, which is provided when you are first employed. This document outlines the role, the duties and the line of reporting for your position. It briefly describes what the organisation expects from you and how this links to the organisation's goals and objectives. It also describes the interrelationships with other people or departments and the resources, training and experience necessary to carry out your job role. As an employee, you are accountable to your employer for the duties outlined in your position description.

Here are several places where you can clarify the obligations of your job role.

Documents

▶ You can also refer to relevant written documentation to guide you in understanding the obligations, scope and limitations of your role; for example:

– your position description

– organisational policies and procedures

– relevant codes of ethics or conduct

– your training and qualifications.

Position description

▶ Your position description outlines the tasks you are expected to carry out as part of your job. You must make sure that you work within these boundaries and do not take on tasks that are assigned to other workers or that are outside the scope of your role.

Organisational policies and procedures

▶ Each organisation has policies and procedures that:

– outline the types of services on offer

– specify how these services are delivered

– indicate what people are eligible to receive services.

▶ You have a responsibility to follow organisational guidelines when providing services. This means that you may need to seek assistance from other people both within and outside of the organisation. Sometimes, you may need to refer individuals to other services.

Relevant codes of ethics or conduct

▶ Relevant codes of ethics or conduct provide guidelines about professional practice and ethical behaviour. Know how the standard of conduct and ethics applies to the work that you do and how they relate to individuals and relevant parties.

Your training and qualifications

▶ The training you undertake equips you to work in a particular role and at a specific level. Over time, you will gain experience and knowledge and may take on positions of greater responsibility, but you should always take care that you do not perform tasks that you are not trained or qualified to do.

Your own limitations

▶ You may find that you are faced with situations that you do not have the experience or training to cope with. In these circumstances, you should remain calm and ask for help. You may encounter individuals who present with similar difficulties or have a similar family background, to your own. If these difficulties or experiences are unresolved or painful for you, you may find yourself having a response of emotional distress, sometimes called being triggered. It is important to seek supervision if this occurs. Recognise your own limitations and do not feel ashamed about having to ask for help. You can use these experiences to learn more about your job and identify areas where you need additional training and support.

Duty of care

Duty of care describes the legal obligation that people and organisations have to anticipate and act on possible causes of injury and illness that may exist in their workplace or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible cause of harm.

While aspects of work health and safety (WHS) legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has the responsibility of duty of care to themselves, colleagues, visitors and people accessing services.

Duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to people accessing services, co-workers and others while making sure you follow the organisation's policies and procedures.

Communication processes must also be undertaken in relation to duty of care; for example, informed consent; confidentiality of records and information; disclosure of information; mandatory reporting; completing case file notes and record keeping.

Below is information about duty of care and negligence.

Duty of care

▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

Negligence

▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any worker, supervisor or organisation to ensure that people accessing services are not exposed to unnecessary or unreasonable risk. Communication must made with informed consent.

Uphold your duty of care

Upholding your duty of care should always be balanced with the principle of dignity of risk. Clients have a right to make their own decisions and choices, and this should always be respected. In any situation that involves an element of risk, you must ensure that the client is fully aware of the potential risk and understands the consequences or possible outcomes. If the person is considering any action that is highly likely to cause harm to themselves or others, you have a right to intervene to protect the person's safety, the safety of others and to maintain your duty-of-care obligations. However, you risk eroding a person's dignity and right to be self-determining if you prevent them from undertaking any activity that may involve a slight risk. Any situation that involves a clash between a duty of care and dignity of risk should be assessed in light of the person's ability to make an informed decision about the potential for harm.

Upholding your duty of care requires:

▶ taking reasonable steps to protect the person from physical, emotional, financial risk or injury when these are foreseeable

▶ providing appropriate care

▶ maintaining the person's confidentiality and privacy

▶ listening and responding to individual's complaints or needs

▶ following your organisation's policies and procedures

▶ adhering to the standards, ethics and principles of your profession

▶ recording information accurately.

Respect of practitioner – client boundaries

It is vital to understand the professional boundaries of your role so you have a clear concept of what your role requires and how to interact with the people in your care professionally and ethically. You should be careful at all times not to blur the distinction between being a professional and a friend supporting others.

Avoid boundary violations such as lending money, accepting gifts, doing special favours, excessive self-disclosure, social contact, physical contact and romantic involvement. All these actions are unethical and outside the bounds of professional care.

Most community services workers and community organisations have a particular focus or area of expertise. Every worker is responsible for understanding the requirements and scope of their own work and to clarify any uncertainties with appropriate management staff when required. It is also important to be aware of the limitations of the organisation. Workers may need to request assistance or make referrals to other services when issues arise that are outside the scope of their service or expertise.

Your work role boundaries are a clear definition of the duties, rights and limitations of your role. When managing compliance, you need to check your responsibilities regarding implementing legal and ethical policies to ensure the duty is within the scope of your role.

Counselling boundaries

It is important to set the boundaries at the start of the counselling relationship. The boundaries are set out from the ethical frameworks, codes of conduct/practice, practice standards and the organisation's policies and procedures. In the counselling sessions the nature of the relationship is one of a professional helping the other person to explore and determine goals and strategies through communication. It is important to display empathy but not cross the line into a more personal relationship with the person accessing the service. The counsellor must be objective and adhere to the organisation's policies and procedures. It is important that the counsellor does not assume the responsibility for the person accessing the service's wellbeing other than what is agreed to in the counselling plan. The person accessing the service is responsible and accountable for their own actions.

Here are some tips for setting boundaries, recognising when boundaries have been crossed and how to take care of yourself.

Tips for setting boundaries

▶ As a counsellor, your personal life should not be disclosed.

▶ Do not struggle on by yourself – ask for help with areas where you have uncertainty.

▶ Discuss any concerns with your supervisor.

▶ Maintain legal and ethical practices in work and report any breaches that may occur through own practice or other workers to your supervisor.

Recognise when these boundaries have been crossed

▶ Accepting gifts or money from people accessing the service

▶ Relating to the person as a friend and meeting them outside the counselling setting

▶ Developing a sexual interest or relationship with the person

▶ Disclosing personal information to the person accessing the service

▶ Feeling anxiety and worry causing and staying longer at work, having intrusive thoughts outside the work environment

▶ Relationship difficulties arising with family members

Taking care of oneself

▶ Maintain regular activities and interests outside of work.

▶ Take regular breaks and holidays from work – the person can continue with another support worker.

▶ Practise relaxation techniques when anxious or worried.

▶ Have regular debriefs with supervisor.

▶ Arrange supervision arrangements or a mentoring arrangement with a senior member of staff in the organisation.

Policy frameworks

The policy framework is a set of principles and long-term objectives that form the basis of making rules and guidelines, and provide direction to organisational planning and development. Policy frameworks specify the governance of policy documents and promote a consistent and rigorous approach to policy development, approval and implementation.

Government departments have specific policy frameworks that outline the types of policies, procedures, standards, guidelines, instructions, plans, forms and templates that govern that particular department. Compliance with the framework policies and standards is mandatory for departmental divisions as well as non-government organisations or business units that report to that particular department.

Examples of policy frameworks are described below.

Health

Queensland Health
Queensland Health provides policies that are high level, principles-based statements that communicate the intentions of the department. The policies are supported by standards (requirements) and guidelines supporting good practice. Queensland Health's WHS policy applies to all workers, including volunteers, students, contractors and other persons within Queensland Health divisions, agencies and hospital and health services that are not prescribed services.

Disability services

Department of Social Services

The National Disability Strategy 2010–2020 sets out a 10-year national policy framework for improving the lives of Australians with disabilities, their carers and their families. The policy framework represents a commitment by all levels of government, industry and the community to a unified national approach to policy and program development. There are six priority areas for action, including:

▶ the provision of inclusive and accessible communities, including public transport, parks, buildings and housing

▶ rights protection, justice and legislation, including statutory protections such as anti-discrimination and complaints mechanisms

▶ economic security, including jobs, business opportunities, and support for those not able to work

▶ personal and community support, including participation in the community and person-centred care

▶ learning and skills, including early childhood education and care, schools and further education

▶ health and wellbeing, including health services, health promotion and the interaction between health and disability systems.

Human services

Department of Human Services (Victoria)

The Victorian Department of Human Services policy framework contains the Human Services Standards representing a single set of quality standards for department-funded service providers and department-managed services. The Standards comprise the department's four service delivery standards and the management and governance standards of a department-endorsed independent review body. The Standards seek to ensure that people in need of support experience the same quality of service no matter which service provider they access. The Standards aim to:

▶ promote and protect the rights of people accessing services

▶ assure the community that service providers will provide services that meet the needs of individuals

▶ develop a common and systemic approach to quality review processes

▶ build greater transparency in quality requirements between the Department, services providers, service users and the broader community

▶ foster a culture of continuous quality improvement

▶ reduce red tape to help ensure service providers have more time and resources for service delivery.

Practice standards

When providing a service, there are legal, organisational, professional and community standards that need to be followed. These factors need to be taken into account when determining the proper standards of care.

Practice standards vary depending on the type of service provider, as described below.

Aged care

▶ The Aged Care Quality Standards cover the areas of:
  – consumer dignity and choice
  – ongoing assessment and planning with consumers
  – personal care and clinical care
  – services and supports for daily living
  – organisation's service environment
  – feedback and complaints
  – human resources
  – organisational governance.

Children's services

▶ In the children's services sector, the National Quality Standard contains the minimum standards for service provision regarding the health, safety and education of children in care and education services, including outside school hours, family day care and centre-based care. The Australian Children's Education & Care Quality Authority (ACECQA) is the statutory body for the children's education and care sector.

Disability services

▶ The National Standards for Disability Services set out principles regarding the right to equal access and opportunity for people with disabilities. Relevant international instruments designed to protect and promote the rights of people with disabilities include the United Nations Convention on the Rights of Persons with Disabilities.

Mental health

▶ The National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013 can be applied to all mental health services, including government, non-government and private sectors in all states and territories. These standards describe capabilities that all mental health professionals should achieve in their practice. The purpose of the standards is to complement discipline-specific practice standards or the professional competencies of nursing, occupational therapy, psychiatry, psychology and social work.

Codes of practice/conduct

Codes of practice, sometimes referred to as compliance codes; provide practical guidance on how to meet the standards contained in Acts and regulations. Codes of practice are generally developed through consultation with representatives from industry, workers and employers, special interest groups and government agencies. They provide guidance on a range of matters, including duty of care, hazard identification, risk assessment processes and risk control. Although they are not enforceable by law, codes of practice should be followed unless there is an alternative course of action that achieves the same or better standards.

You must be familiar with the codes of practice that apply to the community services environment. Depending on the area that you manage, you may need to understand specific codes of practice that apply. For example, if you work with specialist family violence services for women and children, there is a specific code of practice that applies.

Codes of practice are available on the Safe Work Australia website (http://aspirelr.link/safeworkaustralia) and from your state or territory's WHS authority. You can keep up to date with your state or territory's codes of practice by regularly visiting the website of the appropriate WHS authority.

Identify ethical issues

There may be times when you must make a difficult decision based on an ethical, rather than a legal, situation. The ethical responsibilities of your service must be evaluated to ensure any ethical issues are resolved promptly and the service is delivered safely and fairly. Ethical issues may include the following.

Maintain service user safety and security

▶ Some service users live in circumstances that are a threat to their own safety and security. They may refuse suggestions about changing their living arrangements. You have a duty of care to protect the service user from harm. However, it is not appropriate for you to enforce lifestyle changes or make demands of your service users.

Deal with conflicting priorities

▶ Sometimes service users may try to coerce a worker into undertaking duties that are not within the scope of their job responsibilities. While this may be due to innocent misunderstanding, you and your team members must not cross professional boundaries at any time.

Deal with conflicting rights and responsibilities

▶ Solutions you come up with when dealing with conflict must be in accordance with legislation and procedures. For example, a service user may object to you using a lifting machine during transfers as they find it uncomfortable and degrading. Although a worker makes every effort to respect the individual wishes of the service user, they also have an obligation under WHS legislation to use the lifting machine to protect the health and safety of the service user, their co-workers and themselves.

Manage conflicts of interest

▶ A conflict of interest occurs when you or your team members have private or personal interests that could conflict with your work. Such conflicts of interest may influence your ability to act ethically or with professional judgment. Potential conflicts of interest may arise out of emotional, sexual, personal, familial, social, religious, financial, business, political, professional or organisational issues.

▶ Your organisation should have a policy about conflicts of interest. Make sure you understand the potential conflicts of interest applicable to your workplace and identify who you need to report a conflict to.

Ethical behaviour

Ethical behaviour is characterised by honesty, fairness and equity in professional and interpersonal relationships. Ethical behaviour respects the dignity, diversity and rights of individuals and different groups of people, as listed below.

Ethical behaviour
▶ Dignity – respecting and appreciating the true worth of individuals
▶ Diversity – acknowledging, respecting and celebrating the diverse backgrounds, cultures and languages of others
▶ Equity – being fair and impartial in all dealings with others
▶ Fairness – making judgments in the workplace that are free from discrimination
▶ Honesty – being open and trustworthy in all communications
▶ Respect – showing due regard for the feelings, preferences and rights of others
▶ Rights – respecting the ethical and legal entitlements of others

Ethical framework

Ethics are principles that guide your decisions and actions in a way that ensures the rights and interests of people receiving support are safeguarded. You need to be familiar with, and understand the legislation, charters, industry standards and codes of conduct that must be applied and may be specific to the area of community services you work in. If you violate these, you are breaking the law.

Visit the Australian Community Workers Association (http://aspirelr.link/acwa-ethics-and-standards) to view their code of ethics.

The ethical framework of your organisation may be made up of:

▶ codes of conduct
▶ codes of practice
▶ practice standards.

Scope of practice

Working within a scope of practice is mostly a matter of common sense and being familiar with the range of functions and work roles that a particular work category is authorised to carry out. Organisations may have their own requirements about how workers should adhere to a relevant scope of practice.

For example, although most community services workers receive some basic training in counselling, this does not mean they are expected to provide counselling as part of their work role. Most organisations that provide counselling as a major part of their service would employ qualified professional counsellors.

Consider the following information regarding scope of practice.

Questions and guidelines to consider
▶ Does this particular task or activity fall within my position description?
▶ Who else may have responsibility for this role?
▶ Do other workers in the same job role carry out this task?
▶ Do I have the training, skills, knowledge or competence to carry out this activity?
▶ Is it in the best interests of the client?
▶ What legal and ethical considerations apply to this situation?
▶ Do I need to seek advice to check I can carry out this task or activity?

Uphold human rights

Human needs relate to the elements required for survival and mental and physical health, such as food, water, shelter, clothing, sanitation, education and health care. The term 'human rights' demands accountability and action, translating human needs into a matter of rights with dignity. Human rights include the right to life, freedom of speech, choice, and freedom from discrimination, among others.

The rights of people with support needs are protected by international human rights charters. The Australian Human Rights Commission oversees Australian legislation on human rights and anti-discrimination, social justice and privacy. The Commission also works with international governments and organisations to ensure Australia meets its obligations to comply with international agreements or charters; for example, the United Nations (UN) Universal Declaration of Human Rights.

Human rights include the right to life, freedom of speech, choice, and freedom from discrimination, among others. It is the responsibility of the manager of a community service to ensure that the rights of all the people requiring support in their care are upheld. This may require monitoring to ensure a person's rights are maintained.

Here is some more information about upholding human rights.

Universal Declaration of Human Rights

The Universal Declaration of Human Rights is an international document that sets out the basic rights and fundamental freedoms to which all human beings are entitled. It declares that human rights are universal and are to be enjoyed by all people, regardless of where they live. The Declaration includes civil and political rights, such as the right to life, liberty, free speech and privacy; as well as economic, social and cultural rights, such as the right to social security, health and education.

Human rights framework

At the federal level, the Australian Government has an obligation under international law to respect, protect and fulfil human rights. The Government must ensure that people can enjoy their human rights and refrain from action that would breach people's human rights. A human rights framework can inform and guide domestic policy in complex areas such as equality and discrimination.

Human rights approach

A human rights approach in community services requires that legislation, regulations, monitoring and reporting systems are developed with a focus on positive measures to achieve substantive equality.

Human rights instruments

Major international human rights instruments that expand on the rights in the Universal Declaration of Human Rights and are relevant to community services work include:

▶ The International Convention on the Elimination of All Forms of Racial Discrimination – promoting and encouraging universal respect for and observance of human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion

▶ The Convention on the Rights of the Child – entitling childhood to special care and assistance by recognising the inherent dignity and equal rights of all members of the human family

▶ The Convention on the Rights of Persons with Disabilities – reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for people with disabilities to be guaranteed their full enjoyment without discrimination.

Work to increase social justice

Social justice refers to the concept that everyone should have the same opportunities and the right to live their lives without having to deal with discrimination or inequality. Discrimination can take many forms. It can be explicit when a person makes racist remarks to or about a colleague, or it may be less obvious, such as when an employer overlooks a colleague for a job because they have a physical disability or because they are pregnant. If you observe discriminatory behaviour, it is important to take appropriate action. For example, you may tell the person directly that their remarks or behaviour are discriminatory, or you may make a report to your supervisor, the Australian Human Rights Commission or relevant state or territory anti-discrimination authority.

Address social justice issues by:

▶ ensuring clients have access to the services they need, which includes giving clients information regarding the types of services available to them

▶ following organisational policies regarding access and equity

▶ being familiar with and adhering to the requirements of anti-discrimination legislation and supplying this information to clients

▶ providing information and educating clients about their rights

▶ providing flexible and client-centred services to address clients' individual needs and providing information to clients

▶ respecting the rights of clients and co-workers.

Discrimination legislation

Discrimination is illegal throughout Australia. The Acts that set out the relevant federal (Commonwealth) legislation regarding the various forms of discrimination include the:

▶ *Disability Discrimination Act 1992* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sex Discrimination Act 1984* (Cth)

▶ *Workplace Gender Equality Act 2012* (Cth)

▶ *Racial Hatred Act 1995* (Cth).

Additional legislation exists in each state and territory.

To research anti-discrimination legislation you can use the Australasian Legal Information Institute database at:

▶ http://aspirelr.link/austlii

For additional information on equity and discrimination in Australia, visit the Australian Human Rights Commission website at:

▶ http://aspirelr.link/human-rights-commission

Discrimination occurs when an individual is treated less favourably than others because they belong to or identify with a particular group, or are perceived to have certain traits or attitudes. The use of language in communication processes can also indicate discrimination. It can also occur through associating with others who have certain attributes.

People may be discriminated against in communication processes by:

▶ disability

▶ gender

▶ pregnancy

▶ politics

▶ sexual preference

▶ age

▶ ethnic origin

▶ religion

▶ marital, parental or carer status

▶ physical features.

Employee and employer rights and responsibilities

Knowing your rights and responsibilities will help you to manage the conditions unique to your setting and role. Below is an overview of employee rights and responsibilities in the community services sector. You can find out more about your rights and responsibilities, including the National Employment Standards (NES), pay structure and awards, at the Fair Work Ombudsman website at: http://aspirelr.link/fair-work-employee-entitlements. Knowing the rights and responsibilities of community services employers will help you to understand what you should expect from your employer, and help you in your supervision of staff members. Below is an overview of employer rights and responsibilities in the community services sector. When accepting services from a provider, a service user also has responsibilities.

Here are some aspects of employee rights and responsibilities that you need to know about.

Employee rights

- ▶ All employees have the right to work in an environment that is free from any forms of discrimination, harassment or abuse.
- ▶ All employees have the right to dress and act in a way that adheres to their religion and beliefs.
- ▶ All employees have the right to be paid correctly and fairly.
- ▶ All employees have equal opportunity for employment and promotion within a company.
- ▶ Employees should have access to the correct types of annual, family, personal and public holiday leave.
- ▶ All employees have the right to work in a safe environment, complete with occupational health and safety.

Employee responsibilities

- ▶ Employees should arrive on time and ready to work.
- ▶ Employees should wear the appropriate uniform or style of dress for the workplace.
- ▶ Employees should respect their employer, co-workers and people accessing their organisation's service.
- ▶ Employees must carry out their jobs to the best of their abilities.
- ▶ Employees should play an active role in keeping themselves, their work environment, co-workers and people accessing services healthy and safe.
- ▶ Employees have a responsibility to work within the boundaries of relevant legislation and work within organisational policies, procedures and guidelines.

Employer rights

- ▶ All employers have the right to expect that the organisation's information is kept confidential.

- ▶ All employers have the right to expect employees to meet all reasonable and legal requests of the organisation.

- ▶ All employers have the right to expect employees to carry out their job function.

- ▶ Any person within an organisation, including managers and board members, has a right to work in an environment free from discrimination and harassment.

Employer responsibilities

- ▶ Employers have the responsibility to provide a safe and healthy workplace.

- ▶ Employers should not discriminate against employees, and promote freedom from discrimination and harassment.

- ▶ Employers have a responsibility to conduct operations and manage staff in accordance with legislation.

- ▶ Employers have a responsibility to provide clear and accessible policies and procedures to employees so all staff understand their obligations.

- ▶ Employers must provide clear information about employment conditions and regular payment advice to staff.

Service user rights and responsibilities

When providing community services, the people in your care have rights, as set out here. The responsibilities are those that they agree to on commencement of the counselling sessions and to respect the rights of workers and other clients of the service.

The right to dignity

Your service users have the right to be spoken to and treated with respect and concern for their feelings and entitlements. Maintaining a person's dignity means not talking down to them and having regard for their individual, cultural and religious rights.

People should be able to retain their personal, civic, legal and consumer rights and be assisted to achieve active control of their own lives within the community. Factors that contribute to a person's dignity include a sense of control; the capacity to communicate; recognising friends and family members; having adequate pain and symptom management; and being continent.

The right to privacy

You need to respect and value the person's privacy. Privacy is applied to a person's physical environment and possessions, their physical and bodily needs, and their personal relationships, information and needs. Privacy relates to many areas including the right not to be watched, listened to, or reported upon without consent; and not to be the focus of uninvited public attention. Privacy is protected by legislation.

The right to confidentiality

Your service users entrust a great deal of information to community services workers. In return, you must make every effort to ensure this trust is not abused in any way. Help protect the interests of people requiring support by not passing on information to others who are not entitled to receive it, or discussing service users outside of the work setting.

Service users have the right to expect that their personal information will remain confidential and secure. They also have the right to access their own health and personal information. This includes all care records and personal information shared with you by the person and others, as well as communications from other agencies and medical information from health professionals. This information can be accessed when the client applies to view it by application through your organisation's Freedom of Information process.

Remember to file personal documents as soon as you have finished with them and to destroy records appropriately.

The right to make an informed choice

You must provide relevant and sufficient information to people requiring support so they can make decisions and choices based on the correct information provided to them. Service users have the right to be involved in decision-making that affects their care and wellbeing. They must be given enough information that allows them to make an informed choice. You should encourage service users or their representatives to take responsibility for their actions and choices, and choose a service or care plan that best meets their needs and preferences.

Focus on the needs and preferences of the service user and their carer, families or advocate. Take into account any lifestyle choices, as well as cultural, linguistic and religious preferences. Encourage the involvement of the service user in the planning, development and management of the service to ensure they understand and are able to exercise their rights.

The right to access services

People requiring support should have access to the services they need and receive equal treatment in a non-discriminatory manner, regardless of their gender, social circumstances, ethnic and cultural backgrounds or disability.

According to the *Home and Community Care Act 1985* (Cth), special services to improve access and equity must be provided to:

▶ Aboriginal and Torres Strait Islander people

▶ people from culturally and linguistically diverse communities

▶ people who live in rural and remote communities

▶ people who are financially disadvantaged

▶ war veterans.

The Department of Human Services provides comprehensive information for older people, people with disabilities and those who provide care and services to others. The Department provides free and confidential information on community aged care, disability and other support services available across Australia.

The right to have social needs met

You must recognise that people in need of support also have social needs. For example, if you work in aged care, you and your team members should:

▶ support the rights of married couples to live a married life

▶ provide ease of access for families and other visitors with due regard for the wishes of service users

▶ recognise the needs of residents for social contact and provide opportunities for social interaction, including opportunities for developing new friendships within the residential care environment and the community.

The right to freedom of association

Freedom of association is a principle contained in human rights conventions. The objective is to ensure people are able to meet and interact freely, without the interference of the state, or of others. You and your team members must not threaten, organise or take any action that applies undue pressure on another person. It is illegal to discriminate, threaten or otherwise victimise another person. People have the right to associate with whomever they wish and should be provided with the opportunity to do so.

The right to freedom of expression

All service users, their carer, friends and family have the right to participate in decisions about the service they receive. For example, if a person would like to collaborate with you or one of your team members in developing their care plan, they must be provided the opportunity to express their ideas, opinions, queries and concerns. Listen carefully to the needs and preferences of service users to ensure their rights are upheld, and make sure you allow service users to express themselves without judgment.

The right to make a complaint

All service users have the right to complain if they are dissatisfied with the way care is provided or have concerns regarding an aspect of the service, such as catering, financial matters, hygiene, security, activities, choice, comfort and/or safety.

A complaints procedure is a legislative requirement that all organisations must comply with. The procedure allows the service user to exercise their rights and also provides your organisation with useful feedback about the appropriateness of the service you provide. Everyone in your organisation needs to understand the complaints procedure. All complaints should be dealt with fairly and promptly and without fear of repercussions.

The right to an agreed standard of care

People requiring support should be able to expect your organisation's service standards to:

▶ be reliable and dependable

▶ adhere to legislative requirements

▶ be inclusive of service user participation and collaboration

▶ be affordable and accessible

▶ be fair in regard to rights and responsibilities

▶ be individualised for each person and their particular needs.

Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect. This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia.

The object of the harmonisation of work health and safety laws, according to the Explanatory Memorandum — Model Work Health and Safety Bill (Safe Work Australia, 2010), is to:

▶ protect the health and safety of workers

▶ improve safety outcomes in workplaces

▶ reduce compliance costs for business

▶ improve efficiency for regulatory agencies.

For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

For the person undertaking counselling there is an obligation to ensure that the workplace, including entry and exit, are safe for all people accessing the service. It is the responsibility of all employees to comply with the organisation's work health and safety. This means using safe systems of work, monitoring the workplace to identify hazards and implement risk control strategies.

Hazard management

A workplace risk is a potential hazard that could cause harm, injury or ill health. A workplace hazard is something in your workplace that poses a risk to you and/ or your work colleagues. It may even pose a risk to people accessing the service. Hazards include anything that is a source of potential harm in terms of human injury or ill health; or cause damage to property and the environment. All workplaces are different. Hazards present in one workplace may not be present in another. It is important to identify hazards in the workplace and report these to the organisation. A risk assessment will be completed and the hazard addressed according to hierarchy of controls. The hierarchy is structured so the safest option can be implemented to address the hazard:

▶ Elimination

▶ Substitution

▶ Engineering

▶ Administrative controls

▶ Personal protective equipment (PPE)

The following table provides the name of the health and safety legislation and the regulator responsible for its implementation in each Australian state and territory, as at the time of publication.

Region	Health and safety legislation	WHS regulator
Commonwealth	*Work Health and Safety Act 2011* (Cth)	Comcare http://aspirelr.link/comcare
Australian Capital Territory	*Work Health and Safety Act 2011* (ACT)	WorkSafe ACT http://aspirelr.link/worksafe-act
New South Wales	*Work Health and Safety Act 2011* (NSW)	SafeWork NSW http://aspirelr.link/safework-nsw
Northern Territory	*Work Health and Safety Act 2011* (NT)	NT WorkSafe http://aspirelr.link/worksafe-nt
Queensland	*Work Health and Safety Act 2011* (Qld.)	Workplace Health and Safety Queensland http://aspirelr.link/worksafe-qld
South Australia	*Work Health and Safety Act 2012* (SA)	SafeWork SA http://aspirelr.link/safework-sa
Tasmania	*Work Health and Safety Act 2012* (Tas.)	WorkSafe Tasmania http://aspirelr.link/worksafe-tas
Victoria	*Occupational Health and Safety Act 2004* (Vic.)	WorkSafe Victoria http://aspirelr.link/worksafe-vic
Western Australia	*Occupational Safety and Health Act 1984* (WA)	WorkSafe WA http://aspirelr.link/worksafe-wa

Effective communication

People communicate every day in a range of different situations and in a variety of ways. It is a vital and constant element of every job. Communication involves the sending of information (often referred to as a message) to at least one person. Successful communication means the message is understood by the receiver. The message is transmitted via the relevant channel. There are many barriers to effective communication and the communication model incorporates accurate feedback as one method of overcoming these barriers. Feedback gives the message, sender and the message receiver the opportunity to confirm or deny understanding of the message. There is no limit to the number of people contributing to the communication process; however, the process becomes more complex as more people are involved.

Often communication combines verbal and nonverbal methods. The receiver may use a range of strategies to decode the message.

The sender of the message is referred to as the encoder as they need to employ all the communication strategies to ensure the message is correct. This involves both verbal and nonverbal communication. The receiver may use a range of strategies to decode the message but sometimes this is not enough to ensure the message being sent is the same as the message received. Communication can be misinterpreted. This can be due to a number of factors from the encoder, the channel used to communicate in and the decoder.
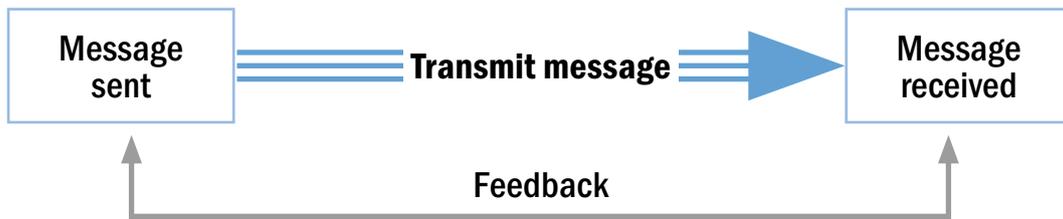
How we communicate

Communication can be verbal or nonverbal. It can be conducted directly to another person or through a third party.

Verbal communication includes:

▶ direct face-to-face communication

▶ telephone communication.

Nonverbal communication can be:

▶ written communication

▶ electronic such as email, internet chat, fax or text messages.

Communication involves a range of strategies and techniques, all of which are aimed at understanding the message. They include:

▶ listening to what others are saying

▶ reading what someone has written.

Models of communication

Effective communication involves the sharing of information, thoughts and ideas from one participant to another, in order to achieve a shared understanding between the participants. The exchange of information takes place through different communication models, modes, types and techniques. The exchange will involve a combination of verbal and nonverbal communication.

Effective communication employs a range of communication models, modes and types to ensure the information is presented and received in a way that will most effectively achieve a shared understanding of the subject matter.

The information below details the different models, modes and types of communication that should be considered when communicating in the workplace.

Communication models
Linear model Describes the process of information being transferred in one direction from the source of the information via the transmitter, through the noise and then onwards through the receiver to the destination.
Interactive model Describes the process of information exchange between participants. In this model each participant is both an encoder and decoder of information and the information transfer will be influenced by their field of experience.

Transaction model
Describes how people are connected through communication exchanges. This model acknowledges that each participant is both sender and receiver, that the message will impact all parties involved and that the receiving and sending of information can be occurring simultaneously.

Mechanisms that enhance effective interpersonal communication

Interpersonal communication is the sending of messages from one person to another and having that person decode the information. Often we think of only verbal messages being the way that communication takes place. There are many facets to communication including empathy, respect for the other person, nonverbal communication, modelling behaviour as well as verbal messages. Communication is also derived from lived experience where the message is decoded by a person and understood in relation to their past lives and experiences. Values and ethics also contribute to the understanding of the message. It is important to explore the person's background, life experiences and beliefs to assist in the communication process.

Here are some other methods that can enhance communication.

Other mechanisms that enhance effective communication processes

▶ Understanding that we are all different and have different communication needs

▶ Being sensitive to and informed about any cultural differences

▶ Repeating information in different ways to ensure understanding

▶ Asking questions to clarify understanding ; for example, you may summarise what you believe someone said and ask them to confirm

▶ Making sure your communication is clear and concise

▶ Choosing an appropriate environment for the communication

▶ Using aids and/or communication equipment as required

▶ Using positive language

The encoder

The person sending the message is also known as the encoder. The encoder needs to be aware of their communication skills, attitudes, knowledge, social position, culture and feedback from others. See further information about the role of the encoder in communication.

Own communication skills

▶ This is the sender's communication skills of:
  – listening
  – speaking
  – writing
  – reading
  – nonverbal communication
  – thinking
  – reasoning.

Sender's attitudes

▶ The way the person feels about things. It is usually peripheral to the message and is often done unconsciously. For example, the sender may be worrying about how the other person feels about them.

Knowledge level

▶ This relates to the level of confidence the sender has in the area. An example of this is a person who needs to present at a meeting. If they are fully prepared and confident, this is reflected in their communication.

Social position

▶ The position the person holds in the team or relationship. If this is valued by the other person or team members, more active listening is utilised.

Sender's culture

▶ Different cultures communicate in different ways. Some cultures use a circular approach to a topic while others follow sequentially to the point approach.

Feedback

▶ This refers to messages received by the sender from the other person or team members. Nonverbal behaviour may indicate confusion or boredom causing the sender to change the communication process being used.

The channel of communication

The channel that affects communication consists of two components. These are a sensory channel and the institutional channel. The sensory channel is based on the five senses of visual, auditory, touch, smell and taste. If more than one sense is utilised to send the message, the sender is more likely to gain the attention of the receiver. Often the receiver is able to take the information in through both methods and more attention is given to ensure all of the information is received. If the sensory stimuli are not strong due to impacting factors such as background noise the message will not get through correctly.

The institutional channel consists of the type of communication that is given, such as face to face, written or electronic. This involves the sensory Channel but the type of senses employed depends on the type of communication being utilised. One way technology is affecting communication is the increase in the use of text messaging. It is important that both the encoder and receiver share the same text language in order for the message to be successfully communicated. In some communication the message may be incorrectly sent or received if the type of channel is limiting. An example is email where the sender and the receiver are constrained to just the written or visual sense.

Receiver-decoder

The role of the decoder is to receive the information from the encoder and decipher it or make meaning from the message. The decoder uses all of the communication skills that the sender or encoder employs but while the communication happens the decoder is analysing and synthesising the information that is given. The decoder's perception of the encoder's message is vital to the message of the communication being understood. At times the information in the message is misunderstood as not enough information is sent by the encoder, or the receiver misinterprets the sender's message.

Reasons for the message not being received
▶ The use of language is not in the receiver's vocabulary.
▶ There is a contradictory message between verbal and nonverbal communication.
▶ The sender may have a higher position that intimidates the receiver; this can result in poor concentration.
▶ The topic is long or boring to the receiver.
▶ The receiver is unreceptive to the message due to personal values, ethics and ideas.
▶ Communication has been blocked due to external factors, such as environmental noise.
▶ Internal factors of the receiver mean that poor attention was paid to the communication message.

Primary factors that impact communication

As discussed, the process of sending a message and having it understood by another person is a complex process. There are some primary factors that impact the communication process that also need exploring. These factors are participant, noise, context and rules.

Participants

A person is unique and the way communication occurs with that person is also unique. It is dependent on:

▶ age

▶ health

▶ impairments

▶ language

▶ culture.

Today, with more messages being sent electronically, it is also dependent on technology skills and experience. Along with the use of electronic media the receiver is limited to written communication; using two senses to impart the message is not occurring. This is changing as new developments occur such as the use of Skype where facial expressions and nonverbal behaviour is able to be evaluated.

The decoder uses all of the communication skills that the sender or encoder employs but, while the communication occurs, the decoder is analysing and synthesising the information that is given. The decoder's perception of the encoder's message is vital to the message of the communication being understood. At times the information in the message is misunderstood because not enough information is sent by the encoder, or the receiver misinterprets the sender's message.

Noise

Noise can interfere with communication. In a factory setting with high noise levels workers may need to wear ear protection. Communicating in this environment needs to be direct and face to face with written material for the receiver to understand the message. The effects of loud noise can cause hearing impairment to a person.

Background noise can also cause the person to not understand a message if they are hearing impaired as the noise competes with the sender's voice, Background noise can also act as a distraction to the communication message.

Noise can distract the person's attention away from the communication process. Noise can also disrupt the counselling process and a negative perception of the counselling experience may result.

Context

The counselling session is one where the goal is communication. If the communication is through the sensory component, the receiver is using their senses to detect the message. If there are not enough stimuli for the receiver's senses the message will not get through. If communication is through the institutional component, other cues picked up by the receiver's senses are not utilised and the receiver may have difficulty picking up all aspects of the message. Improved communication will result if the following factors are addressed:

Comfort

The person is seated comfortably.

Security/Privacy

The information being communicated is extremely private to that individual. The room should have a door that can be closed with signage to others that it is in use.

Noise control

No background noise. Information can be relayed through the silences of the communication. Mobile telephones should also be turned off as they can be very disruptive and distracting.

Stimuli control

The room should be neutral with minimal stimulation, light colours and decoration.

Unhurried/supportive environment

To encourage the person to communicate at their pace.

Rules

The rules consist of following the six-step process for counselling:

▶ Connect
  – Make first contact.
  – Communicate appropriately.
  – Establish trust and confidentiality.

▶ Reassure
  – Be calm.
  – Provide accurate information.
  – Refer to appropriate services.

▶ Stabilise
  – Assist the person to understand their own reactions.
  – Recognise the signs of severe distress.
  – Refer to a specialist.

▶ Address needs and concerns
  – Gather accurate information.
  – Clarify the person's concerns.
  – Formulate possible solutions.
  – Provide practical assistance.

▶ Provide support
  – Help rebuild social networks.
  – Encourage the person to access external support.

▶ Facilitate coping
  – Encourage positive coping skills.
  – Identify negative coping.
  – Help manage anger.

Messages

The participants (receiver and sender) have different communication needs – seek clarification from the receiver that the message is correctly understood. The receiver can also use clarification to ensure they have understood the sender's message and allow the sender to correct any miscommunication.

Consider the following:

► Environment – Choose an appropriate environment for the communication; If there is too much background noise or stimuli, the message may not get sent or received correctly.

► Aids and/or communication equipment – If the receiver has a sensory impairment they may not receive the message correctly. Ensure that aids are in place and working correctly (for example, there are batteries in hearing aids).

Channel

The channel of communication is the message's method of delivery. It consists of the following components:

► The sensory component is reliant on the senses of the participants to send and receive the message. If a message is sent with two types of sensory stimuli, such as visual and auditory, the receiver has stimuli that can be used to interpret the message from two different senses to synthesise the information.

► The institutional component is how the message is sent. This will determine the type of stimuli the receiver can use to interpret the message.

Rules for verbal communication

Verbal communication can be useful for quick information transfer and feedback. However, when using verbal communication it is important to understand the influence that grammar, speed and pronunciation will have on the intended message. Each person's communication needs and style is very personal and unique. You will therefore need to approach every exchange observantly and be willing to adapt your style to meet the needs of those you are exchanging information with.

Below is an explanation of pronunciation, grammar and speed of speech.

Pronunciation

Word pronunciation is essential for clear communication, especially with an audience that uses English as a second language. Incorrect pronunciation will often drastically change the meaning of a message and lead to misunderstanding, confusion and sometimes even offense.

Pronunciation is a factor of communication that a person will notice the most when using verbal communication. Poor pronunciation in English can lead to prejudice and judgments about education. While these prejudices may be unwarranted, it is important to understand how poor pronunciation can decrease the credibility of a message.

Grammar

Grammar is important for structuring sentences and for placing emphasis on certain words in such a way that it conveys what the key points of the message are. Misuse of grammar can change the meaning of a sentence and communicate an incorrect message.

Speed of speech

The speed of verbal communication can be used to convey feelings of urgency, excitement and anxiety. It is important to be aware of how the speed of your voice may express these emotional states to your audience. It is also important to be aware that for population groups who have difficulty with hearing and comprehension, the faster you speak the less they will understand, and the more confused and distressed they may become.

Communication techniques

The communication techniques you use may vary depending on the context. There are similarities, such as always using clear, empathetic communication. But there are differences, such as using a more assertive tone in a conflict situation.

Below is a brief description of some of the communication techniques you could use in four different contexts.

Facilitate agreements

When you facilitate agreements, you mediate between different sides and perspectives. You must remain neutral and objective, and ensure both sides are satisfied with the outcome. Encourage each person or group to listen to the other party. Ask open questions, and allow each person or group enough time to answer the question. Summarise what has been said for the benefit of all parties. Ask both parties if they are satisfied with the agreements. Document the process.

Resolve conflicts

You may be involved in a conflict. You may also be mediating a conflict between others. When resolving a conflict, the goal is to find a win-win solution that satisfies both parties. To reach this outcome, help parties listen to each other's perspectives. Ask open-ended questions, and encourage active listening. If parties become heated, you may need to ask parties to separate momentarily, or use calming techniques, such as a soft and low – yet assertive – voice. Resolving conflicts can often happen over several sessions.

Interpret situations correctly

Having a clear perspective on a situation can be difficult if a situation is very emotional or complicated. People also have their own agenda, and it can be hard to see the perspective objectively and clearly. Interpret situations correctly by asking open-ended questions, and practising active listening. Try to focus on what the other person is saying, and remain as objective as possible.

Negotiate solutions

You may need to help others negotiate solutions, or may be involved in a negotiation yourself. When negotiating solutions, allow each person to speak clearly about their perspective, while the other person listens. Using summarisation to summarise what was said. Present the solutions to both or all parties and ask for feedback or comments. If conflict arises, practise conflict management techniques, such as being assertive and encouraging empathy.

Barriers and obstacles to communication

When communicating with a person who has a barrier to communication it is important to remember that they are a person, and they have the same right to dignity and respect as anyone else.

A person's personal situation can influence communication in many different ways, depending on how their situation impacts upon their physical, emotional and social wellbeing. Effective communication is a well-recognised component of providing quality community support and care. Unfortunately many people accessing health and community services are faced with a combination of intrinsic and extrinsic factors that can act as barriers or obstacles to effective communication. For people to understand each other, they must also share an understanding of the meanings inherent in all verbal and nonverbal (including gestures, postures and facial expression) communication. If this understanding is not shared, the true intent of the message may be distorted by the receiver.

Here are some important factors to consider when communicating with someone who has a barrier to communication.

Barriers to communication

Listening barriers

People may not listen carefully because they are:

▶ only hearing what they want to hear

▶ not paying attention

▶ too busy thinking of a reply

▶ distracted by emotions

▶ trying to speak over who is talking.

Strategies:

▶ Be aware of listening blocks so you can identify when they are occurring.

▶ Concentrate on obtaining everyone's attention.

▶ Speak concisely so people do not lose their concentration and the flow of the discussion.

▶ Ask them if they need a break if they appear overwhelmed.

Health

A person's health can influence their ability to communicate information to others, receive information from others and impact the relevance and meaning of the messages they are receiving.

Consider the following health-related communication factors:

▶ Is the person on any medications that alter cognition (such as opiates) that may make them drowsy and confused?

▶ Does the condition impact the person more at a certain time of day?

▶ How quickly does the person fatigue from interactions?

▶ Does the person have a power of attorney that should be present?

Strategies

▶ Consider the timing of the counselling session to take into account level of tiredness, effects of medication, and how long the person can concentrate and maintain levels of attention

Religion

In any multicultural society religion can be a touchy subject that not everyone is comfortable discussing. Religious beliefs will impact communication in much the same way as culture; religious rules, norms and values affect how we communicate.

Some religions, for example, have rules about topics of conversation and who may be involved in those discussions. In the Muslim faith it is considered taboo to discuss death directly with a person experiencing a critical health condition.

In other religions it is forbidden to touch members of the opposite gender. For such people the use of nonverbal communication such as a non-sexual touch of a hand on the shoulder would be inappropriate and offensive.

There are no hard and fast rules about how to communicate appropriately with respect to religious beliefs. Each person should be dealt with individually, which will require you to tailor communication strategies, build rapport and ask the person about any taboo topics or special requirements.

Language barriers

Australia has a diverse multicultural community and many people accessing health and community services speak English as a second language.

Sometimes a person may have functional English but will still be unable to understand the complexity of health or community services information.

Strategies:

▶ Use an interpreter or direct the person to a member of staff who can communicate in their preferred language, if appropriate.

▶ Explain clearly. Avoid using terminology or jargon.

▶ Learn a few words of the person's first language.

▶ Use pictures to convey meaning.

▶ Prepare information in the person's preferred language.

Psychological barriers

A person may be emotionally impaired and unable to 'hear' or understand what you are saying.

Strategies

▶ Reassure a person who is sad, angry, upset, confused or fearful of the results of discussions.

▶ Give the person time to adjust.

▶ Speak slowly and clearly.

▶ Arrange to have someone with them as support.

▶ Check on the person's wellbeing following discussions.

Psychological and physical barriers that influence communication

A person's physical and emotional state directly impact the communication process. A physical or mental disability restricts a person's ability to participate freely without assistance or aids in activities that a person without an impairment can undertake.

Here is some more information regarding the way these factors impact communication.

Mental health issues

Mental health conditions may include depression, anxiety, psychosis, dementia and other conditions that affect a person's ability to understand information and how it applies to them.

It is important to remember that sometimes people with cognitive impairments won't be able to tell you what they need or that they don't understand.

Strategies to address them:

▶ Make sure you use consistent verbal and nonverbal communication.

▶ Watch the person's body language and make sure that they feel safe, comfortable and unhurried in their attempt to communicate with you.

▶ Postpone to another day if they appear too unwell or distressed to engage with you.

Mobility impairment

When communicating with a person who has mobility impairment, be aware that their mobility aid is a continuation of their personal space.

Strategies to address them:

▶ Move a person's mobility aid away from them as this can create a sense of disempowerment and distress.

▶ Offer the person a seat and sit to match the person's body language and talk to them at eye level.

Behavioural barriers

A person's behaviour may be influenced by medications, mental illness, stress and cognitive impairments. Sometimes a person's behaviour will negatively impact upon their ability to comprehend information and make important health-related decisions.

For example:

▶ A person living with dementia may forget important health instructions.

▶ A person who is very stressed may not be able to focus, process and retain information due to competing demands for their attention.

▶ A person who has had many workers in their life, some of whom they have had negative experiences with, may automatically behave aggressively and/or defensively toward you.

Strategy to address them:

▶ Provide written information to recap the information given verbally.

Physical barriers

People who rely on communication aids such as dentures, hearing aids and glasses can be limited in their ability to communicate when faced with situations in which their usual aid is broken, misplaced or has been left behind.

Medical devices such as protective face masks, nebuliser masks, intubation tubes, suction catheters and oral gauze dressings can physically limit a person's ability to communicate.

Strategies to address them:

▶ Use pictures to represent words or an electronic device that speaks for them.

▶ Select an accessible location for a person with limited mobility.

▶ Include a carer, interpreter or support person in the discussion if required and if the person has given their consent for them to be present.

Environmental barriers

The place you have chosen to discuss a conflict may have background noise, distractions, other people in the area, flickering lights, excessive heating or cooling, or be an inaccessible or uncomfortable location.

Strategies to address them:

▶ Look around the environment before beginning to communicate, and think about what factors may affect communication.

▶ Ask the person if a specific factor is a problem for them, and find a location that is appropriate.

▶ Adjust the heating and cooling to a satisfactory level according to WHS standards.

▶ Ensure that house-keeping audits are conducted on a regular basis to address any problems, such as flickering lights.

▶ Ensure that seating is comfortable and appropriate for the individual needs of the person; for example, children and mobility-impaired people.

Sensory and other barriers to communication

As discussed, a person takes in the message through use of their senses. If these are impaired the message may not get through or may not be decoded correctly. This can be frustrating for both the sender and the receiver.

Here are examples of communication barriers and suggestions for overcoming them.

Vision impairment

▶ When you greet a person who has a visual impairment make sure you identify yourself.

▶ If you are having a group discussion you should identify who you are directing a question towards by using their name as a vocal cue; for example, 'Sarah, what do you think?'

▶ Always give verbal warning about any physical movement that is about to take place in the person's immediate surroundings. For example, 'I am just going to bend down and pick up that pen for you'.

▶ Always announce when a conversation is over and you are leaving.

▶ Nonverbal behaviour conveys messages. Nonverbal messages that may be affected are include eye contact and body language.

▶ It is important to not let the communication process falter due to these constraints. The visually impaired person will be more alert to the spoken messages that are conveyed and the use of touch.

Hearing impairment

▶ When speaking to someone with a hearing impairment, face them directly and speak clearly and slowly using a natural tone.

▶ Ensure that the person is wearing hearing aids and that they are in working order.

▶ Use written communication wherever appropriate.

▶ Provide actions and visual cues wherever appropriate.

▶ Raise your voice when necessary but never shout, as shouting can distort sound.

Speech impairment

▶ Speech impairments can be due to a physical disability such as a stroke or other physical causes such as Alzheimer's, acquired brain injury or congenital disorder. Speech impairment can also be due to an emotional or psychological disturbance causing stuttering.

▶ When speaking to someone with difficulty speaking it is important to take an encouraging and non-corrective approach.

▶ Be patient and allow time for reflections and confirmation of their message.

▶ Don't ever pretend to understand if you don't. Instead repeat questions and break them down into short questions.

▶ Pay careful attention to body language and reactions to help your understanding.

▶ Do not attempt to complete the verbal communication.

▶ Use clarification and paraphrasing to ensure understanding of the verbal message.

▶ It is important not to let frustration occur. Be alert to signs of body language in yourself and the other person that indicates frustration. Frustration can turn to anger and communication will break down.

Age

▶ When communicating with an ageing adult it is important to be aware of age-related issues that can cause a breakdown in communication. This includes but is not limited to:

– hearing impairments

– visual impairments

– memory loss

– loss of ability to read

– loss of comprehension.

▶ It is also important to be aware of how age can be a barrier to communication due to misunderstanding and prejudice. Many older adults feel patronised and disrespected by the way younger workers communicate with them. To avoid unnecessary communication break-down it is important that you talk with people and not to them; avoid pet names such as 'darling' and 'dear'; present information in a clear concise way; and present the available options and allow the person to make choices about their health and personal care.

▶ Children's age may cause a barrier to communication through the level of understanding relating to language and the level of cognitive development of the individual related to age.

▶ Strategies to address them:

– When communicating with young children the language needs to be suitable for the age group (use words the child is familiar with).

– Ensure the message is broken down into smaller chunks of information that the child can take in.

– Present information in a way that is suitable for the cognitive ability of the individual and the length of time the child is able to direct attention to the communication process.

Perception

▶ Have you walked down the street and seen someone who was sad and then you experienced sad feelings? Or perhaps you've seen a scary movie and felt scared as you watched the frightened expressions of the faces of the actors? The reason that this happens is because human beings experience interpersonal bonds with each other, and these bonds make emotions transferable from one person to another. It is the person's perception that colours the message.

▶ The emotional state of the person communicating a message may change the nature of the message. The emotional state of the recipient may also influence the interpretation of the message if it is received by someone who applies those feelings to the message.

- ▶ It is important that when you are communicating that you take into account these interpersonal bonds and the way in which our emotional state may be influencing those around us, and vice versa.
- ▶ Strategies to address them:
    - – Use specialised communication techniques, such as reframing, questioning, clarifying, summarising and paraphrasing to identify the issue.
    - – Allow adequate time for the person to tell their story.
    - – Show empathy to the person.

How culture may influence communication

Australia is a multicultural society and, according to the Department of Foreign Affairs and Trade, over 200 languages are represented in Australia and about 15 per cent of Australians speak a language other than English. Workers and agencies must recognise and respond to individual and cultural differences in order to meet the needs of service users, families and staff members from various cultural backgrounds. People from different cultural backgrounds may have different knowledge and understanding regarding health care and community services. A person's cultural background can also influence a person's expectations of the health and community services system.

Cultural rules, norms and values affect how we communicate. Some cultures, for example, have rules about using eye contact or how you communicate with someone older than yourself, communication between men and women and the need to facilitate communication within a family or community. Sometimes, it may be appropriate to ask an interpreter for advice. Alternatively, you may be able to locate an association for members of a cultural community. And, once rapport and trust are developed, it is often possible to ask the individual directly.

Techniques for culturally-aware communication include:

- ▶ using active listening to pick up on messages and cues people may be subtly communicating
- ▶ allowing time for interactions
- ▶ using empathy to try to understand the experience of the person you are interacting with
- ▶ working towards establishing a rapport and developing a trusting relationship
- ▶ checking if you are unsure of what is acceptable
- ▶ not making assumptions
- ▶ treating each person as an individual with individual needs regardless of their culture
- ▶ learning about cultural expectations and differences in relation to acceptable body language and conventions for resolving difficulties in other cultures
- ▶ clearly explaining what you will do and why, and how this may differ from their experiences.

Strategies to enable the message to be sent

For people to understand each other, they must also share an understanding of the meanings inherent in all verbal and nonverbal (including gestures, postures and facial expressions) communication.

Here are some strategies to make communication more effective.

Strategies for effective communication
▶ Understand that we are all different and have different communication needs.
▶ Be sensitive to and informed about any cultural differences.
▶ Repeat information in different ways to ensure understanding.
▶ Ask questions to clarify understanding.
▶ Make sure your communication is clear and concise.
▶ Choose an appropriate environment for the communication.
▶ Use aids and/or communication equipment as required.
▶ Use positive language.

Example

Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship

Danielle is a case manager. She is working with Joseph and his family. Joseph is partially deaf and uses an aid to assist hearing. Joseph's mother, Ming, immigrated from China and speaks Cantonese but is also fluent in English. Several significant conflicts have developed between Ming and Joseph and there is confusion and resentment about the options for aged care for Ming.

Arranging the meeting

Ming and Joseph agree to have a meeting to resolve some of their difficulties. Danielle will facilitate the meeting. Her usual practice is to allocate approximately one hour for such a meeting. Danielle carefully considers the specific aspects of the meeting.

Ming and Joseph have been engaged in ongoing conflict so it will probably be an emotional and stressful situation.

Danielle may need more time to write notes and clarify issues and actions with Ming and Joseph because it will be a complex discussion.

There must be enough time for Ming and Joseph to express their views without feeling pressured.

After considering all these factors, Danielle allocates two and a half hours for the meeting. She writes an initial plan with a brief overview of the goals of the meeting; and the communication needs of both participants.

Danielle also considers the best time of day to hold the meeting. She asks Ming and Joseph to suggest a meeting time that takes into account the needs of the family; what time Joseph arrives home from work; and when they could have some privacy from other family members to discuss the issues. The meeting is scheduled for 4.00 pm on a weekday.

At the meeting

At the beginning of the meeting, both Ming and Joseph are a little hesitant. With support from Danielle, and without the pressure of time, Ming and Joseph take the opportunity to express their views. Both are shocked by what the other says. They can see that a great deal of miscommunication has been occurring.

The result

At one stage Ming cries. She says she has never had an opportunity to talk like this before. Both Ming and Joseph express their concerns and fears as well as their needs. The issues are not resolved in this one meeting but good progress has been made. Some actions are decided on with regard to what to do next. Ming and Joseph agree it would be useful to hold another similar meeting. They set a date for the next meeting.

Practice task 1

Re-read the previous example.

1. What strategies would you use to develop a trusting relationship with this family?

2. What barriers to the communication process are evident in the above scenario?

3. What strategies could be put into place to address these barriers?

Click to complete Practice task 1

1B Facilitate the client–counsellor relationship through selection and use of micro-skills

Effective communication is a dynamic exchange of thoughts and ideas. Each person brings different knowledge, experience and feelings to the exchange that can alter the information being expressed and interpreted. The only way you will ever know if you have been understood by the other person is if they confirm the message back to you. Likewise, you can never really know that you have understood a message until you have sought clarification on your own understanding. By actively listening to requests and clarifying meanings you will be able to get the most out of each exchange and respond appropriately every time.

There are a number of micro-skills that a counsellor can employ to check whether the person has received the message and that they have understood the person. These micro-skills include:

▶ attending behaviours, such as active listening, reflection of content feeling, and summarising

▶ questioning skills, such as open, closed simple and compound questions

▶ client observation skills

▶ noting and reflecting skills

▶ providing client feedback.

Attending behaviours

Attending behaviours encourage the person to talk and demonstrate that the person they are talking to is interested in what they are saying. They also assist in ensuring that the message in the communication is clearly understood by the receiver. An example of this is there can sometimes be discrepancies between what is spoken and what is felt by the person. The reason for the discrepancies may be due to a number of factors such as age, culture or a counselling relationship that is not firmly established.

These behaviours are used throughout the whole counselling session and are particularly important at the start when the support worker is trying to establish rapport with the person. They consist of attentive body language of the support worker such as eye contact, encouraging gestures, and open body posture (leaning forward, limbs uncrossed and palms resting on knees).

The micro-skills involved in this process are:

▶ active listening

▶ reflecting

▶ summarising.

Self-awareness and listening

Good listening requires a high level of self-awareness. We often engage in listening, but only really take in and comprehend a small portion of the information. Good listening requires us to give our full attention; to avoid distractions such as mobile phones or a person walking past; and to do all of the following all of the time.

Listening:

▶ indicates that you value the other person

▶ shows respect

▶ helps build rapport

▶ assists in developing a trusting relationship

▶ gives the other person confidence their perspective is valid

▶ helps to resolve a situation.

Tips for effective listening

Here are some tips for listening.

Use body language

This indicates to the person speaking that they still have your attention, and you are actively engaged in listening to what they have to say. Body language, such as smiling, nodding your head or facing the speaker, reinforces the nonverbal message: 'You have my attention, and I am focused on you'.

Do not interrupt

People need to have the opportunity to speak without interruptions. However, your skills are needed to determine when the person is repeating themselves or taking up too much time at the expense of other parties; if this happens, you need to find the right moment to stop them.

Defer judgment

Hold off on responding until the end of the person's speech, both verbally and mentally. If you make judgments part way through, you may become biased towards only hearing the parts that reinforce the judgment you have already made.

Active listening

Listening is important and achieves a number of functions. Being a good listener demonstrates that you value the other person, which helps to build a rapport and enables the development of a trusting relationship. A counsellor may also use what are called 'encouragers'; these may be verbal such as 'uh-huh', 'yes') or nonverbal (nodding). They are used to encourage the person to continue talking.

The two key features of active listening are paraphrasing and summarising. Paraphrasing is where you reflect back the content and the feelings of what the other person has expressed to check that you have understood their meaning. Summarising involves repeating what the person has said in a few words to let the person know you understand their position. Ask if you have correctly paraphrased or summarised an issue.

Active listening consists of:

▶ briefly recapping the speaker's message in your own words

▶ softening your summary with phrases like, 'you feel …', 'it sounds like you …', 'you think …', 'it seems to you that …'

▶ trying to use paraphrasing statements more than questions

▶ allowing sufficient time and pauses for the speaker to add to what they are saying

▶ if more than one feeling is expressed, focusing on the last or most prominent one

▶ not adding or asking for any new information

▶ using neutral words, body language and tone of voice.

Active and reflective listening skills

Use active and reflective listening to maintain a respectful relationship and empower the person by valuing what they say.

Active listening means paying close attention and focusing, not only hearing what a person is saying, but also observing and interpreting their verbal and nonverbal communication. Active listening is necessary to truly understand a person's meaning and feelings and is an important component of a person-centred approach.

Active listening also involves responding to the speaker to clarify information, and paraphrasing what the person has said to encourage them to continue.

Some phrases that can be used to clarify information and understanding include the following.

'Do you mean …'

'Let me see if I understand …'

'Correct me if I am wrong …'

'As I hear it …'

'From your point of view …'

'I wonder if …'

'Do you mean …'

'Let me see if I understand …'

Allow sufficient time to hear the story

Counselling may involve working with more than one person in a session. At times the person seeking counselling may choose to come with a support person or there may be another person involved. The counselling session needs to be organised to address the type of session being conducted.

All discussion participants who want to contribute should have the opportunity to do so. This means the support worker must allow the right amount of time for the discussion, based on the issue and the number of people present. There must be enough time for everyone to speak without feeling rushed. A skilled counsellor gives everyone the opportunity to express themselves fully. The issues should be explored in-depth, not just at a superficial level.

Sometimes you may need to deal with talkative participants; sometimes one person will have more to say than others. Regardless, each participant must be equally valued and encouraged to contribute.

As the counsellor, you need to address group sessions by:

▶ identifying how long the meeting will last

▶ allocating enough time for participants to speak

▶ monitoring each person as they speak to ensure no-one goes over their allotted time

▶ encouraging reluctant speakers to express themselves.

Respond appropriately to the story

Communication skills and techniques used to clarify aspects of the story and the person's understanding of their experience include asking open and closed questions; paraphrasing and reflecting feelings. A reflection of feeling is akin to paraphrasing; paraphrasing tends to focus on cognitive aspects or 'facts' while reflecting focuses more on identifying and clarifying feelings and emotions. Clarifying and understanding the person's feelings is an important basis for understanding the person's actions, thoughts and attitudes.

Interpreting events and experiences involves labelling and describing thoughts, feelings and behaviours. This works to integrate cognitive aspects and emotional aspects of the person's situation.

In all your responses to the person's story remember that it is important to affirm the validity of what they are telling you and to show respect for their rights to autonomy and self-direction. Active listening skills are again some of the most powerful strategies you can use.

Noting and reflection of content/feeling

In order to fully understand what a person is saying it is necessary to reflect words and feelings expressed to clarify that these are correct. Even though the spoken words may be accurate allowing the person to hear them can often cause the person to further explore their meaning. It is also important to reflect the emotions of the person.

By using the technique of active listening and using body language cues the support worker will be able to identify those emotions that are more subtle. Strong emotions are easier to identify but sometimes people use strong emotions to get the message across when they are feeling a more subtle emotion. An example of this is the emotion of anger when in reality the person may be feeling confused, or hurt. By reflecting back to the person they are able to focus on what they have said and expand the meaning so that the communication is accurate. This involves noting where the counsellor communicates back to the person the meaning of the message and combines it with reflection of the person's feelings.

The three purposes of reflecting are:

▶ to allow the person to hear their own words and develop a deeper understanding of themselves

▶ to demonstrate empathy by reflecting back the way they perceive the world

▶ encourage the person to continue talking.

Noting and reflecting guidelines

Here are some guidelines for noting and reflecting.

Guidelines for reflecting and noting
▶ Be yourself.
▶ Identify the basic message.
▶ Restate the message in simple terms.
▶ Look for nonverbal communication – especially when the person reacts to your restating.
▶ Do not question the person; you are just reflecting back what has been said.
▶ Do not add to the message.
▶ Do not try to move the message into new directions.
▶ Be non-judgmental and non-directive.

Reflect feelings

Identifying, acknowledging and reflecting feelings are important basic counselling skills. There are several related skills and techniques, including the following.

Importance of feeling words

▶ Some feelings are expressed verbally using words which indicate particular feelings; for example, 'I do enjoy my job. I get a lot of fun out of things outside work too. I love being busy; I really get a buzz out of it. But when I am home alone I get very tense and uptight.'

Interpret overall content

▶ Some people have difficulty expressing emotions openly and publicly. It is sometimes necessary to look for clues in the general content of what a person is saying; for example:

▶ 'That guy really led me down the garden path. I spent hours writing my CV and he called me back for a second interview, practically offered me the job then I find out he had already given it to Fred. He was just going through the motions with me and now he won't even return my calls.'

▶ There is no direct verbal expression of feelings but it would be fair to assume this person is feeling angry, hurt and ill-treated.

Observe body language

▶ Observing and interpreting body language supplements the information we get from verbal messages and often gives a more accurate reading of feelings.

Empathise

▶ This means trying to put yourself in the other person's place, using your imagination and asking yourself how you would feel. Remember however not to assume that your responses to a situation are the only 'correct' ones, and avoid imposing your own feelings on the other person.

Two techniques for reflecting

The first technique is called mirroring. Like holding up a mirror to the person you do this by repeating back to the person what was said. It can be just the restating of a word or the key words of the message. It is helpful in prompting the person to continue the conversation and demonstrate you are receiving the message correctly.

Paraphrasing involves the support worker putting the content of the communication into their own words. It shows the person that you understand the message they have sent.

Clarify meaning by the use of questioning skills

Working in a community services environment can lead to many conversations where the information discussed is difficult or hard to understand. Information may be hard to understand because the person speaking to you has memory loss or difficulty with speech, or perhaps they learnt English as a second language and are reverting back

to their native tongue as they age. Regardless of the reason for the difficulty, it is important for all workers to acknowledge that they won't always understand the needs and requests of the people who they provide care for and will need clarification.

Clarification is a communication process where the listener repeats the information back to the speaker in order to check that they have correctly understood what was said. Clarification is a useful tool to reduce misunderstanding and also to express empathy and genuine interest in what the speaker is saying. It also conveys to the client that you are not portraying yourself as 'perfect', and are willing to learn from them.

The following information provides different questioning methods and examples of their use.

Open questions

Open questions should be used to gather more information and give the speaker the opportunity to fill in any missing details.

Examples:
▶ 'Can you please tell me how you would like me to do this?'
▶ 'Can you please explain what is happening?'
▶ 'Can you please tell me more?'
▶ 'Can you please repeat that for me?'

Closed questions

Sometimes people you are working with will have limited ability to communicate beyond single step responses. Asking a series of 'yes' or 'no' questions may help clarify what the person wants and needs.

Examples:
▶ 'Do you want me to do this?'
▶ 'Would you like to go there?'
▶ 'Would you like something to eat?'
▶ 'Are you uncomfortable?'

Simple questions

Simple questions are short questions in the present tense asking for a specific answer. It is used when we ask about something that happens repeatedly.

Examples:
▶ 'Do you read books?'
▶ 'Do you research on the computer?'

Compound questions

Compound questions are questions that consist of more than one question. It is confusing for people as they struggle to answer all of the questions asked.

Examples:
▶ 'Are you satisfied with your pay and job conditions?'
▶ 'Do you think cars should be faster and safer?'

Summarise

Summarising is also a key part of active listening. Summarising occurs at the end of the information exchange. This is where you repeat to the person, in a few words, the overall ideas raised in the exchange. This is usually the final step of active listening that confirms to the person you understand. They will tell you if you have not summarised their story correctly. By the time the 'summarise' stage is reached, individuals often uncover their own possible solutions or actions to the problem. By giving individuals a forum where they can talk without being interrupted, ask questions and have someone understand their issues, you often allow them to work out their own solutions. Sometimes they just want to express their concerns and receive some empathy.

The stages of active listening and questioning
▶ Attend or listen to what the person is saying.
▶ Acknowledge you have heard them.
▶ Clarify information, where necessary.
▶ Encourage and/or probe the person for more information.
▶ Paraphrase the information.
▶ Reflect the feelings expressed.
▶ Summarise the full story.

Build a shared understanding

Working with the people you support using a recovery-oriented approach and effective communication skills means that the person you are assisting has the inclination and opportunity to express opinions and tell their story. Showing warmth, openness, care and authenticity towards that person should mean that the relationship is one of reciprocity and trust. Your attentive listening, clarifying questions, paraphrasing and summarising should mean that you and the person can build a shared understanding of their experiences and needs.

Universal needs

People who have low self-esteem, may be aware of their needs but may discount them, or be unwilling to examine goals that they do not feel entitled to. Although the person with support needs is invited to direct their own recovery journey, conversations can be initiated around needs that have not been raised, bearing in mind that it is rational to prioritise the satisfaction of basic needs and safety needs ahead of other needs. A support worker has a duty of care to do this.

All human beings have needs that must be met to ensure their physical and psychological wellbeing. Recognising what these needs are and identifying needs that are not being met is fundamental to a support worker's role.

According to Maslow's hierarchy of needs, people have a range of needs that extend from the most basic of needs to deeper psychological or intellectual needs. The circumstances of the person who is being supported may place some or all of these needs at risk.

Self actualisation:
Morality, creativity, spontaneity, problem-solving, lack of prejudice, acceptance of fact

Esteem:
Self-esteem, confidence, achievement, respect of others, respect by others

Love/belonging:
Friendship, family, sexual intimacy

Safety:
Security of: body, employment, resources, morality, the family, health, property

Physiological:
Breathing, food, water, sex, sleep, homeostasis, excretion

Self fulfillment needs

Psychological needs

Basic needs

Observe the person while communicating

All nonverbal behaviour needs to be noted to gain as much information regarding the person and ultimately understanding the communication. The person's nonverbal communication may be more telling than what is initially said. From the moment the interaction occurs some nonverbal communication will provide additional information. As the person walks in for the session, what is their posture? How do they greet the support worker and how do they choose to sit? Do they hold onto their handbag as a defence? Taking note of how the person answers their questions can also give additional information. Observe whether they lower their eyes or look away when asked about particular topics.

Provide constructive feedback

People need regular constructive feedback so they know how they are going. By giving the person regular feedback, workers can help keep them engaged and motivated in what they are trying to achieve. The client –counsellor relationship of trust is important for feedback to be taken constructively.

The focus of feedback and support for the person should always be on acknowledging the person's strengths and what they are doing well. When workers recognise the person's achievements, they:

▶ validate the person

▶ show respect and acknowledge their dignity as a self-determining individual

▶ recognise the person's strengths and initiative

▶ promote the person's sense of control over their lives

▶ encourage them to take active steps to help themselves

▶ foster self-determination and resilience.

Constructive feedback should:

▶ be aimed at helping the person enhance their confidence and their ability to be self-determining; it should not belittle or make fun of them

▶ be as timely as possible so the actions or behaviour that occurred was recent

▶ be given using positive and constructive language; avoid negative language and comparisons as it may have an adverse effect on a person's motivation and confidence

▶ focus on behaviour and actions, not personality; include specific examples of behaviours and actions

▶ allow for two-way communication so the client receiving feedback has an opportunity to discuss the comments and ask questions

▶ be direct and sincere

▶ be provided in a respectful and supportive manner.

Provide feedback to the client

An important part of the intervention process is to provide the person with feedback. Feedback should be given in a constructive way that reinforces the person's understanding of the intervention and promotes their progress.

Providing feedback allows you to:

▶ review the person's participation in the intervention, including asking them how the experience has been for them

▶ provide constructive guidance and support

▶ discuss what the person has learnt from participating in the intervention

▶ acknowledge areas where they are doing well and identify areas where they still need to improve

▶ build rapport and reinforce your working relationship with the person.

The feedback session

A feedback session is commonly held with the person after an assessment has been interpreted and documented. A feedback session involves talking to the person about the types of options and considerations arising from your assessment interpretation. This person is central to the feedback session. The aim is to discuss the assessment and make decisions about how the person wants to move forward. The person also needs to consider what aspects of their family and social support require strengthening before they can facilitate and undergo change.

The feedback session provides the person with a summary of your assessment. It allows both participants to check if the communication is accurate. After you discuss the results and draw the person's attention to any need for specialist interventions you identified, such as mental health assessment, the session can also be a time for you to assist the person with making appointments to see health professionals. Your role is to encourage the person to seek further information from appropriate specialists, rather than attempting to interpret medical results yourself. Motivational interviewing can be particularly useful during feedback sessions because its techniques encourage the person to consciously explore their issues.

Ambivalence

Confronting ambivalent individuals with too much urgency or forcefulness can lead to further resistance. Some individuals can see both the advantages and disadvantages of reducing or changing their behaviour, but may not be highly motivated to change.

Ambivalence is more likely to be slowly redirected towards the motivation to change if you acknowledge the benefits of the current behaviour in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of their current behaviour, discussing the more negative aspects allows the person to see how the positive perception may be flawed.

The aim of your feedback is to help the person to develop a greater awareness concerning their behaviour and to make decisions about it. Always seek responses to your feedback from the person using active listening techniques. Guide the person towards talking and thinking about the issues further, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint. Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

Providing the person with a summary of your assessment gives them a chance to understand what information was gathered, to agree to or correct details and to get an idea of what will happen next. Explain what the next step is and ask the client if they have any questions or want anything clarified.

Giving information/feedback

▶ Provide data or facts relevant to the person's needs.

▶ Ensure that the person is receptive to the information.

▶ Be direct, clear, specific, concise and concrete.

▶ Break the information into smaller chunks for the person to use.

After giving information

▶ Check that the person has attended to the information provided.

▶ Evaluate the person's understanding and use counselling skills to address any misunderstandings.

Using information

▶ Orient the person to the interviewing process.

▶ Provide instructions or directions.

▶ Present feedback.

▶ Provide alternative perspectives.

▶ Direct the person to other resources.

Example

Facilitate the client–counsellor relationship through selection and use of micro-skills

Here is an example of how counselling a person may progress.

Attend

Diego is the counsellor of a local community group and is running a workshop. He is busy welcoming participants and organising the start of the session when Mrs Dalazzi, a participant, approaches him and asks to speak with him. As Diego is balancing several tasks at once, he does not feel he can give Mrs Dalazzi his full attention. He makes a quick assessment to determine if the matter is urgent and then tells Mrs Dalazzi he will definitely speak with her in half an hour when the activities are underway. Mrs Dalazzi agrees.

When Mrs Dalazzi comes to Diego's office at the designated time, he makes sure the area is free from distractions. He tells the office assistant to hold any phone calls for him and closes the door to his office. He sits facing Mrs Dalazzi, maintains eye contact and gives her his full attention. He apologises for not being able to speak with her earlier and explains he wanted to be able to give her his full attention.

Acknowledge

As Mrs Dalazzi begins to speak and express her concerns, Diego does not interrupt. He sits forward in his seat and nods his head to show he is listening. He makes sounds like, 'uh huh' and says 'Yes' to acknowledge what Mrs Dalazzi is saying.

Clarify

Mrs Dalazzi expresses her concerns about the centre. Diego is a little confused about the main issue. He asks questions to clarify what Mrs Dalazzi means: 'I understand you are not happy at the centre. Can you tell me why?'

Mrs Dalazzi says she does not like the way one of the workers in the group speaks to her and the other participants. She says this staff member, Stephanie, is not respectful and can be bossy. Mrs Dalazzi says she does not appreciate being spoken to disrespectfully.

Encourage and probe

Mrs Dalazzi does not want Stephanie to get into trouble and also does not want to be perceived as a troublemaker. She is hesitant about fully explaining her concerns to Diego. Diego reassures Mrs Dalazzi she has a right to voice her concerns and reminds her that he will not repeat anything they discuss without her consent.

Diego asks Mrs Dalazzi, 'What exactly do you mean when you say "disrespectful" and "bossy"? Can you give me an example of Stephanie's behaviour?'

Mrs Dalazzi says Stephanie often raises her voice when she gives instructions for activities. Mrs Dalazzi complains that Stephanie speaks to her like she is a child and says things like, 'Be a good girl'.

Paraphrase

Diego paraphrases what Mrs Dalazzi has explained. He says to her, 'Your main concern is with the way Stephanie speaks to you; in particular, the volume of her voice and the words she uses'. Mrs Dalazzi agrees.

Reflect feeling

Diego goes on to say to Mrs Dalazzi, 'So you don't like Stephanie talking down to you and you are angry because you feel there is no respect?' Mrs Dalazzi agrees that this is how she feels.

Summarise

Diego summarises the issues raised by Mrs Dalazzi. Then he asks her for feedback on the way forward by saying, 'What would you like to see happen now, Mrs Dalazzi?'

Practice task 2

Re-read the previous example.

1. State three examples of communication micro-skills that will assist the development of the client–counsellor relationship.

2. What are three active listening techniques that Diego could use to let Mrs Dalazzi know that her thoughts and ideas are important?

3. Describe two ways that Diego seeks clarification of content.

Click to complete Practice task 2

1C Integrate the principles of effective communication into work practices

Often in the counselling setting, time is confined to set appointment or scheduled times. The first component of the counselling process is to fully explore the issues the person is coming to seek assistance with. As discussed, using specialist micro-skills is important to assist understanding and to explore the issue. Another key area to consider when communicating with individuals in the counselling process is how that person processes information. Individuals have a preference for absorbing information through one of the following methods:

▶ Visual

▶ Auditory

▶ Kinaesthetic

A person will also be able to process information through the other channels other than their main preference for information processing.

How you present information about the counselling sessions will be detailed in the organisations policy and procedures. It is useful to become familiar with these to ensure the information that you present meets the organisation's guidelines. The organisation's guidelines will also have information on how to document and keep the person's case file notes.

Learner styles

People have a preference for learning through a variety of learning styles. Most people will have a stronger preference for one type but this does not prevent them from using another style as well. When giving information to a person it is helpful to know what learning style the person prefers. This allows the counsellor to choose information in one of these formats to be more effectively processed. Check to see if some of the following characteristics may apply to you.

Visual learners

Visual learners attend to information most effectively when they see something; for example, pictures, diagrams, films and videos or demonstrations. Good visual information processing means being able to quickly and accurately process and analyse what is being seen, and store it in visual memory for later recall.

Characteristics of visual learners:

▶ Remember what they see rather than what they hear

▶ Remember diagrams and pictures

▶ Prefer to read and write rather than listen

▶ Have trouble remembering verbal instructions

▶ Need an overall view and purpose before beginning a project

▶ Prefer art to music

▶ Sometimes tune out when trying to pay attention

Auditory learners

Auditory learners are more interested in learning through spoken words. They prefer to learn by listening.

Characteristics of auditory learners:

▶ Can follow verbal instructions easily

▶ Like to hear someone explain and like explaining to someone else

▶ Like debating and discussing with others

▶ Tend to talk to themselves while working

▶ Enjoy reading aloud

▶ Like music more than art

Kinaesthetic learners

Kinaesthetic learners prefer to be involved in activities. They need to apply the information and make it their own by constructing something or practising a technique or skill.

Characteristics of kinaesthetic learners:

▶ Often they take notes or even draw pictures or doodle while listening

▶ Remember best what they did

▶ Memorise by working and seeing

▶ Prefer 'hands on' activities and group interaction

Document information about the intervention

You have a responsibility to document information regarding a counselling session in an accurate manner and ensure all records adhere to organisational procedures and guidelines. Take care to provide clear, accurate records based on fact rather than opinion.

The documenting process enables you to keep a record of the person's progress throughout the counselling sessions and to alert team members of any other important details derived from:

▶ other services involved with the person

▶ reports on the person from doctors or other professionals

▶ the person's family or support network.

Organisational procedures

Policies and procedures for maintaining accurate and up-to-date records for an individual are based on legislative requirements that are directed at community organisations to be accountable for the services they provide.

An individual's case notes and records are used as a reference for organisations to take responsibility for their actions and provide appropriate services to people accessing the service. At various times, courts may request certain documentation to resolve legal matters related to service provision.

Document an individual's information

Most organisations have their own procedures for writing case notes or documenting information about clients. Consider some of the general principles, such as the following:

▶ Accuracy and clarity

▶ Objectivity

▶ Language

▶ Completeness

▶ Timeliness

▶ Alterations

Accuracy and clarity

▶ Records must be accurate and written in a way that can be clearly understood by others. Always check what you have written to make sure it is clear and that the report includes your name, signature, and the date and time you wrote it.

Objectivity

▶ Write only facts about what you see, hear and do. Avoid personal opinions and feelings, and illustrate your points with factual descriptions of behaviour. If you do not have all the facts about a situation, make sure that you make this clear and do not infer that you know more than you do. If you are reporting what someone else has said, use direct quotes as much as possible.

Language

▶ Use bias-free language and a neutral tone as far as possible. In particular, descriptions of client behaviour and presentation may need to use tentative language, such as 'appears to …', 'presented as …' or 'is possibly …'. Avoid using clichéd or emotive language and slang. Remember that your client may read your 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.

Timeliness

▶ You should write your reports as soon as possible after contact with the client to ensure accuracy and to make sure the client's records are kept as up to date as possible. If records are written on any day other than the day of contact, always indicate this in your notes; for example, '27/4/16 Appointment with client on 26/4/16'.

Alterations

▶ Any alterations made to your records should be done neatly and initialled. You should not use white-out on client records. Never change what someone else has written.

Use appropriate terminology

Ensure you use appropriate terminology when making written or verbal reports about a person involved in counselling sessions. This means using terminology that is consistent with current usage in the counselling field and within a particular organisation.

Be aware that terminology may change over time and vary between treatment approaches and organisations. Suitable terminology may include 'alcohol dependency' or 'problems with alcohol'. Other terms that have negative connotations include 'alcoholic', 'drug addict' or 'junkie'. These terms label people in a negative way and imply that the individual may be dangerous and out of control.

It is also important to use the correct terminology with the person. This may involve explaining the terminology and not using technical jargon. At times it may be appropriate to use an interpreter service to ensure the person fully understands the communication.

Email and written communication rules

Most organisations have policies or guidelines regarding the type of language they expect you to use when sending correspondence on behalf of the organisation. The same rules that apply to printed correspondence also apply to email correspondence. You need to know what is expected in your workplace.

As with other forms of business correspondence, emails should be written in clear, plain English, using professional language. If you do not know the person you are writing to, then use the conventional 'Dear Mr …' If you have a good business relationship with someone, it is acceptable to use 'Hello'. Be careful of being too informal and friendly. You do not know who else might read your email. Remember that text messaging should not be a form of email; only a short reminder for appointments or similar.

Rules for email and written communication:

- ▶ Emails should be brief and to the point.
- ▶ Use uncomplicated words, short sentences and simple language.
- ▶ Do not overuse capital letters or bold font to emphasise points in your message.
- ▶ Never send aggressive messages or criticise other people in emails.
- ▶ Think about it overnight before you send it, if the message is difficult or stern.
- ▶ Respect people's privacy,
- ▶ Only give out someone's email address with permission.
- ▶ Use proper spelling, grammar and punctuation.
- ▶ Do not leave out the message thread.
- ▶ Do not overuse Reply to All.

Example

Integrate the principles of effective communication into work practices

Frank has been talking to his doctor about the things he is finding difficult around the house. With Frank's consent, his doctor makes a referral to the aged care assessment team (ACAT). Frank is reluctant to let the Commonwealth Home Support Programme (CHSP) team in to assess his home environment. Greg, the counsellor for the program, has been asked to meet with Frank to discuss his concerns.

Frank is identified as being eligible for home care services under the CHSP program. Greg organises a home visit to find out more about the services Frank needs and the environment he lives in. During the visit, Greg checks with Frank that the information on the ACAT assessment form is correct, in terms of the activities he can do on his own and the tasks he requires some assistance with. Greg asks Frank's permission to record information about emergency contact details and significant people in his life. Frank discloses that he is unsure about the service and is worried that it is the first step to being moved to an aged care residential home. Frank is nervous about filling in forms and discloses to Greg that he does not understand the questions that the CHSP team asked and thought that they were criticising his home. Frank also tells Greg that he does not understand what the support worker would do and if he needed to buy new equipment for them to use.

When Greg and Frank are satisfied that the CHSP assessment form is a true reflection of Frank's needs, Greg asks Frank for permission to have a look at his house and the environment the support worker will be working in. Frank shows Greg every room of his house and the backyard. Greg asks how Frank feels about having service workers coming to the house to support him and leaves some brochures that outline what services the local council can assist him with. Greg also leaves a copy of the assessment form for Frank's information.

Greg later emails the council and suggests that a support worker do a practical session of how they would support Frank.

Practice task 3

1. List the types of adult learner styles and identify what type Frank would be most comfortable in using.

2. Describe three areas that Greg needs to be aware of when sending an email to the local council.

3. Identify three things a counsellor should be aware of in regard to completing a person's case file notes.

Click to complete Practice task 3

1D Observe and respond to nonverbal communication cues

Research into human communication has shown that words alone account for as little as a tenth to one half of the total effect and perception of the message that is received. This means that nonverbal communication plays a significant role in all human interactions.

In order to communicate effectively, you will need to become skilled in watching and interpreting other people's nonverbal behaviour. You will also need to be aware of your own nonverbal behaviour and how that can impact the message you are trying to get across. Nonverbal communication also involves the way in which verbal communication is spoken or how the message is given.

Functions of nonverbal communication and body language

Here are examples of functions that nonverbal communication can perform. Communicate a feeling of safety with open, relaxed body language.

Body language and nonverbal communication can:

▶ communicate attitudes and feelings

▶ support the verbal message by repeating or reinforcing it

▶ replace verbal communication

▶ regulate the flow of conversation

▶ contradict the verbal message.

Types of nonverbal communication that the counsellor can observe

Posture

A person's posture can also convey different messages. Examples of posture often denote a closed attitude to the message.

Examples:

▶ Crossing arms is often a protective behaviour

▶ Brisk erect walk projects confidence. A person walking hunched over can denote dejection.

Personal space

The amount of space a person will let someone into surrounding their body indicates how much trust they have in the relationship.

Examples:

▶ Intimate zone (family and close friends) – a depth of 18 inches in circumference

▶ Social zone (friends and social acquaintances) – 1.5–4 feet in circumference

▶ Strangers – 4–12 feet in circumference

Eye contact

This can be dependent on culture.

Example:

▶ In Western culture it is accepted that when conversing that you maintain eye contact. In some cultures this is seen as a sign of disrespect.

Hand gestures

Some individuals use hand gestures to convey emphasis to their messages. At times emotions can cause a person to involve their hands in the communication process.

Other hand gestures are known as adaptors and can assist in determining a person's emotions. Adaptors are manipulations of the person or an object.

Examples :

▶ Touching the ear or hair

▶ Tapping of fingers

Symbolic hand gestures

Hand movements that convey meanings such as waving goodbye or a thumbs-up to signal all is right. Gestures may also vary according to the culture of the person.

Facial expressions

The facial expression of a person can also convey messages.

Examples:

▶ Raising of the eyebrows to express surprise

▶ Smiling to express engagement

▶ Wrinkling of the nose to express reluctance or distaste

▶ Frowning to express disapproval

▶ Eye rolling to express disapproval

▶ Shock by opening eyes and mouth

Presentation

The appearance of a person, clothing and grooming also convey a message.
Examples of this include types of uniforms in different occupations.

Voice

When speaking the tone of the voice, the emphasis on certain words as well as the speed and pauses all present messages that enhance or change the verbal message.

Touch

Touch is also a method in which communication takes place. Touch is also dependent on cultural factors. There are different types of touch and they are often dependent on:

▶ the spoken message

▶ the emotions of the person – a comforting touch if a person is distressed

▶ the familiarity of each person to the other – handshake with new acquaintances; an embrace or a kiss for close friends

▶ the length of the touch

▶ the area of the body.

Silence

Silences in verbal communication can indicate a number of other messages to the counsellor. This may assist the counsellor to gain an understanding of further information that the person may require, if the plan needs to be adjusted or the issue further explored.

Examples:

▶ Silence may denote the person trying to assimilate information.

▶ Slice may indicate strong emotions associated with the information.

▶ Silence may indicate the person's level of willingness to explore certain issues and concerns.

Read body language and nonverbal communication

Other aspects of nonverbal communication need to be kept in mind. Generally speaking, nonverbal messages reflect feelings more authentically than verbal messages. At all times the aim should be to use nonverbal communication to build a relationship of trust and safety.

Complex aspects of nonverbal communication

▶ Nonverbal cues are often ambiguous and can be interpreted in several different ways.

▶ The same feeling can be expressed nonverbally in different ways.

▶ The same nonverbal cue can be open to different interpretations in different contexts and situations.

▶ Different cultures and social groups interpret different nonverbal cues in different ways; for example, eye contact.

▶ Verbal messages and nonverbal messages may be contradictory.

How to respond to nonverbal communication cues

When communicating with a person during the counselling session you may also receive messages from the nonverbal communication cues discussed above. Nonverbal communication cues can give the support worker information on how to move forward in the counselling session with the person.

If a person is showing interest in the information or message you are sending to them it is a good time to further explore that interest. This can be providing more information in the written format for own knowledge or a time to provide more education surrounding the topic of interest.

If a person is looking bored and not showing much participation it may be a good time to swap strategies – perhaps to include challenging in the counselling session and further explore the area as the person may have switched off if it is an area they are uncomfortable with. It could also denote that the person has other more immediate concerns that they are focusing on.

Some nonverbal communication cues may just be the person sending a message that the environment is not conducive to communication. This can be a time to check if the room is suitable, that there is privacy and no distractions for the person.

Remember all nonverbal communication is a message that can be sent and interpreted.

Follow-up actions in response to communication

As a community services worker it is important that you respond appropriately to the information you are receiving. Your response is a combination of your verbal and nonverbal language and any actions that follow.

You will need to be aware of how you are positioned and what your body language is saying, and that it is consistent with the verbal response you are giving so you don't confuse the message. For example, if you say, 'Yes, I believe you', but smirk and roll your eyes as you end the conversation, then the message the person is actually receiving will be more along the lines of, 'I don't believe you and I'm just agreeing so that you stop talking'.

Sometimes communication will require a follow-up action and other times it may not. It is important that the reason for the communication is clear so that you respond appropriately. For example, if Mary tells you that she doesn't like the way her daughter is talking to her, she may want empathy and acknowledgement or she may want you to arrange a family meeting to discuss relationship issues. If Mary just wants empathy then she is not going to appreciate you breaching her confidence and telling her daughter that they have unresolved issues.

If you are unsure of how to appropriately respond to a message, then it probably means you need further clarification about what is wanted and expected of you as a direct result of the communication.

Example

Observe and respond to nonverbal communication cues

Harry has been referred to Martin's AOD assessment and referral organisation as a condition of his suspended sentence for possessing heroin.

Harry is reluctant to cooperate and appears sullen and disinterested. Harry looks down at the floor and does not make eye contact. Martin notes that Harry's posture is slumped with arms crossed and his walk is slow. Harry takes the chair furthest away from Martin. Martin will be undertaking Harry's assessment. He meets with Harry to complete an intake assessment and provide him with information about the comprehensive assessment.

Martin begins the session with the following explanation:

'I've been asked to collect some initial information from you that'll help us to make sure you're given the best types of support we can offer. Tomorrow, I'll spend an hour or two talking with you in more detail so that we can properly understand your drug use and help you to avoid any further problems with the law. It's important that you know you're the most important person in this process. You can choose not to answer questions, but I give you my assurance that what you do tell me can help us work together so you can manage your situation in the future, whether you choose to continue to use heroin or try to get clean. Your decisions and input will guide how we work together.'

When Harry realises that Martin is not going to preach to him or force him to change, his attitude relaxes and he appears more willing to talk. Martin notes that Harry's arms uncross and he leans forward in the chair indicating interest in the conversation. Harry nods as Martin goes through the explanation and makes eye contact with him.

Practice task 4

Re-read the previous example.

1. Describe three nonverbal communication cues that indicate that Harry is defensive.

2. Explain how nonverbal communication can contribute to the communication process.

3. When Martin notes that Harry is paying more attention, what should Martin do next?

Click to complete Practice task 4

1E Consider and respond to the impacts of different communication techniques on the client–counsellor relationship

Communication if undertaken well will see a change in the client–counsellor relationship. If it is undertaken well the person and the counsellor will have a therapeutic relationship based on trust and respect for each other. It will enable the counsellor and the client to address issues of concern and move the person closer to achieving their goals. If the communication does not meet the needs of the person the relationship between client and counsellor will not evolve into one where progress can be made.
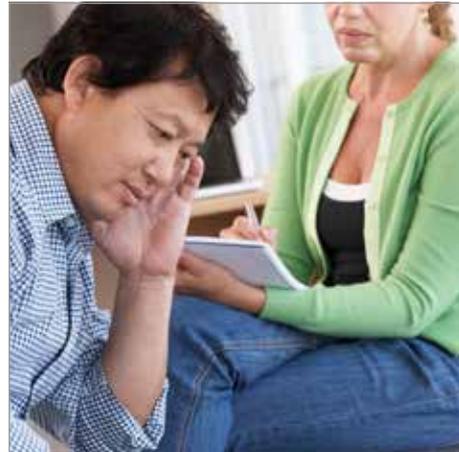
The use of different micro-skills of communication also has an impact on the client–counsellor relationship. As each change to the relationship occurs the counsellor needs to assess the change and implement strategies to maintain the boundaries of the relationship and to keep the person moving forward towards their desired goals.

Motivational interviewing

Motivational interviewing focuses on increasing the client'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 their drug use. The technique, devised by Miller and 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 the stage they are at to explore their impediments to change.

The person is 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 situation. 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.

Assess readiness for change

The Transtheoretical Model (Stages of Change) 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 people 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 counselling session the 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, or does not wish to acknowledge the possible harm their behaviour is causing. Therefore, the most appropriate type of session will be one that raises their awareness of these issues.

The benefit of the Stages of change model is that it helps the person to understand that change is an ongoing process with defined steps. All parties should accept that relapses are likely to occur and that the person may need to repeat the change cycle until they are able to maintain behavioural changes. The type of communication skills that will be used will depend on the stage of change the person is at and the presentation of the person. If a person is very emotionally upset, then more supportive communication strategies will be used rather than challenging strategies. As the person goes through the different stages, the relationship between client and counsellor changes to adapt to these.

Pre-contemplation

The person is not considering change. Workers 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.

If you encounter a person at this stage, you should try to:

▶ engage the client – if you are able to appropriately engage with a client, this means that they are more likely to come to you if or when they are thinking of doing something about their drug use

▶ raise awareness of risks involved in drug use – this can be achieved by using motivational interviewing techniques.

Example:
▶ 'I was forced to come here. I'm not telling you more than I have to keep the judge happy.'

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. 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. Being ready to change requires two things:

▶ The goal has to be important to the person; therefore, 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, so focus discussion on what supports will help improve the person's confidence.

Example:

▶ 'I'll give up someday. Now is just not the right time.'

Preparation

The person is trying to make changes and is planning for change. During this phase, the person makes decisions and actively plans for the change; for example, making doctors' appointments or contacting support services. Support and encouragement are vital here. 'I came here to get help, but I want to know what that involves before I make any decisions.'

Example:

▶ 'I've moved away from the people I used to go to the Pokies with but I would like to see them again.'

Action

The person is actively taking steps to change. Individuals 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.

Examples:

▶ '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 get drugs out of my life.'

Maintenance

The person is committed to sustaining new behaviour. The person moves 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.

Example:

▶ 'I haven't lost my temper for the last six months. It's been tough and I need some more help to get through the difficult times.'

Relapse

The process starts again. The most likely initial outcome of stages of change is a relapse. This is when the person returns to old patterns 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 and that it is both a normal part of the change cycle, and a learning experience.

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.

Example:

▶ 'I tried relaxation therapies, but I went straight back to yelling when I got involved in an argument again.'

Personality and communication

There will be various personality types present in each group. Researchers have identified a number of personality types as described here. You need to understand the person's personality to choose the type of communication strategy to use. This helps you ensure that the person will contribute to the counselling or communication approach. For example, some people are eager to participate in exploring and communicating their concerns to a counsellor; others need support and encouragement to assist them to participate. Identifying the person's personality is one of the factors that the counsellor needs to assess to encourage communication and develop a trusting relationship.

Researchers have identified a number of personality types, as described here.

The talker

▶ Talkers have something to say about everything. If allowed, they will dominate the discussion and will need minimal encouragement to explore the issue. The counsellor should aim to slow talkers down, not silence them. The rotation technique is effective with talkers. This means they have to wait their turn. You can also try gently interrupting and presenting your own ideas.

▶ It may be necessary to use more closed questions to restrict the amount of talking the person does.

The silent one

▶ For discussions to be effective, each person needs to participate. If a person is silent, the counselling session does not get the benefit of their input but the silences are still communicating a message. It is the counsellor's responsibility to encourage silent members to participate without being obvious or overdoing it. To build up silent members' confidence, counsellors should call on them with questions they can easily answer or ask a non-confrontational question to encourage participation.

The wanderer

▶ Wanderers distract from the counselling plan and often like to complain. The counsellor needs to keep everyone on track. If the wanderer wants to socialise, cut it off. Be kind, thank the person for their contribution, and then ask the person a question to get discussions back on track. However, if the wanderer has a complaint that is legitimate and solvable, allow the person to discuss it and encourage them to come up with a way forward. The aim of the counselling is to explore issues; for some people, complaining is a way to bring up a topic for exploration.

The bored one

▶ There may be a person who is uninterested in communicating. They may be preoccupied, inattentive or fail to turn up for the meeting. They may feel superior and wonder why they need to spend so much time on the obvious. To keep people motivated, the counsellor can assign the board member a task like collating information, recording ideas in a journal. Asking specific questions to stimulate the communication process can also be effective. Exploring topics that the person enjoys to start the communication is also helpful.

The arguer

▶ The arguer likes to be the centre of attention and enjoys arguing for the sake of it. The counsellor should resolve conflict but should not get into an argument with the arguer. If the conflict is personal, cut it off. Try to keep the discussion moving and minimise the opportunity for confrontation.

The shy one

▶ Some people would like to participate but are too shy to speak up. They need to be encouraged and given positive signs that what they say is valued. Asking closed questions and asking about topics that interest the person is a strategy that can be used to encourage the person to commence communication.

Example

Consider and respond to the impacts of different communication techniques on the client–counsellor relationship

Shelley is Zack's AOD care worker. She has booked a treatment plan review appointment with Zack, his disability worker and his psychologist. Zack sets a treatment goal of stopping ecstasy and has set tasks of weekly psychologist appointments, spending weekends with friends who don't use and exploring alternative ways of relaxing and feeling good. Shelly uses the challenging technique in the next interview with Zack, focusing on his behaviour and avoiding personal judgments. Shelley is concerned that Zack has not been able to attend two of the past three appointments scheduled with his psychologist, although he reports that he has managed two weekends in a row without using ecstasy. When Zack relays this information, Shelley acknowledges the effort Zack has made to not use ecstasy and to employ strategies to limit his exposure to this drug use.

When discussed further, it becomes clear that Zack only thinks he needs to attend his psychologist appointment if he has used ecstasy over the weekend. The psychologist clarifies that it can be helpful to attend regularly to build on the work they are completing together and to discuss relapse prevention and alternative ways to relax. They agree to meet for four weeks in a row and review at this point. Zack felt comfortable after the plan was communicated to him and relieved that he was not criticised for non-attendance. Zack has decided he would like to attend a neighbourhood house to look at courses but was uncertain if he could manage the course work. Shelley spent time exploring Zack's current skill basis and goals for the future, both Zack and Shelley agreed that this would be a positive step towards Zack's future. This is added to his treatment plan but Zack doesn't have access to public transport. A support worker agrees to drive him to his local centre. They agree to meet in four weeks for another review. After the appointment, Shelley makes copies of the revised treatment plans and sends them to Zack, the support worker and psychologist.

Practice task 5

1. Explain the techniques of motivational interviewing that Shelley and the other people in the interview used when meeting with Zack.

2. Identify two strategies that Shelley could use if Zack demonstrated personality traits of being bored.

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3. Outline two strategies for counselling a person who has the personality of an 'arguer'.

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Click to complete Practice task 5

1F Integrate taking case notes with minimum distraction

Case notes are an important legal and professional issue for counsellors. All sessions as discussed above must be fully documented in the person's case file. There are different techniques for taking case notes. It is important to ensure that the taking of notes does not distract either the participant or the counsellor. If taking copious notes, nonverbal communication may not be observed and vital information relating to the communication message may be missed.

Taking notes manually may also interfere with the client–counsellor relationship as some clients may view this activity as a barrier and may perceive this as a lack of attention. Some areas have moved to video or audio recording while others require physical note taking. You will need to check the organisation's policy and procedures for case notes. If using video or audio taping it is your responsibility to ensure the equipment is working properly before the session commences. Video and audio taping allow you to capture more information than traditional case notes as you are able to observe nonverbal behaviour or tone and pitch of conversation. In all cases informed consent must be obtained before the session commences.

The following outlines examples of ways to take case notes in counselling sessions.

Writing

The advantages of writing during a session are that the counsellor has a physical resource or prompt to immediately refer to in the session. It can be useful to guide the conversation with the person by reviewing the main points of the discussion. It is also useful to go over the session at different points to clarify messages and paraphrasing and summarising the session with the person.

Writing down case notes can have negative impacts on the counselling relationship and the communication process. It may be perceived as a barrier by the person and prevent all of the nonverbal information demonstrated by the person being picked up by the counsellor.

Audio taping

By taping the session, the counsellor is able to go back over what was said and focus on tone of voice and spoken expression to gain more insight into the communication with the person.

Counsellors will still need to jot down points by hand as the conversation is undertaken, paraphrasing and summarising the session with the person.

Video taping

Taping the session allows the counsellor to review the communication with the person and gain the audio components of the communication and the nonverbal communication expressed by the person. It can also be useful as a tool for self-reflection and evaluation of the counsellor.

Availability of space

Arrangements will need to be put in place for an appropriate space to conduct the session. The organisation will likely have a booking system and perhaps a number of suitable or purpose built rooms to choose from. Keep in mind that the counselling setting may influence how at ease a person feels about providing information and participating in the process. Make sure that the environment is comfortable and is appropriate for the person's individual requirements.

Arrange the space

Once a location has been confirmed, the space itself needs to be conducive to a positive experience. This could simply mean that the space is comfortable. When discussing private matters, the environment should allow for the person's individual needs such as disability access and for all parties to feel comfortable. There are also a number of other important elements relevant to a counselling session to consider about the space, including privacy and seating arrangements.

Privacy

▶ When conducting a counselling session, the space needs to be private. It should not be possible for anyone not involved, to overhear what is said. If you are familiar with the space, think about whether or not it is quiet and free from interruptions. There is always an option of placing an 'Interview in progress' sign on the door to make sure you are not interrupted during the interview.

Seating

▶ Where possible, try to sit in reasonable proximity to the person and make sure that there are no barriers between you; for example, a large desk between you may intimidate the person. Make sure that the chairs are the same height so you do not look down on them. Chairs should be positioned to ensure that eye contact can be made comfortably. There should be enough room for several people to sit comfortably. This will be important in cases where the person requires a support person present, such as an interpreter or other supporter. Also consider risk issues in advance – if you have concerns that an individual may be violent, position yourself close to the door so you can exit easily if needed.

Recording the session

▶ Note taking will need to occur and your supervisor can give you guidance on the accepted practice of how and when to take notes. A clipboard or notepad can be used and balanced on your lap if a small table is not available. Alternatively and with the person's permission, you may choose to record the session and write up the case notes after the person has left. Usually a counsellor will always jot down points of the conversation even if taping to refer to when paraphrasing and summarising the session with the person.

Legislation protecting privacy and confidentiality

Each state has different laws that govern privacy and confidentiality, though the guiding principles are similar. You should be familiar with the main points in the legislation that govern the state or territory you work in. There are also Commonwealth Acts that apply to the whole of Australia; for example, the *Privacy Act 1988* (Cth), which protects all personal information handled by businesses.

Most states and territories have laws designed to regulate how information is managed in both the private and public community service systems. Some states have also incorporated information privacy principles and human rights principles into law.

To access the law relevant to your state or territory, search the Australasian Legal Information Institute database at: http://aspirelr.link/austlii

Protect privacy and maintaining confidentiality

Privacy and confidentiality are critical to work in the community services sector. Workers will often have access to privileged and sensitive information about the people they work with. The way workers manage confidential information can have a significant impact on a person's dignity, rights, choices and opportunities, as well as their concept of self-worth, self-esteem and wellbeing.

Workers are allowed to, and should, share confidential information about a person receiving their care with their supervisor when necessary. Confidentiality means that workers must have a reasonable purpose for collecting, storing, accessing and distributing information about any person accessing services. Organisations and workers must also not collect generalised information without an implicit reason.

'Privacy' refers to a person's ability to control access to themselves, their space and their possessions, including information about them. Privacy also means taking steps to avoid embarrassment and humiliation. When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles that apply to organisations and Australian Government (and Norfolk Island Government) agencies.

There are now 13 privacy principles that apply to the collection, use and storage of information. Below is further information about the APPs.

Collection, use and storage of personal information

1 **Open and transparent management of personal information**
Ensures that organisations manage personal information in an open and transparent way.

2 **Anonymity and pseudonymity**
Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.

3 **Collection of solicited personal information**

Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.

4 **Dealing with unsolicited personal information**

Outlines how organisations must deal with unsolicited personal information.

5 **Notification of the collection of personal information**

Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.

6 **Use or disclosure of personal information**

Outlines the circumstances in which an organisation may use or disclose personal information that it holds.

7 **Direct marketing**

An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.

8 **Cross-border disclosure of personal information**

Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.

9 **Adoption, use or disclosure of government-related identifiers**

Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.

10 **Quality of personal information**

An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.

11 **Security of personal information**

An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.

12 **Access to personal information**

Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.

13 **Correction of personal information**

Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Confidentiality

Confidentiality is critical to work in the community sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access, and self-concept, self-esteem and wellbeing.

Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Confidentiality refers to both written and verbal information. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

Disclosure of confidential information

There are some situations in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment, then the hospital, specialist or doctor must be informed of the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party.

You may be required to disclose private or confidential information when:

▶ compelled by law (for example, if the person has a reportable disease or the information is requested by a court of law)

▶ a person's interests require disclosure and there is a serious risk that justifies breaching confidentiality; for example, the person is at risk of suicide, self-harm or harm to others

▶ there is a duty to the public (for example, there is public threat or concern)

▶ the person has consented to the disclosure.

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 care plan about who you need to ask for permission to do an activity or task for that person.

Initial requirements for counselling

▶ At the beginning of counselling, informed permission must be sought from clients and recorded.

▶ If counselling is mandated by a court order, clients are informed of the consequences if they choose not to participate or attend.

▶ Client expectations of the outcome of counselling and professional boundaries are fully discussed.

▶ Possible models and interventions which may be helpful for the client's presenting problem are explained.

▶ Alternatives and adjuncts to counselling are explored; for example, support groups.

▶ The risks of interventions are explained; feeling overcome by negative emotions discussing traumatic experiences.

▶ The limits of confidentiality are explained.

▶ Ethical codes of practice, agency policies and complaint processes are explained.

▶ The counsellor's qualifications, experience and role are discussed.

▶ Costs of counselling (if any) and cancellation policies are explained.

Case note information

The information that should be in case notes will be outlined in the organisation's policy and procedures. If you are not certain about any requirements you should refer to the supervisor for clarification. All paperwork should be completed using the organisation's approved forms.

Intake information

Intake information, including at a minimum who has referred the client to the service, contact details, date of birth and the nature of the presenting problem. It is also good to obtain a next of kin or contact person that can be contacted if there is a need.

Initial assessment

Notes on assessment sessions are more detailed than ongoing session notes and are usually taken during the session to ensure the record is accurate and includes all relevant details. Details at this point can be added to the initial information recorded in the person's file.

Case plan

The counselling contract or case plan. Information recorded includes the client's goals for counselling, desired outcomes, interventions to be used and number of sessions. The contract demonstrates the client has given informed consent to counselling. The organisation will usually have accepted forms that have been put in place to observe any legal requirements and these should be complied before the session begins.

Session notes

These are recorded as soon as possible after the session has been completed to ensure the record is accurate. Counsellors only record what is relevant to the client's goals and the counselling contract. When new goals are set during the counselling process, these goals should be recorded clearly in the session notes. Each entry should be signed and dated by the counsellor. The counsellor should use the terminology that is required by the organisation and any additions or deletions should follow the organisation's policy and procedures in line with legal requirements for reporting.

Client contact

Contact with clients outside of the counselling session should also be recorded. This includes emails, messages left with reception or on voice mail, phone calls and transcripts of SMS messages. The organisation will have policies and procedures for undertaking this form of contact. If required to attend an outside venue, WHS safety issues should also be addressed and reported.

Summary

At the end of the counselling relationship, it is good practice to write a summary of the counselling process and comment on progress in meeting the initial goals for counselling and whether the presenting problem was resolved. Other goals that were agreed upon and the person's achievement of these should also be recorded. There should also be notation of where the person is in the stages of change model and if there have been any relapses and where the person is now at.

Missed sessions

If a person misses a session or does not return to counselling, this should also be recorded. Follow-up by the counsellor should also be recorded. This could be critical if the person was mandated by a court order to undertake the counselling sessions. There is usually a requirement for the counsellor to report this to the relevant authority. The organisation will have a policy and procedure in place to follow if this occurs. This needs to be reported to the supervisor for their records.

Sources of information

Working in the community services environment will require you to use many sources to gain important information about and on behalf of the people accessing your care.

It is important that you always obtain information in a way that complies with the ethical and legal requirements of your workplace. Sometimes this may mean declining or refusing information that has been obtained through illegal or unethical practices.

At times you may face a dilemma where information you have received from a source will have a direct impact on a person's care, but cannot be disclosed due to privacy and confidentiality laws.

If you ever experience a situation like this or are in doubt about what action to take, then you should discuss the situation with your supervisor.

Here are some potential sources of information.

Information sources
▶ Case notes
▶ Care plans
▶ Medical tests and reports
▶ Family members of the person accessing care
▶ Friends of the person accessing care
▶ Conversations with work colleagues
▶ The media via online, television and newspaper sources
▶ Workplace meetings, emails and memos
▶ Social media

Maintain confidentiality of information

Information relating to people accessing services must be securely stored, with access limited to those working directly on the case, according to organisational policies and procedures.

Confidentiality refers to both written and verbal information. Here are some more examples of both that are considered private and confidential. In some instances an individual accessing the service has given consent to have their details used in a professional area such as a presentation but not outside the parameters of this situation.

Examples of written information
▶ Case notes
▶ Medical information
▶ Contact details of people accessing services
▶ Incident reports
▶ Relevant letters, emails and faxes
▶ Individual plans/goals and reviews for people accessing services
▶ Referrals
▶ Papers, case studies and practice manuals

Examples of verbal information

▶ Telephone calls

▶ Meetings

▶ Consultations with people accessing services

▶ Case conferences

▶ Discussions with colleagues and people accessing services

▶ Community meetings

▶ Group discussions

▶ Presentations and speeches

Example

Integrate taking case notes with minimum distraction

Tina works with young people involved in the juvenile justice system and she usually accompanies her clients to court. One of the boys she works with, Justin, has had the time and date for a court appearance changed. Tina has an interview scheduled with Justin the week preceding the court appearance. Tina usually records the session with Justin's consent and transcribes it after the interview. Tina finds that this helps her to focus on the person and is helpful when reviewing the verbal and nonverbal communication.

Tina makes a mental note to record the change of date court appearance when writing up the case files when talking with Justin but forgets to write it in Justin's files. Justin is anxious that people do not overhear his conversations with Tina as he has not told his employer or wife that he has a court appearance scheduled. On the day of Justin's court appearance Tina is sick and has forgotten that she told Justin that she would pick him up and take him to court. The other workers who check the file are unaware that Justin needs to go to court because Tina has not made a note of it. Justin misses his court appearance.

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Practice task 6

Re-read the previous example.

1. Describe two things that Tina could do to ensure people cannot overhear the conversation had during the interview.

2. What else could Tina do in the way of making notes?

3. What considerations does Tina need to make in order to record the sessions?

Click to complete Practice task 6

Summary

1. Community service workers must have an understanding of the legal requirements that underpin every job role. This helps ensure you carry out your work safely and in a manner that addresses client needs and rights.

2. It is important to monitor each component of the communication process and plan to improve each aspect of the process for effective communication.

3. Communication includes verbal and nonverbal communication. Silence in the counselling session can also transmit information to the counsellor.

4. By evaluating and monitoring a client's progress, workers can determine whether current services are meeting the client's needs, whether there is a problem and clients are failing to meet their goals, and whether changes need to be made.

5. Counsellors must regularly monitor their own work performance to ensure the needs of the organisation, team and clients are being met.

6. The type of communication micro-skills that a counsellor will use will vary according to the individual and the stage of the counselling progress.

7. When building relationships with different people, you must consider the communication needs of everyone you work with. Some may have physical or mental disabilities. Some may have language or literacy difficulties. Some may be unreceptive or in a particular emotional state that creates communication barriers.

8. Feedback is an important tool for both the person and the counsellor to monitor progress and plan interventions.

9. To communicate with unreceptive people, you need to take the time to understand their attitudes. You can do this by talking to them and developing a closer relationship with them.

10. When taking case notes the counsellor needs to assess the best method of recording information that complies with relevant legislation including informed consent.

11. Communication barriers can also occur if someone is afraid, angry or frustrated about a potential outcome.

Learning checkpoint 1
Communicate effectively

This learning checkpoint allows you to review your skills and knowledge in effective communication.

Part A

1. List two barriers to the communication process.

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2. Identify two strategies for overcoming barriers to the communication process.

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3. List and explain two legal and ethical concepts that need to be applied to the counselling process.

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4. Describe the process of the encoder and the decoder in the communication process.

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5. Identify two primary factors that impact the communication process. Give examples to support your answer.

6. Outline two mechanisms or strategies that enhance effective interpersonal communication.

7. Explain the different learning styles for people with visual, auditory and kinaesthetic preferences.

8. What observations should the counsellor make of the person in addition to communicating verbally?

9. Explain the nature of the client–counsellor relationship.

10. Outline the legal and ethical considerations for privacy, confidentiality and disclosure in the counselling process.

Part B

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

Case study

Sally, an AOD case manager, is meeting with Elizabeth for the first time. Elizabeth is 43 years old and has a long history of misusing alcohol and benzodiazepines. Sally sets up the room so that the chairs are facing each other with a small table in the middle. When Elizabeth arrives, she asks for consent to take short notes and tape the session.

Sally notes that Elizabeth makes minimal eye contact and walks slowly with a stooped posture. Elizabeth chooses a chair that is a fair distance from Sally. She is quiet and wears a small hearing aid. Sally notices Elizabeth constantly checking that the door is closed, so she asks Elizabeth if anything is worrying her about the location. Elizabeth tells Sally that she saw her neighbour when she arrived and does not want her to overhear their conversation. Sally reassures Elizabeth that their meeting is private.

Sally asks about Elizabeth's background and her likes and dislikes, and also shares some of this information about herself. Elizabeth tells Sally that she is currently drinking up to half a bottle of spirits a day. Elizabeth has been diagnosed with anxiety and has been unemployed for over three years. When Sally gives Elizabeth information about the dangers of drinking while taking prescription medication, Sally notes that Elizabeth is having difficulty following the conversation so she gives Elizabeth some brochures and printed material to reinforce the conversation, and finds a video on the topic. Elizabeth responds more to this visual information, so Sally notes this for their next meeting.

After the interview, Sally notices that Elizabeth appears unsteady on her feet and asks her if she is feeling okay. Elizabeth says she has been drinking and is feeling a bit dizzy, so Sally persuades Elizabeth to call her friend to pick her up from the centre.

1. List the barriers that Elizabeth displayed in the counselling session.

2. What strategies did Sally put in place to address these barriers?

3. What duty of care does Sally have to Elizabeth as a result of the counselling session?

4. Identify the learning style of Elizabeth in the counselling session. Identify the strategies that Sally puts into place to accommodate Elizabeth's learning style.

5. List the nonverbal communication cues that Elizabeth displayed in the counselling session.

6. Describe some of the communication techniques employed that Sally used to enhance the client–counsellor relationship.

7. What strategies did Sally employ to integrate taking case notes with minimum distraction in the counselling session?

Topic 2

In this topic you will learn how to:

2A Select and use communication skills according to the sequence of a counselling interview

2B Identify points at which specialised counselling interviewing skills are appropriate for inclusion

2C Use specialised counselling communication techniques based on their impacts and potential to enhance client development and growth

2D Identify and respond appropriately to strong client emotional reactions

Use specialised counselling interviewing skills

Communicating with people in a therapeutic environment assists the people to explore the issues of concern. Counselling also aims to move the person forward to understanding what changes need to be made to achieve their goals; this entails assisting the person to explore other ways of responding to situations and to view experiences in a more positive and beneficial way.

2A Select and use communication skills according to the sequence of a counselling interview

The type of communication skills will depend on the person undertaking the counselling as well as the stage of the counselling relationship. The person who accesses the service is an individual and will respond to different techniques in their own unique manner. This may be a result of all of the individual factors of the person such as, age, gender and culture, and also through the consequences of past experiences.

The counsellor must constantly monitor and review the counselling process and achievement of individual objectives in consultation with the person. The counsellor will need to gauge the body language of the person when introducing new techniques and the behaviour responses of the person. It is important that the trusting relationship is maintained and the person is fully informed of the processes used in the counselling environment.

Person-centred practice

Person-centred practice entails getting to know the person as an individual and treating them with the respect and dignity they deserve. It is about respect for people and their values, needs and individual preferences. Person-centred care aims for a partnership and teamwork between the person, their family and the professional care team offering support. The person should be at the centre of care and the health services should revolve around the service user rather than around funding and/or community health professionals.

A counselling session offers support, understanding and acceptance. When conducting any type of interview with a client, allow them to feel in control of their own problems and decisions. You can offer suggestions based on the outcome of the communication session, but in most cases it must be the person who drives the process rather than the counsellor.

Counselling and the person-centred approach

The person-centred approach, developed by American psychologist Carl Rogers (1902–1987), aims to create a safe and supportive environment that encourages people to move toward a greater self-awareness. The person-centred approach proposes that the person knows themselves better than anyone else does and the counselling will ultimately be more successful if the sessions involve looking at the person as an individual, rather than just another person with a behavioural problem. This approach guides the person to seek their own understanding about their behaviour and develop their own motivation to change. It recognises that it is the person's needs that should determine the kind of help they require. Using this approach requires you, as their counsellor, to listen carefully and take the person's level of motivation, opinions and preferences into account while you ask questions and provide information.

The person-centred approach requires the following.

Three elements required in a person-centred environment
Empathy Demonstrate an accurate understanding of the client's experience.
Unconditional positive regard Demonstrate that you are accepting and non-judgmental of the client.
Congruence Demonstrate that you genuinely wish to help the client and you are not hiding behind the facade of an expert or judge.

Aim of counselling

The aim of counselling is to provide the person with a confidential opportunity to explore personal and relational issues in safety. The role of the counsellor is to help the person through this process without judgment or telling the person what to do. It is to empower the person to make decision, institute actions and achieve stated goals. The counsellor may, on occasion, give the person information or offer suggestions. During counselling, the counsellor and the person set goals they have both agreed upon. The person agrees to work towards agreed goals. If at any time the counsellor believes they can no longer help the person, then they will refer the person to an appropriate service or person to assist them.

Purpose of counselling

Counselling encourages the person to become more aware of their thinking, feelings and behaviour, and to develop alternative coping strategies for difficult situations. It is a process that encourages the person to look at their emotions, experiences and behaviours with a goal to facilitate positive change. Counselling assists and guides a person to resolve problems and difficulties.

Counselling requires talking and working together through issues. Being able to speak freely and openly enables the person to see things more clearly – possibly from a different viewpoint.

The counselling sessions provide an opportunity to get assistance clarifying what is important to the person through the prioritising of goals. Empathy from the counsellor allows them to ask appropriate questions and lead the person to positive outcomes. A relationship of trust is important for this to occur, based on a premise of confidentiality.

Counselling may have been recommended or mandated to the person or they may have chosen this direction for themselves.

Reasons for attending counselling:

▶ The person feels overwhelmed or depressed.

▶ The person needs someone to talk to outside of family and friends.

▶ There is an issue or situation affecting their day-to-day operations or life to the point they can't make important decisions and are not sure what to do next.

▶ The person is required to attend as a part of a court instruction.

Objectives of counselling interviewing and the person-centred approach

Counselling in the community services area is a process of communication that aims to explore a person's concerns and to effect a change in behaviour and attitude.

Counselling is person-centred and may be remedial as well as preventative and developmental. Counselling aims to understand the emotions the person associates with the issue they are seeking assistance with and the associated behaviours. Carl Rogers (1951) proposes that a person in the person-centred approach will move through stages of being defensive to one where they are fully functioning and self-actualising.

Here are some objectives that person-centred counselling aims to achieve.

Objectives of person-centred counselling

▶ To help the person understand and explore their concerns or problems

▶ To assist the person to recognise changes they may need to make

▶ To assist the person to set goals and objectives to effect a change in relation to the concern

▶ To assist the person to develop a course of action to meet the goals and objectives

Stages of the counselling session

The counselling arrangement will normally consist of three stages and two further steps at the commencement of stage three. At times the person will move between the last four stages as new concerns or issues arise. Each stage has its own objectives to enable the counsellor to plan the intervention with the person.

Here are the stages of counselling explained in more detail.

Stages of counselling

Stage 1 – Initial disclosure and relationship building
Engaging the person in counselling and building a trusting relationship is the goal. Without this trust the person and the counsellor will not move into the next stages of the counselling process. The building of a relationship will continue throughout the process.

Stage 2 – Exploration and identification
The person and the counsellor explore the issues. At this time the counsellor is able to make assessment of the problem.

Stage 3 – Goal setting and action plans
The person is committed to action and goals are set with the counsellor. It is important that the person owns these goals to gain commitment.

Stage 4 – Monitoring performance
The actions that were put into place are explored and behaviours adjusted. The counsellor intervenes in the person-centred approach to assist the person achieve their goals.

Stage 5 – Ending the counselling relationship
Steps are made to end the relationship once the person is able to sustain the behaviours and achieve the goals.

Stage one of the counselling relationship

In this stage, the building of a trusting relationship occurs between the person and the counsellor.

In order to build this relationship the counsellor must be able to demonstrate empathy, genuineness and warmth. Here are explanations about the underpinning principles of effective communication.

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 interest or adopt the position of an expert dispensing information.

Unconditional positive regard

▶ Unconditional positive regard means the communicator respects the other person by showing them. This means accepting the other person unconditionally, without judgment, disapproval or approval. This helps the other person to feel increased self-regard 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.

Stage two of the counselling relationship

In this stage the person has disclosed the concerns or problems that they wish to address. The counsellor now must use that information to make an assessment of the person and the problem. The reasons for doing this are to note if any area has not been fully explored and to clarify the information with the person to ensure the message has been received accurately.

The counsellor in this stage gathers specific details about the problem. The areas that are investigated are listed below.

Observations of the problem

▶ The counsellor attempts to discover:
  – the feelings associated with the problem
  – how the person perceives the problem from their position
  – what behaviours the person exhibits to cope with the problem
  – any physical signs the person is having in connection with the problem (lack of sleep, low energy, weight gain or weight loss)
  – how the problem affects other areas of their life.

Pattern

▶ The counsellor attempts to discover:
- what causes the problem to occur
- if there are any precipitating events that cause the problems
- what the person does to address the problem
- if anything makes the problem worse.

Time

▶ The counsellor attempts to discover:
- how long the person has had this problem for
- how often the problem occurs
- the first time the person noticed the problem or if it was made known to them by another person.

Strategies

▶ The counsellor attempts to discover:
- what the person has done previously to address the problem
- if the strategies reduced or assisted with the problem
- if the person needed any other supports to manage the problem.

Stage three of the counselling relationship

In this stage the counsellor empowers the person to identify the goals that they wish to set to manage the problem. It is important that the person takes ownership of the goals and is aware of their accountability and responsibility to work towards achievement of these goals.

The counsellor explores the goals that the person has devised and may, in conjunction with the person, assist the person to adjust and break down the goals into smaller objectives. The person and the counsellor also need to have alternative strategies or fall-back actions if things go awry.

It is important that these factors are part of the goal-setting process so that the person and the counsellor have a clear action plan to address the problem in a set time frame. This stage involves the person in the processes of problem-solving and decision-making. Using the SMART acronym is useful for setting the objectives and goals.

The acronym is outlined in more detail here.

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.

Include problem-solving into the session

It is useful for the person to apply problem-solving skills to address barriers to seeking and accepting help. These skills help the counsellor and people accessing the service to collaboratively identify strategies to address difficulties.

By communicating effectively with the person, support workers can assist to identify and address barriers to seeking and accepting help. Indigenous and culturally and linguistically diverse (CALD) consumers have additional barriers to accessing the support they need. By problem-solving, the person and the counsellor collaborate to address barriers.

Feelings of shame about behaviours, emotional crises or not being able to manage a problem alone can be a barrier to seeking and accepting help. Problem-solving skills can be used to address this barrier.

The following illustrates the process a person can take to identify and act on their emotional distress.

Define the problem

Break the problem down into manageable chunks: What exactly is the problem? What are the negative effects of the problem?

What harm is being done? How is it affecting people around me?

What do I want to accomplish?

What barriers to progress am I experiencing?

Examples

▶ Identify the specific barriers to seeking and accepting help; for example, 'I feel embarrassed that I can't cope and manage this situation myself.'

▶ 'I think that I should solve my problems myself. I don't want to talk about them with strangers.'

▶ 'I am bringing shame onto my family. I find it difficult to trust other people.'

How do you feel?

Is this problem causing you to feel negative emotions? Feeling overwhelmed? Stressed? Distressed? Anxious?

Identifying and addressing these emotions can help a person think clearly and therefore be effective at solving problems.

Examples

▶ 'I feel scared that if I don't get help I can't cope anymore.'

▶ 'I feel ashamed, embarrassed and inadequate.'

Get some help

Who can help you work through this problem? Friends? Family? Professional service providers?

Examples

▶ 'I can't get help from my family as I haven't told them what is happening to me.'

▶ 'I have a friend who could provide emotional support. At work I can access the employee assistance program. My GP has recommended a community mental health service.'

Consider alternatives

Explore possible solutions. The more possible solutions, the more likely it is that an effective solution will be found.

Brainstorm creative ideas to collect a list of possible solutions without assessing the value.

Example

▶ 'I can contact a service and speak with them on the phone anonymously to get an understanding of what they do and if they can help me.'

Make a plan

Assess the list of possible solutions and decide which ones are practicable and manageable. Are the resources available to implement the solutions within a suitable time frame?

Example

▶ 'I will phone the local community mental health service during my lunch hour on Monday.'

Action

Implement your plan.

Example

'I made the call.'

Review and evaluate

What happened? Were there unintended consequences? Was the problem resolved? If the solution didn't work, consider why. Does it just need refinement or a whole new plan?

Monitor your emotions. Negative feelings may arise, such as feelings of frustration or failure. These feelings must be addressed or they will hinder the person's ability to find a solution.

Examples

▶ 'It felt good to talk honestly about my issues. I have arranged to visit the service. At this stage I am happy with the outcome. If I don't like the service I receive I will try somewhere else.'

Assist the person to make a decision

Identifying and prioritising a person's needs can be difficult. Be mindful that a person's ability to think clearly and rationalise can affect their ability to prioritise their needs. Abraham Maslow's hierarchy of needs may be a useful tool to assist with this process.

Use Maslow's hierarchy of needs to help establish which needs are most important to the person. The hierarchy, represented in the following diagram, is based on the premise that an individual must satisfy low-level basic needs before progressing to meet higher level growth needs. Only when these lower-level needs have been reasonably satisfied can an individual reach the highest level of self-actualisation.

If you are using this hierarchy, it is important to acknowledge that the person's values and priorities may not be the same as yours. Remember that the person has the right to decide what is most important to them.

The person must be formally briefed about the assessment results after stage two of the counselling process. This is best done as part of the counselling process and involves giving feedback to the person.

Maslow's hierarchy of needs

Basic needs
Breathing, food, water, sex, sleep, homeostasis, excretion

Safety and security
To be free from harm or the threat of harm

Security of: body, employment, resources, morality, the family, health, property

Belonging
To love and be loved or to feel like a valuable part of a group

Friendship, family, sexual intimacy

Self-esteem
To feel good about ourselves

Self-esteem, confidence, achievement, respect of others, respect by others

> **Self-actualisation**
>
> To grow and develop intellectually, emotionally and socially
>
> Morality, creativity, spontaneity, problem-solving, lack of prejudice, acceptance of facts

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 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.

Individual variables
▶ Their history, pattern and circumstances related to their concerns and issues
▶ History and attempts to make changes in the past, with importance placed on 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 treatment
▶ Their level of complexity, including co-occurring mental health conditions, medical complications and housing, financial and legal issues
▶ Their family and social support network

Be flexible to meet the person's needs

Work at the person's pace and respond to the person's capacity to take on more than one task at once. If a person is able to complete multiple tasks within the first week of their treatment, such as link in with a pharmacotherapy prescriber; call the housing service to check their place on the public housing waiting list; attend their first NA group; and commence drug and alcohol counselling, this is great. Others will find it difficult to complete more than one task at any given time. In this instance, ask what is most important for them to focus on this week, and what steps can be taken to achieve this.

There are some parts of the treatment plan that may be added due to a need rather than motivation. Priority of need also must be taken into consideration – if there are complex issues that need addressing as a matter of urgency – negotiate that these take precedence over other actions, which can wait.

This is also the time that responsibilities are discussed within the collaborative partnership; it may be the person's job to book a GP appointment and get a referral letter for an Addiction Medicine Specialist, and it might be the worker's job to complete a referral for residential rehabilitation and contact the person's corrections officer.

Document the action plan

You may be required to prepare and present a document that summarises the reports. Organisational guidelines and protocols for communicating with people accessing the service will guide this process.

Present the options for service delivery to the person, focusing on areas to be prioritised. For example, a client with a disability and alcohol and other drug (AOD) issues should be informed about:

▶ relevant disability support and AOD agencies

▶ how to access the agencies

▶ the cost and whereabouts of the agencies

▶ how the agency can meet their needs.

The right to make a complaint

Also inform the person about their right to make a complaint or refuse a service. Avenues for making a complaint need to be explained in detail, so the person is empowered to make a complaint or refuse a service if the need arises.

When liaising with the person about assessment results and service delivery options:

▶ be calm and courteous

▶ treat them with respect

▶ be fair; present the client with all alternatives and make available all information

▶ ensure the client has the support required to access and understand the provided information.

Always obtain consent from the person before actions are taken and before personal information is released to other agencies.

Stage four of the counselling relationship

At this time the person now puts into place the actions that have been identified. At this stage the person may present with new concerns or be able to identify other areas of the problem that they previously did not acknowledge or where not consciously aware of. At this point new strategies or objectives may be built into the action plan. Revisiting difficulties and barriers in completing set tasks can be helpful when considering changes and new goals. We do not wish for the person to continually fail to meet the goals they set for themselves, so negotiating more achievable tasks is important.

Individuals may have difficulty completing interventions that were initially selected due to a number of factors, including:

▶ not properly understanding what is expected of them

▶ ambivalence about receiving treatment and lack of motivation

▶ preoccupation with other concerns such as financial issues

▶ not thinking the intervention meets their needs

▶ a lack of rapport with their counsellor

▶ existing conditions, such as mental illness, acquired brain injury or disabilities, that make it difficult for them to carry out the action plan.

Compliance issues

People with counselling issues can be highly complex and at times the work can be very challenging. The reality is that individuals will not always complete the goals and tasks that they initially set or changed as part of the review process. For a range of reasons, individuals do not always comply with intervention strategies that they may have previously agreed to. For example, the person may find it consistently difficult to turn up to appointments, may state that they are adhering to agreed intervention strategies when they are not or may fail to follow all aspects of agreed intervention strategies.

Apart from obvious signs of relapse or continued negative behaviour, there are a number of ways that you may identify compliance issues. One way is through subjective reporting; for example, a person tells you they have not been following intervention strategies. Another way is through objective reports obtained from test data; for example, breathalysers or blood tests.

You may also use your own observation skills; for example, a person may tell you they have not been using alcohol or other drugs, but you can smell alcohol on their breath or observe other signs that indicate they are under the influence of something.

Monitor compliance

Check a person's compliance on a regular basis. You can do this by simply asking them if they are having any difficulties carrying out the intervention strategies that they have agreed to follow. If a person tells you they are not complying or you hear this from someone else, you should ask permission from the person to discuss the situation and find reasons why this is happening.

Check if there are barriers that are impacting a person's compliance to the treatment plan and work on how these can be addressed. If, despite discussing and addressing these barriers, compliance is still difficult for a person, review the treatment plan with your supervisor.

Seek feedback during the review process

Listen to the person about how they feel they are progressing against the goals and actions plans initially set during the treatment plan development. This can provide an opportunity to highlight aspects of their progress they are proud of and difficulties they may be experiencing in certain areas of the treatment plan. If there are other parties at the review, each person should be given an opportunity to speak about their experience and how they perceive the treatment plan progressing. Ensure you prepare some positive feedback for the person regardless of their progress. Celebrate small achievements and try and reframe any difficulties or setbacks as opportunities to learn and make changes rather than an example of failure. Notes can be made against goals that have been met, partially met or have yet to be completed. There may also be a need to reconsider some tasks or discuss alternative or additional supports based on the person's progress.

The next steps in a person's treatment can be set and clarified at the point of review, as well as a date for the next review. Reviews are also a way of continuing to clarify the roles of all of the services, and who is responsible for each task in the treatment plan.

Termination of the counselling process

Individuals will generally exit the counselling process for two reasons; they have completed the treatment goals that were set and are feeling confident to maintain the changes they have made; or they will cease before achieving all the goals set in their treatment plan. These can be very different experiences for both the person and the worker and you should consider how to manage both possibilities.

Just as there are protocols in place for the development of a treatment plan, there are also accepted practices involved in concluding interventions, which are listed below.

Accepted practices for concluding interventions
▶ Consult with the person to review treatment status and whether or not they have reached their treatment goals.
▶ Ask individuals about any ongoing concerns they have.
▶ Discuss how the person will move forward after they are discharged.
▶ Record all relevant actions and ensure everyone in the treatment plan is aware of the discharge from treatment.

Negotiate post-treatment support

Sometimes individuals will remain engaged with other services or peer support or self-help groups even after the formal treatment planning process. For example, a person may continue to be linked with a mental health worker, their GP and regular AA attendance. One important step in a person's discharge process is informing other services who will remain involved that the person has completed their counselling treatment. This ensures all services are aware of the closure and can continue to support the person, monitor any changes to the person's behaviour and determine whether additional support is required again in the future.
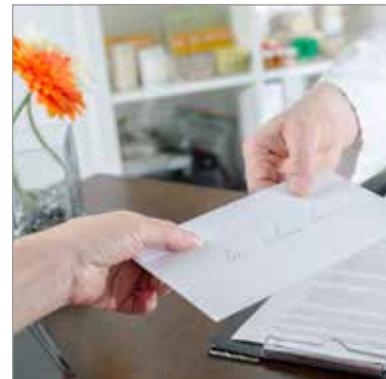
Advise the person of the process should they require further support or need to re-engage with counselling services at a later date. Your organisation's policy will dictate whether a person can call you directly or whether they need to complete an assessment with another worker or service. This may be determined based on the scope of your role, your availability and how long it has been since the person has received services. It is a good idea to provide individuals with contact details and clear steps outlining the referral process should they need to access support again. Depending on your organisation, you may have protocols for assertive follow-up over agreed points in time (for example, three and six months after exit) to check in with the person.

Disengagement

An issue that can be common in the counselling field is a person disengaging without notice. They may simply stop attending appointments, and attempts to contact them can be unsuccessful. Most organisations will have guidelines regarding assertive follow-up. This means that a number of attempts should be made to contact the person through telephone, text messaging, emergency contact or letter as appropriate prior to closing the person's case file. If the person was referred by another service or has other services that you have consent to share information with, it is good practice to advise those involved that the person has disengaged from the service.

Monitor and report eligibility status

In some cases, individuals who are persistently unable to comply with treatment or intervention strategies may no longer be eligible to receive services. While they may have treatment goals, they may not be treatment ready. In these circumstances, discuss with your supervisor and follow your organisation's policies and procedures regarding reporting of compliance issues. Advise the person in a sensitive and respectful manner of the need to exit them from the program for now, and offer them options for support. If the person is able to access the service again at a later date when they are ready to address their problem, let them know of the option to re-engage in the future. Ensure you advise others that are part of the treatment plan (both professional and informal supports) of the person's exit from the program and their options for re-engagement.

Potential impact of using different communication skills

During the five stages of the counselling interviews, different communication skills may be used to elicit information or to explore the area of concern in more detail. It is important to choose the right communication skill. The decision to use certain communication skills will depend on the relationship between the counsellor and the person, and the progress the person is making towards achieving their goals.

In the initial stages or stage one, the counsellor may use the empathy, genuineness and warmth to establish the trusting relationship with the person. In the assessment phase the counsellor is exploring the problem with the person and may use clarification, paraphrasing, questioning, reflecting and noting to gather as much information as possible from the person about the problem and how it is affecting them. Feedback is also used in the counselling sessions to assist the person to identify how they are meeting the objectives of their plan.

Throughout the sessions the counsellor will use attending skills, questioning, responding, noting, reflecting and client observation skills.

Provide feedback to the person

An important part of the intervention process is to provide the person with feedback. Feedback should be given in a constructive way that reinforces the person's understanding of the intervention and promotes their progress.

Providing feedback allows you to:

▶ review the person's participation in the intervention

▶ provide constructive guidance and support

▶ discuss what the person has learnt from participating in the intervention

▶ acknowledge areas where they are doing well

▶ identify areas where they still need to improve

▶ build rapport and reinforce your working relationship with the person.

Constructive feedback

People need regular constructive feedback so they know how they are going. By giving a person regular feedback, workers can help keep them engaged and motivated in what they are trying to achieve.

The focus of feedback and support for the person should always be on acknowledging the person's strengths and what they are doing well.

When workers recognise the person's achievements, they:

▶ validate the person

▶ show respect and acknowledge their dignity as a self-determining individual

▶ recognise the person's strengths and initiative

▶ promote the person's sense of control over their lives

▶ encourage them to take active steps to help themselves

▶ foster self-determination and resilience

▶ add value to the counselling relationship by providing a positive experience for the person

▶ access the information to learn more about constructive feedback.

Provide constructive feedback

Consider the following when providing feedback to a person.

Confidence and ability

▶ Be aimed at helping the person enhance their confidence and their ability to be self-determining; it should not belittle or make fun of them.

Timely

▶ Be as timely as possible so the actions or behaviour you use as a basis for feedback recently occurred

Language

▶ Use positive and constructive language; avoid negative language and comparisons as it may have an adverse effect on a person's motivation and confidence.

Behaviour

▶ Focus on behaviour and actions, not personality; include specific examples of behaviours and actions.

Communication

▶ Allow for two-way communication so the person receiving feedback has an opportunity to discuss the comments and ask questions.

Manner

▶ Be direct and sincere and speak in a respectful and supportive manner.

How to give feedback to people

The feedback you give a person will be based on your analysis of the information obtained through interviews with the person and others, the questionnaires and screening tools the person has completed and your observations of them. These assessment results will inform the type of services the person is offered.

It is important to consider how you will give the person's feedback before you meet or talk with them. Feedback does not just involve critiquing a person's efforts. You need to consider their individual requirements, such as a need to have an interpreter or support person present, and the way you give them information. Always give the person feedback in a supportive way; for example, do not simply launch into a list of problems, weakness or negative statements based on your analysis of their assessment. It is important to highlight the person's strengths and abilities as well as their areas of need. You must draw attention to the person's strengths and discuss ways in which they can use these strengths to improve areas where they are having difficulties.

You may find it helpful to use a checklist of the main points you need to discuss to ensure you give the person all the information they require.

Here is some information on how to give feedback to people.

Guidelines for giving constructive feedback

▶ Focus on helping the person recognise what they are doing well and where they might need to improve.

▶ Never humiliate or make fun of the person.

▶ Be as timely as possible so that feedback is directly relevant to the current situation.

▶ Be specific and avoid vague statements such as, 'Well you seem to be doing okay'.

▶ Avoid negative language and destructive criticism, which may have an adverse effect on a person's confidence.

▶ Focus on a person's behaviour rather than criticising their personality.

▶ Allow for two-way communication so that the person has an opportunity to discuss the comments and ask questions.

▶ Normalise the person's experience by reminding them that everyone struggles at times. Explain that you are raising the issue out of concern and to provide assistance.

Communication strategies to use for giving feedback

When providing feedback you should also display empathy and be non-judgmental, and courteous. Make sure the information you provide is fair and accurate. Always invite the person to discuss the feedback and to raise anything with you that they don't agree with. It is important that you focus on fostering understanding rather than imposing your own views.

When providing feedback to a person about an intervention, you need to use a range of communication strategies. These include:

▶ asking open-ended questions to elicit information from the person

▶ listening in a reflective way to aid your understanding of the person's experience and feelings

▶ clarifying what the person says to ensure you understand their meaning

▶ summarising the main points of what the person has stated.

Sometimes you need to adapt the way you provide the person with information and feedback so that you meet their individual communication requirements. Factors that may influence the communication style with people are summarised below.

Level of comprehension

▶ For example, a person with an intellectual disability may need a support person or carer present to help them understand the information. In cases where the person's comprehension is very limited, the information should be given to a legal guardian, carer or approved family member.

Culture and language

▶ Individuals from non-English-speaking backgrounds may require an interpreter present to translate information. In some cases it may also be advisable to have someone from the person's culture to advise about cultural matters and aid cross-cultural communication.

Age

▶ A person under the age of 18 may need to have a parent present.

Mood or mental state

▶ You need to monitor a person's mood to ensure that they do not become agitated or upset by the information you give them. You should be clear and direct in the way you provide information but, at the same time, be aware of how the person is receiving the information.

Sensitive information

▶ Be aware that the feedback you give people can sometimes contain sensitive information. The person may be surprised or upset by feedback. For example, a person may not like being told that an AOD dependency screening tool indicates they have a high level dependence when they have strongly denied having substance abuse issues.

Respect

▶ Be courteous and respectful when providing the person with feedback. Make sure that the information you provide is accurate and that you engage the person in a discussion about the results. It is important that the person understands the feedback they are given and that you take the time to clarify their concerns.

Provide feedback to ambivalent people

When delivering detailed feedback or feedback that may upset the person, try to physically be with the person so you can discuss the feedback. You should also be prepared to use the following relationship-building and communication strategies:

▶ Active listening

▶ Empathy

▶ Courtesy

▶ Provide information and clarifying concerns

▶ Observe a person's nonverbal language

▶ Ensure a person's language and cultural considerations are met

▶ Be respectful of individual differences

▶ Be non-judgmental

Always invite the person to discuss the feedback and to raise anything they do not agree with. Respect their autonomy and their right to refuse consent or services.

Ambivalence and motivation to change

Confronting ambivalent people with too much urgency or forcefulness can lead to further resistance. Some people can see both the advantages and disadvantages to reducing or eliminating their behavioural problems, but may not be highly motivated to change.

Work towards motivation to change

▶ Ambivalence is more likely to be slowly redirected towards motivation to change if you acknowledge the benefits of the behaviour in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of the behaviour, discussing the more negative aspects allows the person to see how the positive perception may be flawed.

▶ It can be useful to encourage the person to create a list of the good and not so good aspects and effects of their behaviour. This can allow the person to compare and consider their reasons for wanting to continue doing this behaviour and wanting to change their behaviours.

Use assessment feedback

▶ The aim is to help the person to develop a greater awareness concerning their behaviour and to make decisions about it. Always seek responses using active listening techniques. Guide the person towards talking and thinking about the issues, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint.

▶ Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

Example

Select and use communication skills according to the sequence of a counselling interview

[Insert organisation's logo here]

Case Management Plan

(Short version)

Name:		Contact no.:	
Ethnicity (circle):	Aboriginal	Torres Strait Islander	
Aboriginal and Torres Strait Islander		Other (please specify)	
Nominated support person:		Contact no.:	
Case officer:		Contact no.:	

Presenting issues:

Assessment:

Strategies/intervention to be used:

Practice task 7

1. What counselling skills are appropriate to include in the third stage of the interviewing process? Support your answer with examples.

2. Identify two actions a counsellor needs to take to terminate the counselling relationship.

3. Identify three factors the counsellor needs to include for constructive feedback.

Click to complete Practice task 7

2B Identify points at which specialised counselling interviewing skills are appropriate for inclusion

At times the counselling interview needs to change in order for the person to progress towards achievement of goals. There will be points throughout the counselling process that determine what specialised skills in communication are called for. In the initial stages it is about building the trusting relationship, exploring the issues and working with the person to identify the goal and make a plan. Once this is achieved the person will undertake the agreed activities and the counsellor is then required to monitor progress and explore areas or issues that arise from undertaking the activities. It is useful at this time to include the techniques.
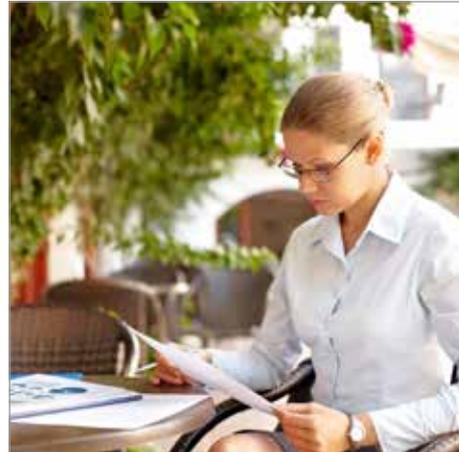
At times, challenging is used to confront the individual about the discrepancies that they state and the actions they undertake. Often the person will have concerns about the outcomes of an action and the counsellor will need to employ reframing techniques to assist the person to see the consequences in a different perspective. Focusing is also used to assist the person to maintain purpose and not get waylaid by other issues that are peripheral to the main goal they have set for themselves.

Specialised counselling techniques

At times, once the relationship is established between the counsellor and the person accessing the service, the progress towards achieving the goals and outcomes of the plan may stall. There are many reasons for this to occur – perhaps the person is not fully committed to the course of action, the plan causes new problems for the person or the issue was not fully explored at the commencement. In some cases the person may be reluctant to fully explore issues that may cause negative emotions and may employ avoidance as a mechanism for defence. This may not be a conscious decision.

It is the counsellor's role to promote an atmosphere of support and a safe environment to enable the person to face up to these painful areas. At times the person will need assistance to undertake this and the counsellor may need to employ specialised counselling skills to assist the person. The communication skills that may be employed are those of:

- focusing
- reframing
- challenging.

The communication skill of focusing

Focusing is used to direct a person's conversation into specific areas. At times a person may not be specific or they may gloss over aspects that the counsellor may want more information. At times the silences or absences of conversation may give the counsellor a guide for an area to direct the person to. An example may be the feelings a person had at the ending of a long-term relationship. The person may make a fleeting reference to the ending of the relationship but not go into depth about the emotions associated with the ending of the relationship. This skill can be used throughout the stages of the counselling sessions but the counsellor must be careful not to take the power for exploring issues away from the person.

Here are the areas of focusing in counselling.

Areas of focusing in counselling
▶ Individual focus – Directing communication around the person; for example, 'Tell me about yourself'
▶ Problem focus – Why the person is seeking assistance
▶ Other focus – Non-specific, usually around friends and family members
▶ Family focus – What the family unit consists of for the person. Factual communication with associated emotions regarding different family members and dynamics.
▶ Mutuality focus – The relationship the person develops with the counsellor can indicate how the person's relationships are structured and developed
▶ Interviewer focus – Information that the counsellor may disclose about themselves; there is a need to maintain boundaries and protect the counsellor's privacy
▶ Cultural/environmental/context focus – The person's influences and past experiences (race, gender, religion, socio-economic status, desires, aspirations)

The communication skill of reframing

Reframing is a specialised communication skill used to influence a person. It is used to effect a change in the person's behaviour and can cause this to occur more quickly and be long-lasting.

In this process the person is encouraged to view their negative emotions from a more positive viewpoint. The counsellor assists this process by offering alternative ways of viewing the person's experience.

This process does not change the facts of the issue but changes the person's perception of the issue. People take meaning from how they perceive things from their beliefs and values. In reframing, the person is asked to look at the issue another way.

Examples of reframing are:
▶ viewing a problem as an opportunity
▶ viewing a weakness as a strength
▶ viewing an impossibility as a near possibility
▶ viewing oppression in contrast to neutral
▶ viewing unkindness as a lack of understanding.

The communication skill of challenging

Challenging as a technique needs to be used very skilfully in order to maintain the client-counsellor relationship. It should not be used to confront but instead bring about awareness of the discrepancy of what the person says, as opposed to what they do. Challenging can occur at the action stages of the plan, and can be useful in providing feedback and review processes. This then directs the counselling sessions to address the inconsistencies that have been noted by the counsellor. All aspects of the issue from thoughts, feelings and actions can be incongruent or inconsistent. Challenging statements are made by the counsellor to the person to highlight the inconsistencies; an example is the '"you say … you do …' format. It is important to focus on the feelings and behaviours and not on the person when using challenging. The three steps used in the challenging technique are below.

The three steps to challenging

▶ Identifying the person's inconsistencies

▶ Assisting the person to develop an awareness of the inconsistencies

▶ Evaluating the intervention through review of the person's progress towards goals

PATH

PATH stands for 'planning alternative tomorrows with hope'. PATH is a process where the person is encouraged to develop reflective and action-based skills to help improve their wellbeing. This is one of the overviews of the counselling process.

Here is a short outline of the PATHS process. This process helps the person to identify their goals and specific actions that are required to achieve their goals. It sets out the path of action the person needs to take to realise their goals.

The PATHS process

1. Self-reflecting
Ask the person to reflect on their current situation:

1

▶ What do they do?

▶ Who do they do it with?

▶ How does it make them feel?

2. Brainstorming
Ask the person to brainstorm what their perfect world is like:

2

▶ What are they doing?

▶ Who are they with?

▶ Where are they?

▶ How are they feeling?

3. Considering actions

Ask the person to consider what they need to do to achieve their goals:

3
▶ Do they need to increase their skills?

▶ Do they need to change their behaviour?

▶ Do they need to improve their knowledge?

4. Considering resources

Ask the person to consider what they need to achieve their goals:

4
▶ What physical resources do they need?

▶ What human resources do they need?

5. Short-term goal-setting

5
▶ What will they do in the short term to achieve their goal?

6. Medium-term goal-setting

6
▶ What will they do in the medium term to achieve their goal?

7. Long-term goal-setting

7
▶ What will they do in the long term to achieve their goal?

Example

Identify points at which specialised counselling interviewing skills are appropriate for inclusion

George is a career's counsellor and has an appointment with a client called Andrew. Andrew is 40 years old and works as a counsellor for the local AOD services. Andrew has come to counselling with because he obtained only a satisfactory rating on his last performance review and is feeling dejected and unable to decide if he wants to continue with this type of employment.

This is Andrew's fourth session with George. He has just arrived at the centre for his appointment. On taking his initial assessment George finds out that Andrew is a new parent and has only had two hours' sleep. His partner is unwell and he is worried about her. His lack of sleep has left him with a headache and he seems to be suffering from the symptoms of a migraine.

Andrew is a support worker and most of his colleagues are women aged in their early 20s. Andrew tells George that he does not have much in common with his co-workers and once when he arrived at work and did not say good morning, one of his colleagues teased him saying, 'What's wrong with you, cat got your tongue this morning?' Andrew feels that he is like a fish out of water in the workplace and wonders if he needs to consider a new type of career. George and Andrew explore Andrew's issues of competing home and work demands, lack of friendship support in the workplace and whether this is the best type of career for Andrew. Andrew identifies that this career is one he finds rewarding and the issue is the tiredness and home life demands. The plan set out for Andrew was to explore if family support could assist in taking some of the workload at home from Andrew and to establish a more collegial relationship with his work peers.

On reviewing the progress, George finds that Andrew is reluctant to offload the baby to his mother in law despite her willingness to assist. Andrew is still finding it difficult to establish friendships and George discovers that, despite planning with Andrew to greet everyone in the morning and have coffee in the tea room, Andrew is still reserved and avoids the company of the other workers. When George explores this behaviour further with Andrew, he finds out that Andrew attempted to engage them in a conversation about sport but found they were not interested, so he gave up.

Practice task 8

Re-read the previous example.

1. Identify two specialised counselling communication skills that could be utilised with Andrew to assist progressing Andrew further towards achieving his goals.

2. List the three steps for including challenging into the counselling interview process.

3. What are three steps in the process of PATHS? Give an example of how you would include the steps in the counselling process.

Click to complete Practice task 8

2C Use specialised communication techniques based on their impacts and potential to enhance client development and growth

Using the specialised communication skills within the counselling relationship enables the person to grow and develop. This will assist the person in recognising past behaviours and emotions in relation to identified issues, and the consequences of continuing to use these defensive mechanisms. By being open to new ways to address issues and viewing concerns from a more positive perspective, the person takes risks and develops new coping skills and behaviours that reinforce a more positive framework for their identity.

An example is a person who feels they are being exploited at work and not getting recognition; the person completes the work but feels resentment and frustration that manifests itself in negative behaviours such as criticism of other people taking credit and increased time away from the workplace. By exploring options of other mechanisms or perceptions to address this problem in a positive manner such as, 'They have asked me to do this work as I am reliable and accurate' shifts the perception from a negative to a more positive frame of reference.

The conscious-competence model

This model proposed by the Gordon Training International Institute proposes that people have four stages of skill development before acquisition of a new skill or behaviour is owned by the person. In counselling this is also applicable and the communication skills utilised by the counsellor assist the person to move through these stages till acquisition of the new skill is achieved.

Here are the stages of the model and the specialist communication skills that are applicable in the counselling setting.

Stage 1

Unconscious incompetence

In this stage the person is not aware that they do not know how to do something, nor do they recognise that they do not know or have a desire to know it. In counselling the person may not know when they commence that they need to have new skill development. This is made known to the person through the use of communication strategies in the counselling sessions. This is the first stage of the process of acquiring a new skill or behaviour. In the counselling setting the person who actively seeks out counselling is aware of the problem. For some people they are referred from other sources, such as courts or welfare agencies and may not be aware of a problem with their behaviour, thoughts or emotions. The counsellor will need to have completed a thorough assessment and used specialised communication skills to assist the person to recognise and explore the problem behaviour.

These skills are important at this stage of the individual growth and development:

▶ Questioning

▶ Paraphrasing

▶ Summarising

▶ Reflecting and noting

Stage 2

Conscious incompetence

The person becomes aware that they are not competent with a skill; for example, being self-assertive rather than aggressive. In this stage the person is aware of the problem but will need the counsellor to assist them to fully explore the issue. Often the person is unaware of the impact of the problem on other aspects of their life and this stage is crucial for the person to recognise and accept that a change is required. This stage often involves brainstorming and weighing up of options. It incorporates the planning stage of the counselling process. It will also involve a change of reference and perception for the person and the counsellor will need to provide support and guidance at this stage.

Stage 3

Conscious competence

The person develops the skill with the assistance of the counsellor but has to think about it and put effort into employing it. In this stage the person has acquired new skills but needs to focus on the skill and practise putting it into place. The counsellor needs to reinforce the new skill acquisition, review and evaluate the practice with the person and assist with any modification to the skill. At times utilising new skills and viewing the concern from another perspective causes the person to identify other areas that they would like to address. At this stage the person may move backwards and forwards through the stages of counselling and competence.

For example, taking time to reflect rather than react to a situation.

Stage 4

Unconscious competence

The person has mastered the skill and it comes naturally to them without thinking or effort.

An example of this is being able to review an emotional experience but not display or take on board the negative emotions that were once attached to this experience. It could be a skill of self-meditation that the person has mastered and now uses when dealing with these issues automatically.

Relapse

At the action stage of the plan or at the conscious incompetent level, the person may have a relapse. This is where the person goes back to the previous behaviour, thought pattern or emotional reactions.

For all people, a lapse or relapse in behaviour is normal. With harm minimisation becoming a more accepted and realistic treatment goal, lapse has become a less-used term. Relapse prevention aims to help a person continue with the plan.

Try to normalise relapses by discussing with the person ways to anticipate relapses and prepare the person to respond without losing confidence in their ability to overcome the behaviour they are seeking to change.

Relapse prevention counselling involves developing strategies to help maintain the behaviour. Individuals are provided with instruction and rehearsal of strategies for coping with relapse, dealing with situations that have caused the behaviour to occur and thoughts about the behaviour and managing lapses and relapses.

Relapse prevention encourages the person to recognise high-risk situations and provide strategies for coping in these situations.

High-risk situations may include:

▶ participating in events that have precipitated the behaviour in the past

▶ being with friends and family who have tolerated the behaviour previously

▶ times of stress, such as arguments with family members

▶ worsening symptoms of health problems or mental illness.

Examples of growth and development

All of the communication strategies that have been discussed previously enhance the person's potential for growth and development. The first step of accessing counselling is the acknowledgement of the person of a problem that is stopping their growth. Working through the stages of the counselling process, being open to explore the issue and identify negative behaviour patterns, and considering new ways to think about the problem and strategies to address the problem indicates a growth in the person's development.

Here are some examples of growth and development a person may experience through the counselling process.

Attending behaviour

The person is encouraged to talk. This is the first step in the growth and development of a person.

Examples
The person acknowledges there is a problem that they would like to address: the beginning of self-awareness.

A person acknowledges that they have a gambling problem.

Questioning

Gain the person's perception of how they behave and think in relation to the problem. Gain insight into what has made the person's terms of reference (values, race, age, gender).

Example
A person is from a cultural background that values the woman's role within a household. The person is well-educated and would prefer to follow a career. This causes internal conflict within the person.

Responding

Reflects back to the person what was said. Useful for the person to review and think about the problem.

Example
A person communicates that they value their relationship but is fearful of being open about their drinking problem with their partner.

Noting and reflecting

Allows the person to examine the underlying emotions of how they feel about the problem.

Example

The counsellor reflects back to the person that they feel sad at the ending of the person's relationship picked up through the communication process.

Observation

Allow the counsellor to note discrepancies of feelings and verbal communication.

Example

The person states that they love to look after the home and the children but the tone of the voice and body language reflects anger and frustration.

Confrontation/challenging

Allow the person to view discrepancies between feelings, thinking and actions that they may not have been aware of.

Example

The counsellor: 'You state that you do not want to use drugs anymore, that starting a family is your number one priority, but you still seek out friends and places where you are in contact with drugs and use them.'

Focusing

Allow more emphasis of certain areas that the person has not explored fully.

Example

The counsellor: 'Tell me about the things that make you feel happy.'

Influencing/reframing

Changing the way a person thinks or acts in relation to an area of concern.

Examples

The person feels that they have to do twice the amount of work that their colleagues at the same level are doing

Reframing: 'I am able to take on more responsibilities as I am experienced and knowledgeable with my work.'

Use effective communication skills to validate and encourage disclosure

The communication skills you use are very important when a person discloses traumatic experiences. The person needs to feel validated and understood so rapport is strengthened, and the person is encouraged to disclose further. This is part of creating a safe and supportive environment. Eliciting the information, expressing empathy, validating and normalising the person's experience can assist the person to deal with the experience and the associated emotions.

Three important communication and interpersonal skills you should use are explained here.

Empathise

▶ Empathy is the ability to see the other person's perspective. The person you support may come from a very different culture or socio-economic background than you. Their experiences of trauma may be far outside your frame of reference. These things, however, should not impede your ability to connect with them and try to understand their experience.

Validate and normalise

▶ Validation is an acknowledgement of the other person. Disclosing traumatic experiences may be attached to shame. This is particularly pertinent if the person is disclosing details of sexual trauma or family violence. By validating a person, you support them to feel comfortable sharing their experiences. Validate a person by acknowledging you have heard them. You can also normalise their experience. If a person feels ashamed about feeling scared, normalise their experience by explaining that fear is a very normal response to trauma. It is also important to emphasise to them that they are not to blame for their experience. It is common for trauma survivors to sometimes feel they caused the event or could have prevented it.

Nonverbal language

▶ How comfortable a person feels disclosing experiences can have a lot to do with your nonverbal language. Nonverbal language relates to posture, facial expressions and encouraging sounds and gestures, like 'uh-huh' or nodding. Face the person. Maintain eye contact if appropriate. Avoid crossing your arms and legs to demonstrate openness. Be observant of personal space. Some people may not feel comfortable if you sit too close; however, you need to be close enough to demonstrate interest and care.

Children and communication

In counselling you will be expected to undertake communication with different age groups. The way in which you communicate with children will depend on the development of the language skills of the child. Here are some guidelines around communicating with different age groups of children.

Things a counsellor can do to support communication with children include:

▶ asking open-ended questions (which are difficult to give a yes/no or one-word answer) and asking children to elaborate to help them develop strong communication skills

▶ talking about what children are interested in – letting them talk first

▶ using comments such as 'What a tall tower!' and prompts like 'Maybe it will be as tall as you' rather than questions like 'What are you building?'

▶ modelling good communication; children learn from what they see and hear so give them time to work out what you've said and what they want to say

▶ having conversations about how people feel and how that affects what they do; this is important in order to learn social interaction skills.

Communicating with children at different ages	
Infants 0–6 months	While communication verbally is not possible as a counsellor you may be required to observe the interactions of the mother, father and/or sibling with an infant. An infant at this age will: ▶ turn towards a sound when they hear it ▶ are startled by loud noises ▶ watch your face when you talk to them ▶ recognise your voice ▶ smile and laugh when other people smile and laugh ▶ make sounds like cooing, gurgling and babbling ▶ make noise to get attention ▶ have different cries for different needs.
Infants 6–12 months	Communication is limited but the child at this age will also be assessed by their interaction with family. An infant at this age will: ▶ listen carefully and turn to someone talking on the other side of the room ▶ look at you when you speak and when their name is called ▶ babble strings of sounds ▶ make noises, point and look at you to get your attention ▶ smile at people who are smiling at them ▶ start to understand words like 'Bye bye' ▶ recognise names of familiar objects like 'daddy' ▶ enjoy action songs and rhymes ▶ take turns in conversations.
Infants 12–18 months	Communication is limited but the interaction with family members can be an important aspect to the counselling service. An infant at this age will: ▶ enjoy games like peek-a-boo and toys that make a noise ▶ understand a few simple words like drink, care. and simple instructions like 'kick the ball' and 'give me' ▶ point to things when asked, like familiar people ▶ use up to 20 simple words such as 'daddy' and 'dog' ▶ gesture or point to show what they want ▶ copy lots of things that adults say and gestures that they make ▶ start to enjoy pretend play.

Infant 18 months–2 years	Children will not be able to effectively communicate verbally but again it is important to observe their interactions. A child at this age will: ▶ concentrate on activities for longer, like playing with a particular toy ▶ sit and listen to simple stories with pictures ▶ understand between 200 and 500 words ▶ understand more simple questions and instructions; for example, 'Where is your shoe?' and 'Show me your nose'. ▶ copy sounds and words a lot ▶ use 50 or more single words; these will also become more recognisable to others ▶ start to put short sentences together with 2 and 3 words, such as 'more juice' or 'bye nanny' ▶ enjoy pretend play with their toys, such as feeding dolly ▶ use a limited number of sounds in their words – often these are p, b, t, d, m and w. ▶ often miss the ends off words; they can usually be understood about half of the time.
Child 2–3 years	Children at this age are able to communicate verbally but generally will wait to be directed in communication and often just agree with you. A child at this age will: ▶ listen to and remember simple stories with pictures ▶ understand longer instructions, such as 'Make teddy jump' or 'Where's mummy's coat?' ▶ understand simple 'who', 'what' and 'where' questions ▶ use up to 300 words ▶ put 4 or 5 words together to make short sentences, such as 'want more juice' or 'he took my ball' ▶ ask lots of questions; they will want to find out the name of things and learn new words ▶ use action words as well as nouns, such as 'run' and 'fall' ▶ use a wider range of speech sounds ▶ now play more with other children and share things.

Child 4–5 years	Children can now communicate but usually will wait for a person to lead the conversation or an activity to initiate the conversation.
	A child at this age will:
	▶ listen to longer stories and answer questions about a storybook they have just read
	▶ understand and often use colour-, number- and time-related words; for example, 'red' car, 'three' fingers and 'yesterday / tomorrow'.
	▶ be able to answer questions about 'why' something has happened
	▶ use longer sentences and link sentences together
	▶ describe events that have already happened, such as 'we went park'
	▶ enjoy make-believe play
	▶ start to like simple jokes
	▶ ask many questions using words like 'what', 'where' and 'why'.
Child 5–7 years	The child can now communicate effectively but often does not initiate the conversation.
	A child at this age will:
	▶ focus on one thing for longer without being reminded
	▶ rely less on pictures and objects to learn new words
	▶ use their language skills in learning to read, write and spell
	▶ learn that the same word can mean two things, such as 'orange' the fruit and 'orange' the colour
	▶ learn that different words can mean the same thing such as 'minus' and 'take away'
	▶ understand feelings and descriptive words like 'carefully', 'slowly' or 'clever'
	▶ use language for different purposes such as asking questions or persuading
	▶ share and discuss more complex ideas
	▶ use language in a range of social situations.

Child 7–11 years	A child at this age will:
	▶ be able to imitate conversations
	▶ use language to predict and draw conclusions
	▶ use long and complex sentences
	▶ understand other points of view and show that they agree or disagree
	▶ understand comparative words; for example, 'It was earlier than yesterday.'
	▶ keep a conversation going by giving reasons and explaining choices
	▶ start conversations with adults and children they don't know
	▶ understand and use passive sentences such as 'The thief is chased by the policeman.'
Child 11–17 years	The child is able to understand more complex language skills such as sarcasm and subtle nuances. At this stage it is important to understand the language that is specific to them.
	A child at this age will:
	▶ use longer sentences; usually 7-12 words or more
	▶ know how to use sarcasm and know when others are being sarcastic to them
	▶ be able to change topics well in conversations
	▶ use more subtle and witty humour
	▶ show some understanding of idioms, such as 'Put your money where your mouth is!'
	▶ know that they talk differently to friends than to teachers
	▶ understand and use slang terms with friends
	▶ keep up with rapidly changing 'street talk'.

Example

Use specialised counselling communication techniques

Jackson sees Ben to develop a treatment plan for Ben's heroin use. Ben is a 32-year-old male originally from the Philippines and moved to Australia with his family at the age of 12. He reports a 10-year history of dependent heroin use (smoking). Ben has been directed to attend drug and alcohol treatment as part of a court order. Ben would like to cease smoking heroin and commence opiate replacement therapy but says that he finds the $35 per week dispensing fee expensive. He is also concerned that if his parents become aware of his daily trip to the pharmacy they will realise he has been using heroin again and may kick him out of the house, as they had threatened this previously. Ben reports that his parents are extremely strict when it comes to drug use.

Jackson reflects that there were a number of barriers that need to be worked through for Ben to achieve his goal. These barriers are impacting Ben's ambivalence about making changes to his heroin use. Jackson and Ben discuss the good and not so good things about continuing to use heroin as he currently does. Ben states that using helps him to 'disappear' from his issues, but he acknowledges that his issues only get worse each time he uses due to increasing debts and the risk of further legal issues, including incarceration.

Jackson and Ben agree that his parents would be more disappointed if Ben went to jail than if they found out he has been using heroin again. Jackson finds some culture-specific family brochures that Ben can give to his parents. Ben is also reminded that $35 a week is affordable if he reduces and ultimately abstains from using heroin.

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Jackson and Ben continue with the development of the treatment plan.

Practice task 9

1. Identify and explain three specialised communication techniques based on their impacts and potential to enhance client development and growth.

2. Explain what the conscious competence stage of skill development entails.

3. Outline what relapse prevention counselling involves.

Click to complete Practice task 9

2D Identify and respond appropriately to strong client emotional reactions

In counselling the person is being guided to confront experiences that can be difficult to face. A counsellor needs to be aware of the impact of stress and trauma on the communication process and have the skills required to identify and respond to a person experiencing a strong emotional reaction.

At times when a person is experiencing strong emotional reactions, attention, concentration and memory may be impacted. The counsellor needs to devise strategies to manage these situations and achieve effective communication with a person.

The brain and communication

The brain stores and codes the information that the person takes in through their senses. There are a number of models that have been proposed to explain the process of communication. Some of these are a linear model or a bottom-up model.

Here is some more information on types of communication models that a person may use to make sense of an experience.

Linear model or information processing model

▶ Consists of three stages:

▶ Input: Taking in and analysis of the information

▶ Storage: The information is stored in the brain and the coding and manipulation of the information

▶ Output:- An appropriate response to the information

▶ This model suggests that the information process is a series of steps that happen sequentially.

▶ This may happen singularly or in tandem with other information depending on the familiarity of the information for the person. The brain is able to perform parallel processing and the decoding of the information is also dependent on emotional and motivational factors.

Bottom up or stimulus driven models

▶ This model suggests that past experiences cause the person to process information from a conceptual framework of the subject. This causes a top down processing approach. It is reliant on us using a frame of reference to process the information.

Areas of the brain

It is important to have an understanding of the way the brain works. If dealing with people who have had an injury to part of the brain, it is important to understand the implications and plan the resources and interventions around this information.

The brain consists of the central core, limbic system and cerebral cortex. Here is some further information on the role each has and the implications for communication.

Central core

There are five main regions that help regulate basic life processes.

Medulla – Centre of breathing, waking, sleeping and beating of the heart

Pons – Triggers dreaming and waking from sleep

The reticular formation – signals cerebral cortex to attend to new stimulation and remain alert even during sleep

The thalamus – Interprets sensory information and sends this information to the appropriate area of the cerebral cortex

The cerebellum – Controls body movement, posture and equilibrium

Limbic system

The limbic system also regulates body temperature, blood pressure, blood sugar level, and other housekeeping activities.

It consists of the following:

▶ Hippocampus, involved with emotion, learning and memory

▶ Amygdala, which plays a role in aggression, eating, drinking and sexual behaviours

▶ Hypothalamus, which monitors blood levels of glucose and salts, blood pressure and hormones

Cerebral cortex

The cerebral cortex is responsible for the brain's higher cognitive and emotional functions. It is divided into two almost symmetrical halves called the cerebral hemispheres. Each hemisphere contains four lobes. Areas within these lobes oversee all forms of conscious experience, including perception, emotion, thought and planning, as well as many unconscious cognitive and emotional processes.

Frontal lobe functions:

▶ Motor control and cognitive activities such as planning, decision-making, setting goals and relating the present to the future through purposeful behaviour.

▶ Parietal lobe is in charge of sensory processing, spatial interpretation, attention and language comprehension.

▶ Occipital lobe processes visual information.

▶ Temporal lobe is responsible for auditory perception, language comprehension and visual recognition.

Attention

Attention is the ability of the person to focus our senses or thinking on specific information. This may mean that a person chooses to only concentrate on certain details and not others. This can cause a person to not pay attention to other information that is presented. This is a selective process that the person does unconsciously. The person is still able to be aware of the other stimuli but it is like background stimuli that the person selectively ignores unless there is a need to. An example of this is a person may be reading a book and focuses their attention on the story but a fire alarm going off directs their attention to the new stimuli.

Here are some key points about attention:

▶ Attention is limited – recently the average attention span of an adult is 8 seconds (less than a goldfish who has 9 seconds)

▶ Attention is selective – even though we can take information from lots of different stimuli we can focus on a particular stimulus.

▶ Attention is part of the cognitive system. We are programmed to pay attention to key stimuli in the environment to enable survival.

Types of attention

Here are explanations about the different types of attention.

Types of attention
▶ Focused attention – attending and processing a specific stimulus at the one time
▶ Sustained attention – maintaining a consistent behavioural response through continuous and repetitive activity
▶ Selective attention – freedom from distractibility and allow the focus to remain on the specific stimulus
▶ Alternating attention – the ability to shift focus from one task to another with different cognitive requirement (multi-tasking)

Internal attention distractors

Internal distractors are concerns, worries and anxiety about performance. They are based on cognitive processes that involve reflecting on past experiences, predicting future outcomes, panicking, fatigue and motivation.

Reflecting on past events
Past experiences cause the processing of the information to be referenced according to past events and experiences. It can also be part of the individual's value and belief system. This can result in faulty decoding of information. In the counselling situation this can be useful in the exploration stage but can prevent new learning of ways to respond to stimuli.

Predicting future events

The 'what if' scenario appears. Again this is useful to explore options but may cause apprehension and prevent new learning of more appropriate behaviours .It is important to focus the person on the present – not on the fear of what might happen. Strategies can be put into place to ease this thought process. Positive thinking such as, 'They will think I am fun to be around without the need to drink'.

Panic

After devising strategies and objectives, the person may panic when they have to put into place the new behaviour. In counselling, this experience of not being able to utilise the strategies needs to be discussed and explored – then take the experience, learn from it and replace the experience with one that utilises the new skills. Questioning techniques are useful to elicit information about why the person panicked.

Fatigue

Attention requires energy. At times the energy taken to replace a negative behaviour with a new response can be draining. It is important that the person is treated holistically and strategies to deal with fatigue are addressed. Ensuring adequate sleep, nutrition, relaxation techniques and exercise are beneficial to reducing fatigue. It is useful to explore with questioning techniques the state of the person's wellbeing.

Motivation

It is important to keep the motivation level high. Having the person keep track of small achieved objectives, reviewing progress, giving feedback, focusing on the positive outcomes achieved and providing support to enable progress will assist the person to maintain motivation.

External attention distractors

External distractors are distractions that occur due to pulling the focus away to another stimulus in the environment. People are usually visually dominant in processing information so an auditory distraction causes the person to move away from the visual stimulus and pay attention to the auditory stimulus. Alternatively, another visual distractor can also cause a shift in attention.

Visual distractors

▶ At times, even when motivated to focus on particular visual stimulus, the person's field of vision can pick up another visual stimulus that causes a shift in the attention. It is useful in the counselling process to assist the person to adopt strategies to stop this type of distraction. Teaching the person to recognise this might be happening and mindfully stopping this attention shift. This may occur if the person is fatigued, less motivated or even bored.

Example:
- Giving a presentation to a group of company board members and being distracted by other office workers walking around the office environment.

Auditory distractors

▶ At times, unwanted noise can cause our attention to shift focus. The noise may be the usual background noises of the office, keyboard clicking or air-conditioning. At other times the auditory distractors may be an unusual noise that interrupts our attention, such as yelling in a library. This can be due to our cognitive processing where we scan our environment for danger. In the counselling plan strategies can also be explored such as using background music to screen out usual background noise.

Other people

▶ Other people love to input their thoughts and think about the situation. It is important for the person to raise these external comments with the counsellor and explore them. While a person cannot stop another person from talking they can recognise that these opinions are based on that individual's term of reference, evaluate the idea and, if it is not positive, ignore it.

Concentration

Concentration is the length of time we can spend attending to the stimulus. The attention time span is limited but we can refocus our attention after a small break. It is situated in the present time not in the past or the future.

Concentration consists of:

▶ focusing selectively

▶ maintaining focus over time

▶ awareness

▶ altering attention focus

▶ being able to divide attention between different tasks.

Stress and trauma

Trauma is a sudden and unexpected occurrence that causes intense fear and may involve physical harm or the threat of physical harm. Stress is mental or emotional strain or tension resulting from adverse or demanding circumstances. Stress may be a condition that has existed for a period of time and the person has developed coping mechanisms to address the situation. In both situations the sympathetic nervous system may activate and the person's fight or flight response kicks in. Along with this response the person will be subjected to the release of hormones such as adrenaline and corticosteroids.

Stress hormones can:

▶ increase heart rate

▶ increase respiration

▶ increase blood pressure

▶ put more physical stress on body organs.

Common reactions to trauma

Reactions to trauma may last for several days, months or years. For most people, these reactions slowly decrease over time. In some cases, people may not experience trauma immediately after the stressful event, but have it gradually develop over time.

People who experience trauma may find that they are unable to stop thinking about what has happened. Many people will be on edge, which causes them to react strongly to sounds and sights around them.

Although each person's experience is different, there are a number of common responses to trauma, as outlined below.

Emotional responses

- Shock, denial and disbelief
- Fear
- Chronic anxiety
- Anger and irritability
- Mood swings
- Sadness, including bursts of crying
- Guilt
- Shame and self-blame
- Feelings of disconnection and numbness
- Feeling hopeless about the future

Cognitive responses

- Frequent thoughts or images of what happened
- Thoughts or images of other frightening events
- Flashbacks or a feeling of reliving the experience
- Attempts to shut out painful memories
- Dreams and nightmares about what happened
- Unpleasant dreams in general
- Difficulty making simple decisions
- Memory problems and an inability to concentrate
- Changes in world view and questioning values and beliefs
- Suicidal ideation

Physical responses

▶ Restless and disturbed sleep because of intrusive thoughts and images

▶ Exhaustion and fatigue

▶ Muscle tension

▶ Racing pulse, palpitations and trembling

▶ Sweating

▶ Breathing difficulties

▶ Stomach upsets, such as nausea, diarrhoea or constipation

▶ Aches, pains, severe headaches

▶ Poor general health

Behavioural responses

▶ Withdrawal from others

▶ Not wanting to talk about the event, or talking about it incessantly

▶ Needing to be alone a lot

▶ Being easily irritated by other people

▶ Feelings of detachment from others

▶ Loss of interest in normal activities and hobbies

▶ Being on guard and easily startled

▶ Lack of motivation

▶ Loss of interest in work

▶ Increased use of alcohol, cigarettes or other drugs

▶ Loss of appetite or increased eating

Memory

Memory is the process of how information is encoded, stored and retrieved. A person uses memory to learn. Information is encoded through visual, auditory and semantic processes. Memory storage is how long the memory lasts; this can be short-term or long-term memory storage. Retrieving memory differs for short-term and long-term memory storage. In short-term memory, information is processed sequentially. For example, when repeating a telephone number; the person cannot retrieve the fourth number unless the first three are retrieved.

People can chunk information together in short-term memory to increase storage. An example of this is a mobile telephone number that a person memorises by processing the number as double digits. Long-term memory is stored and retrieved by association. Long-term memory can be triggered by association with various stimuli such as location, smells or visual representation. These associations are known as a trigger and can stimulate the person's memory to recall the trauma suffered previously.

Role of triggers

Triggers can be covert or overt experiences, which remind the person of a previous trauma. A trigger can sometimes take a person back to the experience of the trauma, causing re-traumatisation. They may experience the same physical and emotional sensations they did at the time of the trauma.

Trauma triggers can often be hard to identify or anticipate. The person themselves may not be able to identify what it is that triggered the traumatic memory so they have difficulty avoiding triggers in the future.

When a person has a flashback, they return to the traumatic experience. This flashback can be just as traumatic as the original experience, and is often recurring. The trigger causes a flashback, and the flashback causes re-traumatisation or re-victimisation, which can reinforce the traumatic stress response.

When taking a trauma-informed care perspective, it is important to be aware of triggers and, as much as possible, avoid the person reliving their traumatic experiences.

Common triggers are listed below.

Common post-traumatic stress triggers
▶ Images of traumatic event or interpersonal violence, such as pictures from war
▶ Noises or sounds associated with the traumatic event
▶ Smells associated with the traumatic event
▶ Climatic temperature, or other environmental stimuli associated with the traumatic event

The reaction of the individual to trauma and stress

What makes up the individual (age, race, gender, past experiences, culture and support systems) will also determine the way in which a person responds to trauma and stress. Every person's reactions will vary. Some individuals react in a positive manner while other individuals suffer emotional distress and faulty behaviour patterns. At the time of the trauma the person will be preoccupied with the trauma and will have intrusive memories. This will occur at any time of the day and night. Often the person reports that it goes around and around in their head and may prevent them from normal activities of daily living. This process of reliving the trauma can help some people to accept what occurred. For others it constantly exposes them to the effects and they may gone on to a constant state of distress or may develop post-traumatic stress disorder.

The effect of trauma and stress on the communication process

The communication processes used in counselling with individuals will be affected by stress and trauma. The counselling process will also be affected by the way in which the person reacts to stress and trauma. Here are some examples of how trauma and stress affect the communication process and some strategies to address them.

Attention

A person may be focusing on the memory of the problem and may not pay attention to new information being presented by the counsellor. Alternatively external distractors may pull attention away from the information that the counsellor is giving or the task the person is completing.

Strategies:

▶ Hold counselling in a quiet room free from distractions.

▶ Give information on ways to absorb information.

▶ Focus and explore the issue.

Concentration

To concentrate, the person will need to employ selective attention and focus on one stimulus. For the person who is dealing with trauma and stress, intrusive thoughts often direct their attention away from tasks.

Strategies:

▶ Obtain commitment form the person and put effort into completing the task.

▶ Assist the person to have enthusiasm for the task; this might involve exploring with the person the goals or objectives.

▶ Skilled at the task - practise the task in a supportive environment.

▶ Ensure the person is aware of the importance of looking after their physical state.

▶ Ensure the environment is not too distracting.

▶ If having intrusive thoughts, explore relaxation and mindfulness techniques.

▶ Have a clear plan of action that the person has decided on in consultations.

▶ Break the task down into smaller components.

Memory

When accessing their memory, the person who suffered trauma and stress may also bring back the strong emotions and feelings that were associated with the issue; they essentially relive the moment.

Dissociation may be used by some individuals to minimise the memory of the event and to limit distress.

Strategies:

▶ Provide a supportive non-judgmental environment to discuss the issue.

▶ Provide the person with techniques to manage intrusive thinking.

▶ Create a trusting environment where the person directs the counselling/ communication session.

Body language

Stress and trauma can impact the body language of a person. They may say that something does not cause anxiety but their posture, facial expressions and eye movements all say a different message.

Strategies:

▶ Create the trust relationship and supportive environment for the person to fully explore the issue where the verbal message and the body language contradict each other.

Verbal and written information

If stress and trauma are still causing emotional distress or intrusive thinking, the person's attention and concentration are directed away from other stimuli.

This can result in a person not obtaining the full message and faulty communication.

Strategies:

▶ Repeat information.

▶ Seek clarification of the message from the person.

▶ Teach techniques for relaxation and mindfulness.

▶ Give printed information for the person to refer to the outside of counselling session.

Respond to disclosures using the trauma informed care principles

When a person discloses details about trauma, ensure you follow trauma-informed care principles. Your responses to disclosure according to trauma-informed care principles are explained below.

Responses to disclosure and trauma

Understanding trauma and its impact

When a person discloses details, take a holistic perspective and consider how the disclosure impacts the person physically, emotionally, psychologically, socially and spiritually. The person may only be disclosing part of the story until they feel safe to disclose more.

Promoting safety

Ensure the physical and emotional space is safe for the person to disclose details about their traumatic experiences. Your body language should convey your openness to the person. Ensure you remind the person of your responsibility to maintain their confidentiality.

If the person is currently in a dangerous situation, such as a domestic violence situation, you need to ensure that they and their offspring are physically safe. This may involve arranging a safe house as a matter of priority.

Ensuring cultural competence

Be mindful of the person's cultural background as they disclose information. Your subjective experience may not correspond to the person's, so you need to use empathy when listening to their story. Ensure the person is supported to access communication aids if they require any, such as a translator.

Supporting control, choice and autonomy

The next stage after disclosure is important for the person and their progress towards recovery. Support the person to identify their goals and objectives towards recovery, and encourage their autonomy by allowing them to make their own decisions.

Sharing power and governance

The objective of your organisation is to support the person through care, and by providing legal and ethical support as needed. Outline the role and responsibilities of the organisation, and what care they can provide. Emphasise that the relationship with the person is collaborative, and decisions towards recovery will be shared.

Integrating care

After or during disclosure, you may realise the person requires more support beyond your role and capabilities. The person may require mental health support from a doctor or psychiatrist, for instance. Ensure you support the person to make the necessary referrals. If sharing information, particularly personal or sensitive material, you need to obtain the person's consent before sharing.

Healing happens in relationships

Your relationship with the person is important, so be mindful of your rapport and your verbal and nonverbal responses, particularly in response to disclosure. Support the person to develop and strengthen other relationships in their life. Family support, for example, may be important for the person's recovery.

Recovery is possible

Empower the person to know that recovery is possible. Disclosure is an important step on the path to recovery, so praise the person for having the courage to disclose information. At the point of disclosure, the person may feel particularly disempowered so it is your job to instil in them a sense of strength and resilience.

Stress and trauma and the communication strategy of challenging

Challenging is a communication technique that needs to be used at the appropriate stage of the counselling process. Confronting the person with behaviours and negative thoughts for which they have not accepted ownership may cause the trust relationship to disintegrate. At other times the use of this technique may open up the area for the counsellor and the person to explore more fully and progress the person along the pathway to achieving their goals. For some individuals this can be so confronting and their desire to avoid reliving the event may trigger behaviours of concern for the counsellor to address.

Using the technique of challenging with a person who is experiencing trauma and stress may have a positive or a negative outcome on the counselling process, as the person sometimes needs to safely or slowly relive the experience that caused the initial stress or distress. When reliving the experience, the person will likely experience the same emotional impact they did the first time. It is possible that this will negatively affect the trust that has been built between the counsellor and the individual, and it may increase the level of stress and distress for the person.

Behaviours of concern

Behaviours of concern are any behaviours that have the potential to cause harm or to make people feel uncomfortable, frightened or unsafe. It is important to keep in mind that these behaviours are often a form of communication. The individual exhibiting these behaviours of concern may not know how to communicate their feelings or needs in any other way. Community services workers must be able to identify and plan appropriate responses to behaviours of concern in line with organisational policies and procedures and their own level of authority.

Examples of behaviours of concern

There are several main behaviours of concern that you may observe in people you work with.

Some behaviours of concern that you may encounter are shown below.

Aggression

▶ Aggression is any behaviour or action that another person finds offensive or intimidating. It can be physical or verbal.

▶ Physical aggression may cause physical harm and may occur because an individual is angry, frustrated or attempting to meet specific needs through aggressive behaviour. It includes pushing, shoving, hitting, biting and other physically intimidating or aggressive acts.

▶ Verbal aggression may stem from anger or an attempt to control others through belittling, frightening or insulting them (see verbal offensiveness).

Confusion

▶ People experiencing confusion or other cognitive impairments may have difficulty thinking clearly and understanding what is happening around them.

▶ Confusion or cognitive impairment may be associated with dementia, but can also be a result of other conditions such as dehydration, infections or reactions to medications. People experiencing confusion may appear to be forgetful, puzzled, bewildered, uncertain, angry, upset or distressed.

Intoxication

▶ Intoxication occurs when a person has a high level of alcohol or drugs in their system. Sometimes, intoxication may put an individual at risk of harming themselves or others.

▶ An intoxicated person may engage in unpredictable or uncharacteristic behaviour, such as having sudden mood swings, slurring their speech, being confused and unable to think clearly, aggressiveness, rudeness and lack of balance and coordination.

Intrusive behaviour

▶ Intrusive behaviour involves a lack of respect for other people's privacy or personal space.

▶ Examples of intrusive behaviour include listening in to other people's private conversations, entering other people's rooms without invitation, going through other people's belongings, showing excessive and unwelcome interest in other people's private lives, being overly familiar or touching people inappropriately.

Manipulation

▶ Manipulative behaviour is when a person tries to control others; for example, to make them feel guilty or responsible for things they have done themselves.

▶ It may involve lying or distorting facts, getting others to do things for them, 'playing the victim', using emotional blackmail, and managing people and situations to meet their own needs.

Noisiness

▶ People may be loud and noisy for a number of reasons including anger, intoxication and mental health conditions.

▶ Noisiness can be very disruptive and upsetting to others. Noisy behaviour may include yelling, shouting, loud laughing, banging or kicking walls or furniture.

Self-destructive

▶ Self-destructive behaviour occurs when people attempt to harm themselves. It may be a result of poor self-esteem, strong feelings of anxiety or depression, a response to a traumatic event, or self-punishment.

▶ Examples of self-destructive behaviour include self-harming through cutting, biting or other acts of physical harm; refusing to eat or drink; substance misuse; suicide attempts; and extreme lack of self-care.

Verbal offensiveness

▶ Verbal offensiveness does not cause physical harm but is often frightening and emotionally stressful for the recipient.

▶ It can be used to manipulate and control others. It includes yelling, shouting, name calling, using abusive language and making threats.

Respond to behaviours and distress related to trauma

If a person becomes distressed as a result of a trigger, or a flashback, provide a safe and supportive environment. Containment skills, such as meditation, grounding and clear instructions help bring the person back to the present moment.

One exercise you might use is asking the person to describe the room they are presently in. This helps divert the person's attention to the present and physical moment, rather than towards the traumatic experience.

Seek assistance from qualified therapists such as a psychologist or psychiatrist to help the person utilise coping strategies and minimise flashbacks and triggers.

Other containment strategies may be read at: http://aspirelr.link/containment-strategies

Guidelines for responding appropriately

Responding appropriately to behaviours of concern requires knowledge of what is expected of you based on your organisation's policies and procedures and your job description. It is very important that you follow these guidelines to ensure you meet your duty-of-care and ethical obligations, and maintain the safety of yourself, the client and anyone else present.

Listed below is the type of information that is provided in organisational guidelines for identifying and responding to behaviours of concern.

Organisational information for identifying and responding to behaviours of concern

▶ Identifying behaviours and incidents that may be cause for concern

▶ Communicating with and calming people who are engaged in behaviours of concern to prevent further escalation of the situation

▶ Using safe procedures

▶ Being ethical and treating the individual with respect and dignity

▶ Being culturally sensitive

▶ Seeking assistance and support as necessary

▶ Reporting and recording the incident in an accurate and fair manner

Identify potential behaviours of concern

If a client is demonstrating a behaviour of concern, you may be expected to direct others and act decisively to prevent further conflict. This may involve removing the client from the area or using strategies to prevent escalation of the behaviour. Always ensure you have a clear understanding of what is expected of you and seek clarification from your supervisor if you are unsure.

Remain alert at all times to possible instances of behaviours of concern. You may be able to prevent many incidents from occurring by carefully observing and monitoring individuals in your care, ensuring their needs are being addressed and that they are comfortable and relaxed. If a client suddenly starts behaving in a difficult manner, you need to think and act quickly.

Actions for diverting aggressive behaviour include:

- remaining calm
- requesting that others who are present move away
- showing a willingness to listen
- giving the client the time and space to calm down.

Procedures for responding appropriately

Organisational policies and procedures will provide guidance on how to respond appropriately to potential instances of behaviours of concern.

Below are some suggested responses.

Stay calm

The client's behaviour may escalate if you appear anxious, frightened, angry or upset and the situation may worsen.

When you are calm you can more easily help calm someone who is confused, angry or upset.

Avoid quick movements or gestures that may seem threatening to the individual.

Observe the situation

Observing the situation will help you understand what is happening.

Avoid jumping to conclusions that may be incorrect and unfair.

Remain objective and, if possible, gather information.

Respond appropriately

Past experience and knowledge of an individual will help you respond to their individual needs and de-escalate or divert any characteristic behaviours of concern.

Be prepared

If the client is unknown to you, be prepared for unpredictable behaviour.

Reassure the client you are there to help.

Be observant and note their body language.

Make security a priority and do not approach closely until you are sure it is safe to do so.

Stay safe

Keeping yourself, the client and others safe is a priority.

Clear the area of other people if the behaviour is disruptive or could cause harm.

If possible, take the individual to a quiet, safe room, but leave the door open and ensure a clear exit path.

Communicate

The way you communicate with the client will impact how calm, safe and supported they feel.

Speak slowly and clearly to reassure the client.

Seek assistance

There are situations you will not be able to manage on your own.

Use an alarm if necessary to obtain assistance from other staff.

Follow procedures

It is important to always follow your organisation's policies and procedures, including work health and safety (WHS) guidelines, at all times to ensure you respond in a safe and appropriate manner that meets duty-of-care obligations.

Organisational policies and procedures may include operational guidelines for handling incidents and/or cases involving behaviours of concern, staff debriefing following an incident, incident reporting and documentation.

Example

Identify and respond appropriately to strong client emotional reactions

Jill has been talking to a grief counsellor, Laura, about the loss of her father for the last two months. She feels like she is stuck in a grievous cycle, and it is negatively affecting her life.

Jill appears at the next counselling session early and is waiting for her appointment with Laura. Bill, an elderly man, is present in the waiting area. Bill has been referred to the centre to help deal with aggressive verbal behaviour. Bill has a drinking problem and there is a strong smell of alcohol and cigarettes present on his person. Bill is annoyed that he is being kept waiting and starts to become increasingly loud and abusive. The smell and the representation of an elderly aggressive man triggers a strong response from Jill. Jill becomes uncomfortable and anxious to the point where she has to keep walking around the reception area and breaks out in a full-body sweat.

When Laura asks more about the incident, Jill discloses details about her childhood abuse. She says that when she was four or five, her father suffered from alcoholism, and used to hit her and her mother frequently. Jill remembers an incident where her mother was crying and both she and her mother were locked out of the house during the night by her father. She remembers feeling very frightened of her father. As she talks about the incident, she realises how much she had forgotten. She begins to cry as she talks.

Laura moves her chair closer. She doesn't talk much, but demonstrates empathy and understanding as she listens. She pushes a box of tissues towards Jill, and allows her time to cry. When Jill stops crying, Laura allows Jill time to sit quietly and reflect on her experience.

In the next session, Laura checks in with Jill to see how she is feeling. Jill says she has had a hard week, and has felt very tired. Jill tells Laura that she keeps going over and over that time in her life and still cannot forgive her father for his behaviour towards the rest of the family. Laura asks Jill if she feels ready to make a few goals towards her recovery. Through open-ended questions, Laura supports Jill to identify how she would like to respond to her recent disclosure. One action Jill wants to take is to re-examine her relationship with her father in recent years, in relation to her feelings of grief and unresolved anger.

Practice task 10

1. Identify the effect of strong emotions on a person's ability in the following areas:
    –   Communication
    –   Body language
    –   Memory
    –   Concentration
    –   Attention

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2. List three behaviours of concern that may become evident when a person is experiencing strong emotions.

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3. List three actions a counsellor can take to manage strong emotional reactions.

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Click to complete Practice task 10

Summary

1. Trauma can be caused by interpersonal, physical or emotional abuse. It can be a single incident. Complex trauma is caused by cumulative abuse or exposure to interpersonal trauma.

2. Trauma can cause strong emotional reactions in individuals that may be manifested in negative behaviours.

3. The communication strategies that are used in counselling will vary according to the stage of the counselling relationship. Different techniques will be used to continue to move the person through the stages of exploration, planning and achievement of goals.

4. Specialised communication skills are required by the counsellor to give constructive feedback to the person on the progress towards their goals.

5. At times throughout the counselling relationship people may exhibit behaviours of concern in order to deal with stress and trauma. The counsellor needs to be able to identify and respond to these behaviours safely and in a professional manner.

6. Specialist skills of focusing, reframing and challenging can be employed to assist individuals to develop and move forward in the counselling process.

Learning checkpoint 2
Use specialised counselling interviewing skills

This learning checkpoint allows you to review your skills and knowledge in specialised interview skills.

Part A

1. Explain the principles of person-centred practice.

2. Identify the stages of a counselling interview.

3. Outline when the specialised counselling strategies of challenging, reframing and focusing should be used in the counselling session.

4. Outline two strategies to encourage personal growth and development within the counselling sessions.

5. List two areas of communication that may be affected in a person who is experiencing stress and trauma.

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Part B

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

Case study

James is a counsellor who works with people with disabilities that significantly impact their lives. Todd is 27 years old and uses a wheelchair as a result of a motor bike accident that occurred after drinking with his friends. He experiences poor anger management, and has been referred to you by his GP after he physically assaulted a worker at the local care agency, causing serious injury. He has been drinking heavily on a regular basis.

During the initial counselling sessions, Todd discloses that he is angry because he brought his disability on himself. He is also angry that his friends did not try to stop him from riding his bike after drinking. James uses probing questions that uncover that Todd also feels like a burden on his family, and turns to alcohol to block it all out. In fact, sometimes he drinks until he blacks out, but he knows he can't go on like this and tells James he wants to quit drinking. James thinks Todd will benefit from some relaxation and thought-blocking skills to deal with these strong emotions.

Over their sessions, James and Todd develop a good rapport. Todd progresses well with the relaxation techniques James has taught him, but he evades questions about his drinking habits. James used focusing techniques to obtain the information from Todd, and Todd discloses that he is still drinking heavily at times. James uses challenging to confront Todd about the discrepancy between his stated desire to quit drinking and his drinking behaviour. Todd becomes uncomfortable and verbally abuses James, then starts crying. James gives him some tissues and lets Todd cry it out.

When Todd is calmer, James suggests that they meet again in two days to discuss the issues that Todd has raised in the session. Todd agrees that he needs to work through these within the support of the counselling sessions.

1. What communication skills is James using in the counselling sessions with Todd?.

.   .. .

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.   .. .

.   .. .

2. What impact would continuing to use only questioning techniques have on the communication process?

3. Give two reasons why James used challenging in the counselling session with Todd?

4. What was the point of James using focusing in the counselling session with Todd?

5. Identify the ways in which James used specialised communication skills to encourage Todd to grow and develop in the counselling session.

6. When Todd showed a strong emotional reaction to the counselling session, what strategies could James have employed?

7. What impact has the trauma and stress experienced by Todd had on his communication process?

Topic 3

In this topic you will learn how to:

3A Reflect on and evaluate your own communication with clients
....

3B Recognise the effect of your own values and beliefs on communication with clients
....

3C Identify and respond to the need for development of your own skills and knowledge
....

Evaluate own communication

Community services work can be very challenging as it involves responding to complex human needs and difficult situations. Workers should be aware of their own limitations and seek opportunities to improve their skills and knowledge through personal and professional 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. To benefit from feedback, workers must have a clear understanding of the protocols for giving and receiving open and evaluative feedback.

3A Reflect on and evaluate your own communication with clients

When working with people in a counselling role, it is important to reflect upon your own communication with people. Each individual is different and the counselling practices need to take individual differences into account when communicating and engaging with people. The way in which a worker can improve their skills in communication is to reflect on practice and evaluate the strategies chosen with each person. Self-reflection and evaluation are important practices to develop professionally and meet the needs of people accessing the service.

Reflection

Reflection assists the worker to continue to learn and think about practice. Learning and thinking are two concepts that are intertwined with each other. Reflection allows us to explore and examine ourselves, our perspectives, attributes, experiences, and actions and interactions. It assists the person to see where they can make changes based on their mistakes; where they can continue doing what is successful; and build on or modify past knowledge based on new knowledge.

Reflection is completed after the counselling experience and aims to:

▶ be considered, thoughtful and analytical

▶ be honest about any areas you struggled with, even when difficult or uncomfortable

▶ be rational and distanced

▶ relate experiences to wider contexts, other perspectives and theoretical frameworks and make sense of the experience.

Benefits of reflection

Reflection assists the worker to improve the communication with people accessing the service.

Benefits of reflection
▶ Helps you learn from experience
▶ Encourages self-evaluation and analysis
▶ Promotes greater self-awareness and understanding
▶ Helps you identify strengths and limitations in your practice
▶ Links theory and practice
▶ Helps identify areas for further training and professional development
▶ Helps prepare you to engage in organisation review processes and to seek and accept feedback from your supervisor and peers

Self-evaluation

Self-evaluation involves thinking critically about what you do and how you can improve your practice. This can be done on your own or in conjunction with others, such as colleagues or supervisors. It may be a challenging process as you need to be objective to assess your own performance, skills and knowledge against the requirements of your job.

Self-evaluation involves:

▶ identifying your strengths and weaknesses in the work environment

▶ participating in a range of opportunities to evaluate and develop your work skills

▶ developing an understanding of your own personality traits, values, beliefs and behaviours

▶ seeking feedback and/or mentoring from others

▶ analysing and implementing feedback to improve your own work performance

▶ establishing goals and personal development plans

▶ identifying personal and professional development opportunities

▶ maintaining a sense of purpose and direction in your career

▶ undertaking regular periods of self-reflection.

Identify improvements to work practices

Obtaining and responding to regular and meaningful feedback is a vital part of the role of a community services worker. To support a person-centred approach to service delivery, the opinions and feedback of people accessing services must remain central to an organisation's decision-making process. Responding to people's feedback is one way that workers can actively identify and verbalise improvements to work practices.

Ways to obtain meaningful service feedback include:

▶ providing access to any communication aids, assistance, written translations or interpreters as required

▶ ensuring confidentiality and privacy

▶ providing an appropriate feedback mechanism to meet the needs of individuals

▶ ensuring that any documents or questionnaires are user friendly and in plain English

▶ allowing sufficient time for people to provide feedback

▶ following up on feedback and informing contributors of any outcomes.

Seek ongoing work practice review and evaluation

Ongoing review and evaluation is an integral step in providing quality programs and services. When delivering a program or service, a community services worker should factor in regular, formal and informal monitoring.

Ongoing review allows for responsive actions from workers and organisations to consistently improve services to better meet people's service needs. Evaluation should be undertaken to measure the effectiveness of a program or service against identified goals and outcomes.

Many organisations have a program management methodology, so seek advice from your organisation's quality coordinator about monitoring and reviewing programs and services.

Your workplace will have processes in place to provide feedback regarding the quality of the service provision, ease of access of the service, areas of achievement, areas for improvement and feedback on the worker's and supervisor's performance.

Feedback is an important continuous development tool that allows workers to reflect on their performance in a constructive way and enables further improvement and achievement. It is therefore important that workers seek feedback and advice from appropriate people on areas for skill and knowledge development.

Supervision

Being provided with effective supervision can encourage workers to develop their skills and knowledge and become confident and competent in their work roles. Effective supervision is a powerful tool for professional development, as it provides workers the opportunity to openly evaluate and explore their experiences at work and to 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 the team members are undertaking and can provide appropriate guidance and support.

Here are the main functions of supervision.

The main functions of supervision

1 **Education**
Supervisors have an important role to play in mentoring members of their team and ensuring they have access to appropriate professional development opportunities.

2 **Administration**
Supervisors perform a range of administrative duties to ensure team members understand their roles and have access to the information, resources and materials they need.

3 **Support**
Supervisors provide support and encouragement to members of their team when they encounter difficulties or problems.

Types of supervision

There are two common forms of supervision in the workplace: peer supervision and supervision by a qualified person. It is usual for most people to undertake both of these.

It is important to develop a good relationship with your supervisor and seek opportunities for supervision or mentoring when you require help. This may be during your daily work routine when you are unclear about something or need guidance in dealing with a difficult situation. You may also organise specific times to discuss your work with your supervisor on a regular basis. This can occur as needed, via scheduled meetings or during formal performance appraisals. A supervisor may also set aside time during regular team meetings for team members to engage in self-

evaluation. This gives the team an opportunity to discuss any problems they are having and allows team members to give and receive feedback from others, including their supervisor.

Professional supervision

Professional supervision is becoming an increasingly common practice in community services work. A professional supervisor's role is different from that of a workplace supervisor who carries out a number of roles, such as administrative and line manager duties. A professional supervisor focuses purely on practice issues and the personal and professional development of the person they are supervising. Professional supervisors may work independent of the organisation and usually undertake additional training and accreditation processes.

Organisations usually assign a professional supervisor to individual workers and the worker will meet with the supervisor on a regular basis, such as weekly or monthly, to discuss practice issues.

A professional supervisor's main role is to:

▶ ensure workers have the level of practice supervision that workplace supervisors do not have time to provide

▶ provide evaluative feedback

▶ encourage self-evaluation and reflection

▶ help workers become aware of and deal with limitations in their work

▶ suggest personal and professional development opportunities

▶ guide workers when dealing with complex practice issues.

Peer supervision

Peer supervision, as the name suggests, peer supervision is a process where a group of colleagues (or 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. The facilitator 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.

Seek feedback and advice

Feedback is a process of giving and receiving information regarding the outputs, consequences or results of a worker's performance. Giving and receiving appropriate feedback is vital to effective communication. For example, it is difficult for a person to determine if they are doing a good job or if there are areas of their performance that are not up to standard if they don't receive feedback. Without the right type of feedback, people don't know if their role and work is valued by their supervisor and others.

Feedback is a two-way process, as workers should also have the opportunity to share their experiences with their supervisors. Some organisations use feedback processes such as 360 degree feedback, which involves a worker receiving feedback from their supervisor and from several peers as well. This enables the worker to see how their performance is viewed from a range of perspectives. Remember that the goal of feedback is to assist you; it is not intended as a personal attack upon you.

Here are ways in which you could respond to feedback.

Defensively

You may appear defensive if you respond to feedback by:

▶ becoming angry

▶ being rude to the feedback provider

▶ interrupting and arguing with the feedback provider

▶ denying that the feedback applies to you and refusing to take personal responsibility

▶ failing to consider or act on feedback

▶ talking back to the feedback provider and giving them negative feedback.

Non-defensively

To show that you are willing to accept feedback in a non-defensive manner:

▶ listen carefully to what is said

▶ be courteous to the feedback provider

▶ listen to the feedback without interruptions or protests

▶ ask for clarification or examples if you are not sure what the feedback provider is saying

▶ think about how you can apply the feedback you have been given.

Accept feedback non-defensively

Most people feel a little defensive if they think someone is being critical of them. This is a natural reaction; however, keep in mind that the feedback you receive from your co-workers is meant to support and help you rather than make you feel incompetent. Seeking out and accepting feedback non-defensively shows that you respect your co-workers' opinions and are willing to learn from them. Your co-workers will be more open to giving and receiving feedback from you if you accept the feedback in a gracious and respectful manner. Also, when you are able to receive constructive feedback in an open and non-defensive way, this can help you to provide it in the same manner, as you will be more sensitive to the needs of the other person.

Example

Reflect on and evaluate your own communication with clients

Aaron learnt the importance of reflective practice and seeking feedback at college and is new to community services work. One month ago Aaron met with his supervisor Cindy to review his performance as part of the normal probation period processes. During the meeting Cindy identified that Aaron could improve his performance by collaborating more with his team members and by asking them for feedback on ways that he could add value to their team projects.

Since that meeting Aaron has dedicated the last ten minutes of each work day to collaborating with other workers and seeking their feedback. If something of consequence occurred during the day, Aaron also makes a note of it to discuss with his supervisor. Aaron has a setting on his email calendar that reminds him to check his performance plan for incorporating feedback every fortnight. Aaron doesn't spend much time on this task but wants to avoid arriving at his next performance review not having made any progress on the areas of improvement from his last feedback session. Aaron has also joined a peer supervision program that meets monthly to discuss and share issues that emerge from responding to the particular care needs of people accessing their service.

Practice task 11

1. Identify three benefits of reflection for individual practice.

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   .   ...

   .   ...

2. List three ways that you can demonstrate receptiveness to feedback.

   .   ...

   .   ...

   .   ...

3. Outline briefly the main role of the professional supervisor.

   .   ...

   .   ...

   .   ...

   .   ...

Click to complete Practice task 11

3B Recognise the effect of your own values and beliefs on communication with clients

As a community services worker, you must follow ethical guidelines in decision-making in all work undertaken. Underpinning ethical practice is the principle of 'do no harm', and community services organisations have developed codes of ethics, codes of conduct and policies and procedures to guide workers in making decisions that affect the safety and wellbeing of people accessing services. In order to be ethical and provide the best service to people, a counsellor needs to understand their own values and beliefs.

Community services work can be complex and demanding as it involves working with people who have different value systems, beliefs, life experiences and personal circumstances. In order to carry out your work effectively, you need to understand how your own personality, beliefs, values and behaviours impact others and influence your practice. Any limitations you have may be highlighted in the close working relationships you have with clients and co-workers. For example, if you dislike conflict and find it difficult to deal with, you may struggle to carry out your work effectively as there will be many situations that require you to use effective problem-solving and conflict-resolution strategies.

Ethics and values

The term 'ethics' refers to standards of right and wrong designed to protect rights. Being ethical involves judging what is right or wrong and asking, 'What is the right thing to do?' or 'What should I do?' While your work can't always be guided by moral (correct) behaviour, morality does play a part in ethical behaviour, which is displayed through fair and honest conduct.

Values can influence ethics. Values are the principles that are important to an individual, a group of individuals or a community. Most people have a strong attachment to their values and it is important for a worker to recognise their own personal values and the impact they may have on their approach to work. Remember, individual values are not always universally shared.

We all hold values about issues that are important to the way we live and work, as outlined below.

Areas that values may relate to
▶ Families and parenting
▶ Human rights and responsibilities
▶ Religious or spiritual beliefs
▶ Human life and freedom

▶ Right and wrong/good and bad

▶ Money, possessions and ownership

▶ Fairness and justice

▶ Gender and equality

▶ Identity and sources of self-esteem

Ethical conduct

Although there are agreed ethical principles in community services work and in the broader community, what constitutes ethical conduct in certain situations is not always clear cut.

Determining what constitutes ethical conduct may be affected by the need to consider different legislation, community work principles, the rights and needs of the person who is accessing the service, and the rights of the worker. These factors may also be the cause of an ethical dilemma. As well as having ethical responsibilities to people accessing services, a worker also has obligations to other staff members in their team.

If you ever experience difficulty or are in doubt about what action to take, discuss the situation with your supervisor.

Use an ethical approach

Each person has varying needs, values, beliefs, attitudes and cultural background. As a manager, you must take an ethical approach to every person who receives care in your service. There are a number of factors that may affect a person's individual differences that you must respect when delivering services within an ethical framework, as described here.

Attitudes

▶ Be aware of people's attitudes and respect their rights to have these attitudes. For example, some people believe that men should not stay at home to care for children; teenagers should be home before 9.00 pm; and women should not be allowed to drive.

▶ To work effectively with people who have attitudes different from your own, you need to adopt a non-judgmental attitude. This means accepting people as they are without trying to change or influence their views. This approach allows you to focus on the needs of your service users while keeping your own opinions and attitudes to yourself.

Values

▶ As a counsellor, you are expected to model appropriate behaviour to the rest of your team. This should always include respecting other people's values and never displaying attitudes of superiority to people who have different values from yours. Being aware of and confident about your own values helps you accept others and respect the values that are important to them. Remember that each person will have their own individual thoughts about what is or is not important.

Beliefs

▶ People from different cultures and backgrounds hold different beliefs, which may be about religion or spirituality or expectations related to roles or children. For example, a Jewish person may choose not to attend activities on a Saturday because in their religion Saturday is a day of prayer and family time.

▶ You may not have the same beliefs as some of your service users but you should uphold and respect their right to their own beliefs or those that differ from mainstream Australian society. Do what you can to ensure your service users do not feel ostracised because of their beliefs and try to learn as much as you can about them. This will help you and other team members gain a better understanding of the individual and provide a better level of service.

Culture

▶ A person's culture influences how they experience life. People from the same cultural background share language, knowledge and traditions that are common to everyone within their group. Culture provides the group with rules for living and this is reflected in the values, attitudes and beliefs of each member of that group. Cultural difference should never be a barrier to service delivery.

How to recognise own bias

Both participants in the counselling experience are individuals and bring to the session their own values and beliefs. Counsellors need to be able to identify their beliefs and values and reflect on the communication interactions to guard against bias.

Having high self-awareness allows counsellors to:

▶ provide high-quality services to all people accessing the service

▶ ensure their values, beliefs and experiences do not influence their interaction with the person; in other words, self-awareness helps the counsellor remain non-judgmental

▶ reduce the potential for biasing the person's decisions

▶ hear and understand the person's concerns

▶ offer genuine empathy and support

▶ skilfully and effectively manage the person's counselling session without being overly reactive to any points of difference they experience as difficult

▶ empower the person.

Self-awareness

A way in which to prevent personal biases and values impacting the counselling session with other people is to become more self-aware. The counsellor needs to explore their own values and beliefs to be effective and non-judgmental when communicating with other people accessing the service.

Here are some ways in which a person can use reflection to build self-awareness.

Meditate

▶ This can be achieved through the use of relaxation techniques, such as deep breathing, or a guided approach, such as yoga.

▶ Questions to reflect on when meditating:

– What am I trying to achieve?

– What am I doing that is working?

– What am I doing that is slowing down the process?

– What can I change?

Plan

▶ Having a written plan that takes priorities into account is useful to track progress. This includes the counselling plan and then your actions as a counsellor to achieve the goals and objectives.

Tests

▶ It can be useful for exploring your own personality traits to test yourself on tools such as the Myer Briggs Personality Index.

Feedback

▶ Obtain feedback at work and evaluate this, as well as informal feedback from friends and families.

Change

▶ Become aware of behaviours that you want to change and actively reduce them. This could include racing to provide an answer, interrupting others and not being decisive. Also, recognise that you can only change your own, not other people's behaviours.

Feelings

▶ Recognise your own feelings in response to situations. This can involve taking note of your physical reactions to information. Some examples include:

– flushing when embarrassed

– fiddling with your hair when nervous

– raising the volume/level of your voice when angry.

Areas to explore for self-awareness

Always keep in mind that having areas of difficulty or limitations is not as big a problem as the inability to recognise and acknowledge them. Only when you identify your limitations can you plan and put strategies in place to address them. For example, if you are constantly late for appointments and can't meet work deadlines, then you clearly need to improve your time management skills. In order to recognise your limitations, you need a sound self-understanding.

Consider the following important characteristics.

Relationship management

Relationships are at the centre of all community services work. You need to manage relationships with clients and your co-workers and other service providers.

Self-awareness

Many people have blind spots about themselves; that is, they are unable to be objective about some area of their behaviour or performance. For example, someone may be unaware that they have poor listening skills and this is why others don't enjoy talking to them. People who are self-aware know their limitations and what they need to do to address them. They understand how their behaviour and actions impact others and are aware of their personal traits and ways of interacting with others, including:

▶ how they deal with conflict; for example, whether they prefer to avoid conflict or engage fully

▶ their main personality traits; for example, whether they are outspoken and outgoing or thoughtful and introspective

▶ their personal values and belief systems

▶ their preferred learning style/s.

Self-management

Self-management is the ability to be responsible for yourself and to perform your job according to workplace and professional standards. It includes:

▶ managing your emotions

▶ using effective time management skills

▶ accepting responsibility for your actions

▶ working effectively as part of a team

▶ accepting feedback and criticism

▶ following workplace instructions

▶ planning your work to meet the requirements of your job

▶ setting goals and working towards achieving them.

As a community services worker, you are expected to have the maturity to work effectively with other people and take responsibility for your own personal development.

Social awareness

Community services workers should have a good understanding of the context in which they work, including the social, political and economic influences on the work they do, the organisations they work for and their clients. Social awareness includes having an understanding of:

▶ social justice issues including inequality, discrimination and stigma

▶ cultural issues

▶ the distribution of resources and opportunities in the community

▶ issues that influence people's behaviour; for example, AOD (alcohol and other drugs) issues, mental illness and experience of abuse and neglect.

Ways to identify limitations

When you recognise that you have strengths and areas of difficulty, you can take pride in what you do well and focus on improving your skills and knowledge in the required areas.

Here are some ways to develop a greater understanding of yourself and your limitations in the work you perform.

Ways to identify limitations
▶ Reflecting on the impact of your actions, communication and behaviours on others
▶ Considering the range of skills and knowledge you need to carry out your work effectively, and honestly appraising your strengths and limitations in each area
▶ Asking for and accepting feedback from others, including supervisors, colleagues and clients
▶ Observing the behaviour of an experienced worker whose skills you respect
▶ Identifying opportunities to enhance your personal and professional development

Example

Recognise the effect of your own values and beliefs on communication with clients

Anna is a new worker in an organisation that provides housing for disadvantaged people. She conducts assessments and selects appropriate housing to meet people's needs. When a large family arrive at her organisation in urgent need of housing, Anna has a very negative attitude towards them. They are from a cultural background that she knows very little about and she finds herself wondering if they are terrorists. She finds it alarming that the female members of the family are entirely covered in dark over garments and head coverings. She has heard that women in this culture have no rights and, as a feminist, she feels offended by this.

Anna is nervous about dealing with the family and speaks to the husband in a terse and somewhat unfriendly manner. She can tell that this makes him feel uncomfortable and she hopes they will go somewhere else to find housing. As the assessment progresses, she is impressed with how well-mannered the parents and children are and how the older children take care to keep the young ones from being noisy or disruptive. Anna begins to adopt a more friendly tone. The mother is now doing most of the talking and is self-assured and confident in the way she answers questions and discusses her family's needs. Anna is surprised because she thought women from this culture would not be able to speak up for themselves. She finds herself thinking that the family are a lot easier to deal with than many other clients.

At the end of the assessment, Anna assures the family that she will do everything she can to find them housing as soon as possible. The family are very grateful and tell her how much they appreciate her kindness. Anna realises that she had allowed herself to fall victim to a common stereotype and used her values and beliefs as a basis for making judgments about the family before knowing anything about them. She recognises that this is a valuable learning experience and vows she will not make the same mistake again.

Practice task 12

Re-read the previous example.

1. Describe how Anna's own values impacted the communication process.

2. Outline how an ethical approach to communication approaches the issue of different values between the counsellor and the person accessing services.

3. List and explain three ways to raise self-awareness of own values.

Click to complete Practice task 12

3C Identify and respond to the need for development of your own skills and knowledge

Community services work can be stressful and may involve challenges that cannot be resolved by one person alone. To meet the challenges of your work, it is important that you build support networks and know where you can obtain specialist advice when necessary. You should also take advantage of the opportunities your organisation provides to help you develop your skills and knowledge through professional development, performance review mechanisms, supervision and mentoring. At an individual level, you can promote your own professional development by keeping up with industry developments, applying these in your practice and taking action to stay abreast of evolving industry trends.

Seek advice about skill and knowledge development

Personal improvement and job-skill development contributes to good personal practice and organisational success in service delivery. Skill and knowledge development is particularly effective if it responds to identified gaps or opportunities in a worker's learning.

Strategies for identifying gaps and opportunities include:

▶ audits and self-assessment processes

▶ formal performance appraisals

▶ ongoing supervision by managers

▶ feedback from people who use the service

▶ feedback from other workers

▶ informal self-reflection.

Training

All workers should have access to training that promotes personal and professional development. Your supervisor will inform you of workplace policies regarding training and professional development, and work with you to identify relevant programs and opportunities. You can also suggest areas of practice that you wish to improve and request relevant training.

There are many ways you can participate in training or personal development to enhance your skills and knowledge.

Training includes the following.

What training involves
Formal training Attending workshops and formal training sessions
Study Undertaking further study including short online courses
Mentoring Working with a mentor or experienced colleague
Volunteering Volunteering with organisations that can provide opportunities to learn new skills
Self-directed Seeking ways to enhance your skills and knowledge such as researching, reading professional journals and texts, and having discussions with experienced practitioners

Feedback for improvement

Giving and receiving feedback can be challenging, particularly if the feedback is likely to be viewed negatively. There are strategies you can when giving feedback to increase the likelihood of the recipient taking it constructively and non-defensively.

Some of these strategies are listed below.

Strategies for providing feedback where improvement is required
▶ Use positive comments about areas the person is performing well in.
▶ Describe the situation or issue that feedback is direct at
▶ Clarify specific areas.
▶ Be open to two-way communication.
▶ Supply a summary of the situation or issues.
▶ Suggest an action plan to resolve the situation that is timely.
▶ Follow up dates to ensure the situation has been followed up appropriately.
▶ Focus on behaviours and actions rather than personalities.
▶ Consider the phrase, 'soft on the tone, firm on the message'.

Open and evaluative feedback to and from co-workers

Exchanging constructive feedback with co-workers is an important tool for improving personal performance. It encourages open communication between workers and helps build a supportive workplace environment. There are many practices and methods that can help workers improve their personal performance. These practices help ensure workers know what is expected of them and feel supported and that their contribution

to the workplace and work team is valued. Giving and receiving feedback allows workers to learn from their co-workers and helps others improve their work skills. To ensure feedback is provided in a constructive way, it is important that everyone understands basic guidelines for giving and receiving feedback.

Feedback guidelines include:

▶ policies and procedures for workers to follow

▶ ensuring there is a culture of support and cooperation in the workplace

▶ providing appropriate learning and training opportunities

▶ ensuring workers have adequate supervision

▶ conducting regular performance appraisals

▶ encouraging mentoring

▶ providing opportunities for work teams to give each other open and evaluative feedback.

Encourage open, two-way communication

Communication is based on sending, receiving and interpreting messages. It is common for someone to say something to a person and for the person listening to interpret the message in a completely different way than was intended. When giving feedback, choose your words carefully and give the feedback recipient an opportunity to respond to what you have said. If the recipient does not have a chance to talk about or clarify feedback, they may become resentful and feel they have been unfairly criticised. Take particular care when providing feedback in writing or as part of a report, as there is less opportunity to discuss and resolve misunderstandings. Written feedback can sound more harsh or abrupt than verbal feedback, so it is important to find an appropriate tone that is warm and provide relevant and specific feedback.

The following outlines some important communication skills for giving, receiving and analysing feedback.

Communication skills to use for feedback

1 **'I' statements**
When you use the word 'I' you are taking ownership of what you say and send a clear message about personal responsibility. The use of 'I' helps you communicate in a direct and active way and allows you to clearly state what you feel or think about a situation.

2 **Active listening**
Active listening involves focusing all of your attention on what another person is saying. Avoid interrupting until they have finished what they want to say. Ask questions or paraphrase what the speaker has said to clarify and check your understanding.

3 **Observe body language**
Observing a person's body language should give you an indication of how they are feeling and their level of comfort. If their body language reflects that they are upset by what you are saying, you may need to pause or change the way you are giving the information.

4 **Respect individual differences including cultural differences**
Be aware of individual differences when providing feedback. For example, some people find it harder to give and receive feedback than others. There may also be cultural differences in the protocols of giving and receiving feedback.

5 **Be supportive and emphasise positives**
Avoid focusing only on negative aspects of a person's performance. Acknowledge what they do well in addition to areas they can improve.

6 **Choose words carefully**
Be careful of the words you choose when giving feedback. Do not use negative or critical words to describe a co-worker's performance. For example, avoid words such as 'hopeless', 'incompetent' or 'useless'.

7 **Analyse feedback**
When receiving feedback, take an active role in understanding the feedback you have been given. This may involve asking questions, taking notes and thinking about how the feedback applies to you. If necessary, follow up with the feedback provider to clarify your understanding and seek further guidance.

Options for accessing skill development opportunities

Skill development may take place formally and informally, in groups and independently, in classrooms and in workplaces. Workers need to identify the learning option that is most appropriate to the skills and knowledge that they want to develop, with consideration to their individual learning style and the time they have available to undertake the learning. Having systems that enable workers to consult management and access skill development opportunities are an important part of a continuously improving workplace. Workers need to understand that their own skill development adds tremendous value to the overall efficiency and quality of their workplace. Skill development in the community services sector will depend on a collaborative action plan between a worker and their supervisor.

It is important that workers take an active role in their own skill development and frequently consult with management regarding desired and required skill development opportunities.

To investigate learning options you may talk to colleagues and peers; ask your supervisor for feedback; approach the human resources officer in your organisation; attend information sessions at training organisations and universities; join professional networks in person and electronically; and gain information about relevant learning opportunities in the community services sector.

Here are further details about skill development opportunities.

Formal learning

Formal learning is effective for when there is an industry standard or qualification that is required or recognised by the community services sector or your organisation.

This includes:

▶ professional associations and groups

▶ industry or professional associations.

Informal learning

Informal learning may be necessary when you need to develop skills or knowledge that is unique to your particular workplace, or when the skill is a small component of a larger skill set and you don't require the entire skill set.

This includes:

▶ contacts in other organisations and government departments

▶ social group of colleagues.

Coaching

Coaching is a good option if you are interested in progressing to a higher role within your agency and require further skills and knowledge for the role, or if you are acting in a higher position. Coaching may also be useful if you have devised personal goals for developing your skills and knowledge and you need assistance to implement them.

Conferences

Conferences and workshops for skills and knowledge development are vital in the community services sector. Regular participation in conferences enables workers to keep abreast of current issues and developments in the sector, and may also provide ideas for areas that may be relevant and appropriate for ongoing formal learning.

Mentoring

Mentoring may occur as a matter of course when a new worker joins a team and more-experienced workers help guide their learning. It can also be part of an organisation's formal policies and work practices to assign a mentor to new or less-experienced staff to promote personal and professional development. A mentor may be a supervisor, but may also be an experienced co-worker or someone outside the organisation who can provide guidance and support based on their knowledge and experience. For example, if you work with clients who have mental illness, you may be allocated a mentor who is a clinical mental health professional, such as a psychologist or psychiatrist. Or, if you work with youth who engage in behaviours of concern, you may choose a mentor who is a behaviour management specialist.

The mentoring role involves:

▶ providing support and encouragement

▶ fostering personal and professional development

▶ guiding workplace learning

▶ providing feedback and advice about particular situations.

Consult to initiate skill development

Your organisation will have support systems in place to help you to initiate skill development in areas of need and those in which you wish to improve. It is important that you are aware of these support systems and actively consult with your supervisor on desired and required skill development options. The most common workplace tool used to initiate skill development is a performance development appraisal (PDA). A PDA is a strategic meeting that takes place annually between a worker and their supervisor. The meeting aims to discuss work-related achievements, challenges, changes and developments in the worker's role and skills, and then agree on development strategies to achieve new skills.

Often the initiation of skill development will require some kind of support or action from your supervisor. This may include funding for skill development courses, allocated work hours for study, work shadowing opportunities or skill development opportunities by acting in a position or completing duties other than your usual ones. However, it is important that workers don't just wait for their supervisor to arrange everything for them; they need to be willing to dedicate time and effort to the identified development strategies, which will assist in their skill development.

Initiate action

Your organisation should have guidelines to follow in relation to professional development in terms of what is available and recommended. It is therefore important to seek opportunities for further learning and skills development that meet your organisation's requirements.

Here are some examples of actions that a worker may take to aid their own skill development process.

Skill development actions

▶ Request a performance delivery appraisal

▶ Identify skill areas of interest that align with organisational needs

▶ Set specific, measurable, achievable, realistic and time-framed goals

▶ Identify internal learning opportunities within the current workplace

▶ Identify external learning opportunities outside the current workplace

▶ Seek regular feedback

▶ Request a workplace mentor

▶ Be accountable to the skill development plan

▶ Document learning

Document learning

Participating in ongoing skill and knowledge development is an asset to workers. For professional recognition, you must keep accurate and up-to-date records of learning plans and any learning you undertake.

Develop

Develop an annual learning plan or skill development plan to encourage your commitment to learning and encourage the commitment of the organisation to follow through with any support required.

Link

Link your learning goals to the goals of the organisation and be clear about how the learning relates to your responsibilities.

Record

Keep records of formal and informal learning by preparing a folio to store and present.

Appraise current industry developments and apply them to improve practice

The community services industry is constantly undergoing change and development. It is important to keep up to date with these developments and evaluate how you can apply them to improve your own practice. The internet provides a range of resources that can help you stay current with new developments in every area of community services.

Here are some more suggestions.

How to keep up to date with industry changes

▶ Conduct research and reading industry publications.

▶ Network with others in the industry.

▶ Discuss evolving trends with your co-workers, supervisors or mentors.

▶ Attend conferences and seminars.

▶ Maintain awareness of new government policy initiatives.

▶ Keep abreast with what is happening overseas.

Trends and issues in community services

There is little doubt that community services will continue to expand in the future to provide services to meet increasingly diverse needs. One of the major challenges for the industry will be having enough trained staff to meet increasing demand and providing services that are integrated and holistic rather than fragmented.

Some of the evolving trends in community services work are outlined here.

Increasing cultural diversity

Australia is becoming an increasingly culturally diverse nation. This has implications for the way services are provided and how workers address the needs of people from culturally and linguistically diverse (CALD) backgrounds. Workers can prepare for increasing cultural diversity by:

▶ learning some skills associated with cultural competence and cross-cultural communication

▶ examining their own values and biases to ensure these do not impact in a negative way on the way they work with CALD clients

▶ developing links with ethno-specific organisations and cultural liaison workers

▶ ensuring they follow organisational policies, procedures and legislation relating to access, equity and anti-discrimination.

Ageing population

The number of older people seeking community services is increasing and this has changed how services are delivered. Trends include an increasing demand for:

▶ community-based care

▶ flexible, individualised services.

The challenge for community services organisations and workers is to recognise that older people do not represent one homogeneous group and it is necessary to cater for a range of needs, including mental health conditions, end-of-life care, cultural diversity and other special needs in the community. Community workers must ensure they consider the person's individual needs and work in collaboration with other community and healthcare professionals to provide integrated and flexible care.

The growth of risk management approaches

The push towards avoiding risk of any kind creates tensions for workers who are also attempting to provide flexible, client-centred services that promote individual dignity. Workers must learn how to make fine judgments about risk to allow them to carry out their work without limiting opportunities for people who use the services.

The growth of peer and self-help approaches

The growth in peer and self-help approaches to dealing with problems, particularly in sectors such as mental health and disability services, demonstrates a growing desire for people to find their own ways of dealing with issues they have a lived experience of. Non-peer workers can benefit from learning to value the experience of individuals and respecting their efforts of self-determination.

The growing complexity of client concerns and fragmentation of services

The issues that clients present with are becoming increasingly complex. For example, a person may have a mental illness and substance misuse issues. Unfortunately, the way services are currently delivered means clients may have to receive services from two separate organisations. This results in fragmentation of service delivery and is termed the 'silo effect'. There is increasing recognition that all service providers need to find ways of developing partnerships with other community and healthcare organisations to provide more integrated and holistic services to clients.

Technology

Technology is continually evolving and bringing changes to the way organisations deliver services and how workers participate in professional development. Workers must ensure they use technology to the best advantage; for example, using it for research, online study and professional development opportunities, planning and delivering services and communicating with colleagues and clients.

One of the ongoing challenges associated with technology is to ensure everyone has equal access and that the 'digital divide' does not disadvantage those who are least able to afford it.

Family violence

As regular media coverage of family violence increases, many people who were not previously aware or who were ashamed or afraid to come forward, are disclosing that they have experienced family violence. This means that people seeking a service for a different initial need may also disclose that they require support around current, and/or past experiences of violence. This presents a challenge to all workers to be able to sensitively elicit further information and to have appropriate service referral information on hand. Workers may also need additional support in the form of debriefing.

Example

Identify and respond to the need for development of your own skills and knowledge

Mahira has heard there are likely to be more opportunities for community services workers from diverse cultural backgrounds, particularly in community services programs offering counselling. She has worked in several areas of community services such as mental health and disability services and would like to use her language and cultural skills in a counselling environment.

Although she has spent most of her life in Australia, Mahira's parents were refugees from Iraq. Mahira speaks Arabic and has many friends and relatives in Australia who are also from Iraq. She is aware that there is a need to provide culturally appropriate services to older Iraqis and people from other cultures. Mahira researches roles that are currently available and likely to be available in the future. She contacts industry bodies, service providers and policy makers in government departments; researches online to monitor trends overseas; and discusses opportunities with her mentors and network contacts.

Mahira evaluates the information she has gathered and writes a personal development plan that will help her develop the skills and knowledge she needs to work with culturally diverse clients in the counselling industry in the future.

Practice task 13

1. List three strategies that can be utilised by a counsellor to identify development needs.

2. Identify three strategies to use when giving feedback to a person accessing the service.

3. When is the option of coaching helpful for acquisition of skills and knowledge?

Click to complete Practice task 13

Summary

1. You can collect evidence of meeting agency objectives and relevant codes of ethics or practice to assess your own practice. Practice standards and personal attributes that are outlined in your position description can also provide valuable guidelines for evaluation.

2. To work effectively with others, you need a high level of self-awareness. This means understanding how your values, beliefs and behaviours may impact the people receiving support.

3. People who do not make the effort to examine their own cultural beliefs, biases and lack of knowledge about other cultures often resort to discriminatory behaviour and may hold views that are based on stigma and stereotyping.

4. Self-development is an ongoing process that requires an ability to plan how you want to develop your personal abilities, skills and knowledge. A personal development plan is an action plan for self-development. The plan should clearly establish what you want to achieve and how you will achieve it within a specific time frame.

5. Engaging in regular self-evaluation is an important element of professional development in community services work. Self-evaluation may occur through reflective practice or structured discussion and supervision with others.

6. Everyone has limitations of some kind. Being self-aware and understanding your strengths and weaknesses will help you become a more effective community service worker.

7. Most people are apprehensive about receiving feedback. You can improve how you respond to feedback by considering how it will benefit your practice and relationships with others.

8. Exchanging constructive feedback with co-workers is an important tool for improving personal performance. It encourages open communication between workers and helps build a supportive work environment.

9. Feedback is most effective when it is given in a respectful and courteous manner and according to clear guidelines. Destructive feedback or comments that seem more like personal attacks are not useful or constructive feedback.

10. Community services work is an industry that is rapidly expanding and evolving. It is important to keep abreast of developments in the industry and develop your skills and knowledge accordingly.

11. Community services workers benefit from seeking support and feedback from their own team members and others outside their team and organisation. Creating professional networks ensures you have a wide range of expertise and resources to support you in your work.

12. Your organisation will have specific guidelines in relation to professional development. It is important that you are familiar with them and seek opportunities for further learning and skills development that meet organisational requirements.

13. Keep up to date with industry developments to assess how you can apply these to improve your own work practices.

Learning checkpoint 3
Evaluate own communication

This learning checkpoint allows you to review your skills and knowledge in evaluation and reflection of own communication style.

Part A

1. What are the benefits of reflection and evaluation for a person's communication style?

2. Describe two ways a person can evaluate their own communication style.

3. What effect could a person's own beliefs and values have on their communication style? What should a counsellor should be aware of in this regard?

4. What strategies can a person employ in communicating with people who hold different values and beliefs?

5. Explain two personal biases that may affect a person's communication style.

6. Outline three ways a person can identify areas that require skill development.

7. Identify three strategies a person can employ to address areas that need development.

8. If you had a conflict of values with a person undertaking counselling with you, what legal and ethical issues should you consider?

Part B

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

Case study

Ted is a community services worker at the local community centre, where he meets with Jemima, a 15-year-old girl who does not get on with her mother and has run away from home a few times. Ted smiles and introduces himself, and asks for Jemima's permission to tape the meeting and show this to his supervisor Alison for feedback. He has already obtained permission from Jemima's mother, since Jemima is under 18.

Jemima sits in the interview room with her arms crossed, looking very angry. Ted briefly outlines his job politely and respectfully, and asks Jemima if she has any questions. She just shrugs her shoulders and looks away.

Ted spends time chatting to Jemima about her life, her family and her problems. Jemima slowly begins to talk about why she is so upset and confused. She used to get on with her mother really well but she blames her mother for her parents' divorce and now gets angry with her. Ted uses encouragers to demonstrate his interest in what Jemima is saying. During the interview, Jemima gets upset and starts yelling, but Ted is patient and speaks to her quietly and calmly, which makes Jemima calm down too. Ted listens carefully and encourages Jemima to seek solutions to her problem. He provides information on communication workshops that the centre runs for teenagers, which Jemima thinks might be good. Ted maintains a non-judgmental attitude when Jemima explains her feelings of sadness. When Jemima asks Ted if he thinks she has depression, he tells her that he doesn't have the training to make that assessment, but that he can find a qualified person to talk to her about it.

After the meeting with Jemima, Ted takes notes and reflects on his communication strategies. Alison and Ted review the tape of the meeting and brainstorm strategies for the next meeting for Ted to further explore the issues Jemima is experiencing. Ted realises that he does not have enough knowledge about the effect on divorce on adolescent development and that he needs to address this to help Jemima.

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1. What might Ted learn from his self-reflection and self-evaluation of his session with Jemima?

2. Outline two other strategies Ted could use to evaluate the session.

3. Identify one of the biases that Ted could have demonstrated in the session with Jemima.

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4. Identify two approaches that Ted could use to address the areas of skill development that were identified.

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