CHCCSL006
Select and use counselling therapies
Release 1

Learner guide

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Version control and modification history

Version	Release date	Modification
Release 1, version 1.1	April 2017	First release
Release 1, version 1.2	May 2018	Corrected health and safety regulations table p75. Minor changes as part of our continuous improvement program.
Release 1, version 1.3	February 2019	Updated broken URLs

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Contents

Before you begin

This learner guide is based on the unit of competency *CHCCSL006 Select and use counselling therapies*, 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 Select counselling therapies	1A Analyse the client's needs, issues and desired changes to be addressed	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Incorporate analysis of the client's developmental status and response to change	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Identify and consider co-existing issues in selecting courses of action	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Interpret information about counselling therapies and their application in meeting the client's needs	☐ Confident ☐ Basic understanding ☐ Not confident
	1E Identify your own level of comfort when using counselling techniques	☐ Confident ☐ Basic understanding ☐ Not confident
	1F Select the most appropriate counselling therapies for situations	☐ Confident ☐ Basic understanding ☐ Not confident
	1G Communicate and document details of therapies to be used	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
Topic 2 Use counselling therapies	2A Use selected therapies to assist the client	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Effectively combine techniques from different therapies	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Use counselling skills in context of each counselling modality and technique	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Identify indicators of the client's issues requiring referral, and report or refer	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Evaluate the use of counselling therapies	3A Evaluate the use of therapies in the context of individual people	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Review your own role as counsellor and identify areas for improvement	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Maintain and enhance knowledge of emerging trends in counselling therapies	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

Select counselling therapies

Counselling is a purposeful activity that requires high-level communication skills and an understanding of how to structure the helping process to achieve particular outcomes. There are a number of misconceptions about what counselling is. Many people assume that counsellors are experts who give advice to individuals on how to solve their problems and live their lives. In fact, counsellors rarely give advice, despite often being asked, as this may prevent individuals from being self-determining and making their own decisions. Counselling is a helping relationship in that counsellors help people find solutions to issues that are troubling them and, in the process, assist them to become better at helping themselves.

Counsellors use particular techniques and therapies and structure the counselling process to facilitate the change that the individual has identified they want to achieve. Counselling therapies are valuable tools for exploring the individual's problems; identifying their strengths and helping them make decisions about what they want their lives to be like.

1A Analyse the client's needs, issues and desired changes to be addressed

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 client or person receiving support what to do. Counselling empowers the person to increase their awareness of their thoughts, feelings and behaviour, make decisions, implement alternative coping strategies and achieve positive change. The counsellor may, on occasion, give the person information or offer suggestions. Counselling may have been recommended or mandated to the person or they may have suggested it for themselves. The person agrees to work towards agreed goals and, if 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.

Counselling requires speaking freely and openly, identifying and working through the person's needs and issues together and clarifying what is important to the person by prioritising their goals to achieve positive change and outcomes. A relationship of trust is important for this to occur, based on a premise of confidentiality. The first steps in the counselling process are to build rapport and gather information about the person.

Typical counselling process

A typical counselling process involves the following steps.

1

Build rapport

The first stage of the counselling session may be referred to as the time of disclosure and relationship building. Individuals are likely to be feeling nervous, so greet them warmly and make them feel at ease as soon as possible. Rapport with a person means developing a bond based on trust, respect, acceptance and empathy. Also inform the person of any legal and ethical considerations.

2

Gather information

Observe the individual and ask questions to identify how they are feeling, what they think about themselves and their needs, issues and behavioural goals. Encourage individuals to speak freely and openly about their concerns by being fully present and listening attentively.

3

Plan and implement

Establish counselling therapy or therapies, and purpose/goals of sessions in consultation with the individual. The purpose of counselling is to help people achieve greater self-awareness and explore options for helping themselves. You may use counselling skills to help individuals resolve a range of issues, or you may specialise in a particular area.

4

Monitor progress

Monitor the effectiveness of the chosen therapies and strategies on the individual's ability to develop and maintain positive responses. As a counsellor, it is your responsibility to check how well the plan is working and whether the individual's behavioural change is progressing. You then have to decide whether aspects of the plan could be changed to better meet the individual's needs.

5

Record information

Document counselling therapy, strategies and techniques used. The counselling plan should outline the responsibilities of both the counsellor and the individual, should be kept in the individual's case file notes and be stored securely in line with the organisation's policies and procedures. This applies both to written documentation and electronic case files. If video or auditory tapes are used within a session, they also form part of the individual's case notes.

Build rapport

The likelihood of positive outcomes for the person will be increased if there is a positive relationship and rapport that develops between the person and the worker offering counselling services. Rapport occurs when the counsellor demonstrates an understanding of the individual's ideas and feelings and both parties communicate well together. Rapport involves the individual experiencing a sense of understanding and trust. The person needs to be able to trust that their information, thoughts and feelings are confidential, and that the counsellor can understand what they are saying and feeling.

Rapport occurs through words and gestures that encourage the person to feel comfortable and safe in the presence of the worker, and free to speak with honesty about their issues. When the person trusts that the support worker will discuss their concerns in a non-judgmental and confidential way, they are more likely to want to provide an explanation of their issues.

Strategies to maximise rapport

▶ Use warm and open body language; make frequent eye contact, smile and nod to demonstrate genuine care. Speak in a soft tone.

▶ Explain the person's rights to have their information kept private and outline the limits of confidentiality.

▶ Explain the purpose of collecting information and asking personal questions.

▶ Maintain a non-judgmental attitude by treating all people equally, regardless of their issues and presentation.

▶ Show respect and empathy to demonstrate to the person that they are understood and empathise with their feelings and situation.

Empathy

Empathy means being able to understand the other person's feelings and point of view as you have experienced something similar, or can put yourself in their shoes.

For a person to allow another to hear their goals, hopes and personal struggles, trust needs to be developed in the relationship. Empathising with and encouraging the person to talk and reveal their experiences will assist in the counselling process and assist the person to clarify and resolve their issues.

Other conditions that enhance relationship-building skills include the following.

Respect

Showing respect means having consideration for the rights and feelings of the person. It means communicating without expectations or judgments.

Genuineness

Genuineness refers to responding to the person as a human being and being comfortable and open about the counselling process without pretences. Being genuine means being authentic and honest in responses while respecting the person's sensitivities and personal issues. It also means being your authentic, professional self; not acting in a role that doesn't reflect who you are as a person.

Positive regard

When you show positive regard for someone, you are showing that the person is valued and respected no matter what their circumstances, behaviour or appearance. This is an acceptance of them as a person and that what they have to say is important and valued.

Collaboration

Being collaborative requires that you show a willingness to work as a team to support the person to overcome their concerns. It means that you show respect for what they say and will assist them through collaborations and referrals, as required.

Address concerns about counselling

Acknowledge and explore any anxieties or concerns individuals may have about the counselling service or the therapies they are to participate in. A concern or issue should never be trivialised, and the person needs to feel that their concerns are valid and important. Everyone has the right to be spoken to and treated with respect for their concerns and feelings.

Individuals may fear what is expected of them in terms of sharing private and personal information. Some people may have been hiding their issues from themselves and those around them, and now feel anxious because they are expected to share and discuss these or confront parts of their life they are uncomfortable talking about and would prefer to avoid. Acknowledge early in the session that it is common to feel fear, anger, guilt or resentment as a part of the counselling process.

A person may feel anxious about counselling because they have misconceptions about the process and the role of the counsellor. By identifying anxieties and exploring these with the person, the counsellor can dispel any myths or misunderstandings the person may have regarding the counselling process.

Provide clear information about what counselling is, the potential benefits, the processes used and what to expect.

Myths about the counselling process
▶ Counselling is only for the mentally ill.
▶ Counselling is for people who are too weak to overcome issues on their own.
▶ A quick solution will be found.
▶ The counsellor will do most of the talking.
▶ The counsellor will change your beliefs and values.
▶ It is a painful, unpleasant and scary process.
▶ Information discussed will be shared among the staff.

Gather information

A person may seek counselling because of one particular issue or several co-existing issues. A structured approach to counselling requires the collection and analysis of background information. To change behaviour, a full assessment of the person's needs, issues and concerns needs to be undertaken before the behaviour therapy approach begins.

Accurate analysis relies on the counsellor gathering as much information as possible to gain a holistic view of the person. This involves observing the person's physical appearance and body language, asking questions about the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. This holistic approach ensures the needs of the whole person are considered.

Case history information may also be provided from within the organisation or from another community sector agency. A person's case history record will include personal details, past services, strategies and referrals, and may include a note on why the person has been recommended to seek counselling services.

Information provided in a case history report
▶ Personal details such as name, contact details, age, sex, marital status, ethnic background and preferred language
▶ Medical history and symptoms, if applicable
▶ Particular needs such as physical disabilities, mental health issues, or issues relating to cognitive impairment
▶ Reasons for contacting the service
▶ Previous or current issues
▶ Co-existing issues such as AOD issues or housing issues
▶ Past strategies/interventions used and the outcomes

▶ Actions taken such as services and resources used; for example, housing services or parenting programs

▶ Support networks such as friends, family or other community support groups

▶ Referral information

Analyse the person's needs and issues

Assess information and evidence to analyse the degree, strength, relevance and quality of evidence to provide the basis for counselling. When a person presents with issues, there is a wide range of physical, emotional, cognitive, behavioural, spiritual and relational symptoms or characteristics that you can observe directly or that the person may report.

Gather as much information as possible about the person and the changes they wish to make and identify any signs or symptoms that pose an immediate and/or significant risk to the person's health and wellbeing. During the counselling interview, information can be added to the person's profile. As the person walks in for the session, take note of their physical appearance, their posture, how they greet you and how they choose to sit. Take note of how the person answers questions and whether they lower their eyes or look away when asked about particular issues.

Here are some common characteristics or signs and symptoms of issues and concerns that people may present with.

Anxiety

▶ Looking tired and anxious

▶ Fidgeting and being hyper-alert/apprehensive

▶ Sweating

▶ Numb, tingling, cold or sweaty hands and feet

▶ Heart palpitations and/or chest pains

▶ Shortness of breath and/or dizziness

▶ Dry mouth

▶ Headaches

▶ Nausea and digestive issues

▶ Insomnia and sleep disturbances

▶ Substance abuse/misuse

▶ Increased irritability and/or aggression

▶ Feelings of panic, terror, fear and uneasiness

▶ Feeling stressed and overwhelmed

▶ Speaking rapidly

▶ Having difficulty making eye contact

Family issues

▶ Relationship problems

▶ Reluctance to communicate

▶ Stress and anger

▶ Anxiety and confusion

▶ Feelings of shame and/or blame

▶ Social isolation

▶ Poverty or financial problems such as gambling

▶ Single parenting/divorce

▶ Unemployment

▶ Mental health issues

▶ Domestic violence, fear

▶ Substance misuse

Grief and loss

- Frequent and/or uncontrollable crying
- Intense sadness, depression and yearning
- Anxiety and preoccupation with the loss
- Feeling anger and guilt
- Shock and numbness
- Anger and irritability
- Headaches and upset stomach
- Insomnia and sleep disturbances

- Tight throat, heavy feeling in the chest
- Loss of appetite or increased eating
- Body aches and pain
- Chronic tiredness
- Exhaustion/fatigue
- Forgetfulness, disorganisation, inability to concentrate, poor functioning at work, lack of motivation
- Social withdrawal

Parenting issues

- Feelings of betrayal, shame, anger, fear, distrust
- Inability and/or unwillingness to have open, honest communication
- Control issues
- Confusion, denial, guilt
- Separation or divorce

- Mental health issues
- Substance misuse
- Child abuse and neglect
- Lack of trust/respect
- Communication breakdown, avoidance

Pregnancy issues

- Fear and confusion about making a decision about pregnancy options; to keep the baby, adopt the baby out or have an abortion
- Physical implications and effects the pregnancy may have on a woman's body
- Legal implications regarding parental rights
- Financial and/or educational problems or worries
- Shame, guilt about premarital sex, contraception, adoption and abortion
- Family member's concern for the pregnant woman's wellbeing and future

Relationship issues

- Depression, chronic sadness
- Anxiety, fear, shame
- Confusion, denial, guilt
- Headache, nausea, ailments
- Fatigue, exhaustion
- Difficulties with memory, being disorganised
- Frequent arguing, disagreements, conflict
- Communication breakdown, avoidance

- Control issues, intimidation, contempt
- Financial problems
- Lack of trust/respect
- Separation or divorce
- Mental health issues
- Social isolation
- Substance misuse
- Abuse, violence and neglect
- Parenting, child care and/or custody issues

Self-esteem issues

▶ Lack of confidence and poor self-image

▶ Self-deprecating thoughts and comments

▶ Frequent fear and anxiety

▶ Depression, anger, hostility

▶ Feelings of guilt, remorse and shame following angry outbursts

▶ Physical symptoms such as fatigue, insomnia and headaches

▶ Hyper-vigilance

▶ Defensiveness

▶ Pessimism

▶ Feeling helpless or powerless

▶ Avoids conflict

▶ Overly apologetic

▶ Feeling shame

▶ Feeling unable to cope with everyday tasks

▶ Indecisiveness

▶ Alluding to self-harm and/or suicidal thoughts

▶ Eating disorders

▶ Perfectionism

▶ Poor boundary setting skills

▶ Poor communication skills and social skills

▶ Social withdrawal

▶ Bullying or putting others down

▶ Substance misuse

Social isolation

▶ Social withdrawal, reduced social contact

▶ Negative thinking

▶ Low self-esteem

▶ Loneliness

▶ Depression

▶ Feeling 'shut down', numb and unwilling to communicate

▶ Refusing to leave the house or answer the telephone

▶ Avoiding starting or maintaining relationships with friends/family

▶ At risk groups include older people, bereaved people, people with disabilities

▶ Substance misuse

Stress management

▶ Feelings of being overwhelmed, anxious, depressed

▶ Frequent crying

▶ Behavioural symptoms such as irritability, angry outbursts, anxiety, mood swings, insomnia, confusion, trouble concentrating, worry, guilt, nervousness, fatigue

▶ Physical symptoms such as headaches, nausea, trembling, dry mouth, heart palpitations, increased heart rate and blood pressure, chest pain, sweating, digestive problems, muscle tension, aches and pains

▶ Substance misuse, including over or under eating

▶ Social isolation

▶ Suicidal thoughts

▶ Seeking professional support

Understand the person's history

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

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

Bipolar disorder

Genetic inheritance

Genetic inheritance is the belief that genes have an influence on behaviour. For example, if a family has a history of bipolar disorder it may appear in more than one individual in a family.

This notion may be helpful to assist a person to understand the historical nature of their genetic disorder and to plan ways to reduce and manage the risk of the behaviour becoming more complex.

Depression

Cognitive therapy: Jean Piaget

Depression can stem from a range of issues. Life events, family history, personality, medical illness and a history of drug and alcohol use are factors that can contribute to depression. People can also have a genetic pre-disposition to depression that runs through generations of the family. A combination of genes plus environment may activate depression in people who have this genetic background.

Cognitive behaviour theory focuses on changing thought and behaviour patterns by identifying them and shifting from unhelpful thoughts and patterns to a positive problem-solving approach. Assisting a person to understand their historical ways of thinking can help the person understand that thought patterns can be changed.

This aspect of Piaget's theory may be relevant for a person demonstrating negative self-labelling, such as, 'I feel like a failure. I am flawed. If people knew the real me, they wouldn't like me'.

Grief

Attachment theory: John Bowlby

Model of bereavement: Sigmund Freud

Freud's view on grief suggested that in grief a person is seeking an attachment that has been lost and that in the grieving process the person is letting go of multiple attachments that have formed during a relationship.

Bowlby suggested that attachments developed in early life offer security and when these are lost it creates distress, anxiety, crying and anger.

Assisting a grieving person to understand their personal history of attachments and emotional relationships, may help them progress through the grieving process. The aspects of attachment theories may be relevant to a person who is undergoing prolonged grief with separation distress displaying intense yearning for the diseased.

Low self-esteem

Hierarchy of needs: Abraham Maslow

Low self-esteem may stem from a wide range of experiences, events and environments. Maslow suggested that a sense of self-esteem was linked to the person's sense of love and belonging which needed to be in place before self-esteem needs could be met.

Assisting a person to understand the innate nature of self-esteem and how it can be diminished or enhanced based on historical events in the environment, in parenting and in relationships, can help identify and highlight factors that had negative impacts.

This aspect of Maslow's theory may be relevant for a person presenting eating disorders or body dysmorphic disorder stemming from esteem issues associated with the person's sense of love and belonging.

Repression

Human development: Sigmund Freud

Freud suggested that people used defence mechanisms to keep unpleasant thoughts, memories and feelings in their unconscious. This defence mechanism may be used to repress a traumatic event or incident.

Assisting a person to understand the impact of a repressed event can help them understand the current impact on their behaviours and feelings.

This aspect of Freud's theory may be relevant for a person with dissociative identity disorder, whereby abuse is repressed and submerged beneath conscious perception.

Substance misuse

Nature versus nurture

Nature versus nurture is a highly-debated notion that focuses on the question of whether nature or nurture plays the biggest role in human development. Both aspects are historical in nature and influence the behaviours in their own way.

Assisting a person to participate in this debate may help them to understand the impact of both aspects on their behaviour.

This notion may be helpful for a young person who wonders if their substance misuse is attributed to a predisposition (nature) or has developed because of environmental factors (nurture).

Trauma

Behavioural therapy: B.F. Skinner

Trauma is an occurrence that has caused a person to feel threatened emotionally, psychologically or physically. The effects of trauma can be long-lasting causing a person to live with the effects for many years. Skinner's behavioural theory was used to analyse the behaviour of a person that displays anxiety or fear that is still connected to a past event.

Assisting a person to understand how this historical event impacts their current behaviour will help to identify appropriate counselling strategies.

Aspects of Skinner's theory may be relevant to a person who displays distress that impairs their relationships, work or other functioning.

Analyse the person's desired changes

Identifying and prioritising a person's needs and the changes they want to make can be difficult. Be mindful that a person's ability to think clearly and rationalise can affect their ability to prioritise their needs and desired changes. 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 (achievement of one's full potential).

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.

Here is Maslow's hierarchy of needs.
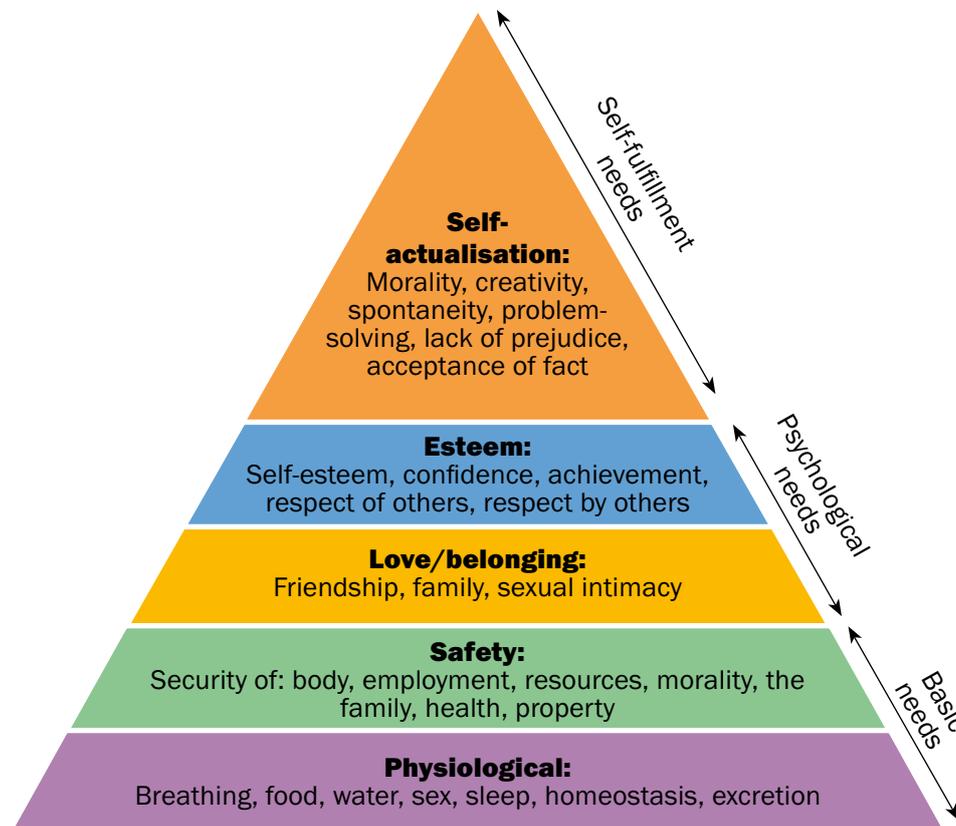
Counselling therapies that may be used in response

There is a wide range of different counselling therapies that can be used to support a person depending on their issues and needs.

The counselling therapies that you use will depend on your organisation's preferred therapy approach and the person's specific issues, history and preferences. It is your job to use a counselling therapy or therapies that best meet the individual's specific needs. Always check with your supervisor if you are not sure which counselling therapy to use.

Here are some key counselling therapies that may be used in response to particular issues.

Change negative thoughts

▶ Methods based on cognitive behaviour therapy, person-centred therapies and family therapy are useful to help individuals identify and change negative patterns of thought and behaviour.

Identify solutions to issues

▶ Solution-focused brief therapy can be applied in any context where an individual requires help to identify solutions to problems or issues they are dealing with.

Change habits

▶ Stages of change and motivational interviewing are commonly used with people experiencing substance misuse, addictive behaviours or other environments where individuals are attempting to break a habit or make changes that are difficult for them.

Example

Analyse the client's needs, issues and desired changes to be addressed

Leanne works for a community services organisation that provides support to families and uses counselling skills to help individuals respond to a range of issues and problems they face. Tanya is a mother of two young children. She lives with Ben, who is the father of one of the children. She has put on her intake form that she is seeking counselling to get help sorting out her life.

When Leanne meets Tanya and invites her to talk about what she hopes to achieve by coming to counselling, she becomes quite emotional and pours out a lot of information about how her life is not turning out how she wants it to be. She blames much of this on Ben. She says that, although he does have some good points (for example, he is kind and a good father), he is also lazy, drinks too much and doesn't have a job. Tanya talks so much about Ben that Leanne realises the counselling session will soon be over and Tanya has not yet said much about herself or what she expects to gain by coming to counselling.

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Practice task 1

1. What are two characteristics of a person experiencing anxiety?

2. What are two characteristics of a person experiencing family issues?

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3. How can Maslow's hierarchy of needs be used to analyse the changes to be addressed in a person?

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Click to complete Practice task 1

1B Incorporate analysis of the client's developmental status and response to change

It is useful to identify and analyse a person's current stage of development across a range of areas and how this may affect their life, their needs and issues and their motivation and ability to make changes. These considerations may also have an impact on their willingness and ability to take in new information, solve problems, implement plans and undertake counselling sessions and tasks. The person's response to change should also be considered.

Analyse person's developmental status

The transition from one life stage to another does not always account for the characteristics of people with disabilities, mental illness or cognitive impairments who may develop in different ways and at different rates. For example, a person who has an intellectual disability may display some of the characteristics often associated with the childhood life stage, even though they are an adult.

A study of life span development can provide insights into understanding the specific person based on their stage in the life span and considering the particular influences on them. This information can be used to better tailor information, communication techniques, counselling therapies and strategies and meet the needs of the person. Counsellors should identify and analyse the individual's human development, psychosocial and intellectual development stage.

Here is an example of life span stages indicating approximate ages, at which a person moves from one set of human development characteristics to another.

Life stages	Age
▶ Infancy	▶ From birth to approximately 2 years
▶ Childhood – Toddler	▶ 2–3 years
▶ Childhood – Preschool	▶ 3–5 years
▶ Middle childhood	▶ 5–12 years
▶ Adolescence	▶ 12–20 years
▶ Early adulthood	▶ 17–33 years
▶ Middle adulthood	▶ 40–55 years
▶ Late adulthood	▶ More than 65 years
▶ Maturity/old age	▶ More than 80 years

Psychosocial development

Psychosocial development typically occurs through well-described stages and refers to how the brain functions as it relates and matures with an awareness of the world in which the person interacts. It is affected by physical changes in the brain and how it functions, as well as through the influence of parents, peers and others in society. For example, the relative importance placed on family and peer groups changes according to the different stages of development.

Consider the following points related to family and peers at different stages of development.

Importance of family/peers at different stages of development
In early life, the family and primary caregivers are the key influences on a child.
As children move out from family, to childcare centres, school and the community at large, they begin to form other attachments that influence their behaviour.
In adolescence, they become more influenced by their friends and peer groups, with much of their behaviour at this stage reflecting this change.
Adulthood sees a growing independence and reliance on one's own skills, and often a change in role to caregiver rather than receiver of care.
As humans move into the old age life stage, there is an increasing need for dependence on others, and a change for some people to being a receiver of care.

Key stages of psychosocial development

Psychosocial development is the process by which individuals learn to think about and interact with others in the world. There are some key stages of psychosocial development often seen in human development. It is likely you will meet many people who defy these descriptions, as well as some who fit neatly within each category. It is important to see people as individuals who have a range of unique experiences that influence their behaviours and attitudes to life.

Here is information about the key stages of psychosocial development according to human life span stages.

Infancy

▶ Intentional behaviour begins.

▶ Interactions revolve mostly around primary caregivers.

▶ Not able to take turns or see situations from the perspective of another person.

▶ Play is 'side by side' rather than true interactive play.

▶ Interactions should focus on small groups, building close relationships and a regular, predictable routine.

Childhood

▶ Play begins to occur with others rather than simply engaging in own tasks alongside another child.

▶ Play occurs with a wider range of people.

▶ Experiences are less controlled by adults.

▶ Experiences occur in a wider range of settings.

▶ The individual begins to see themselves as a participant in a variety of settings and situations.

▶ Interactions should encourage choices, a wider social network and a focus on developing early friendships and social interaction with peers.

Adolescence

▶ Greater influence of peer groups.

▶ Tendency to take risks and experiment with behaviours.

▶ Individual is focused on themselves and their role in the world.

▶ Friendship groups are formed based on similar views, ways of expression and interests.

▶ The influence of family decreases, but there is still a need for boundaries, rules and parenting by negotiation.

▶ Interactions should involve the client in planning activities, having a say in what happens around them and promoting independence.

Adulthood

▶ There is often a strong set of moral beliefs.

▶ Wide social networks can be drawn from people known through work, family, social and sporting activities.

▶ Multiple roles may be taken in life; for example, parent, worker, friend and partner.

▶ Time needs to be balanced across multiple responsibilities and roles.

▶ Interactions should focus on providing relevant and realistic choices and support to suit the current needs of the client.

Maturity (old age)

▶ There is an increased risk of social isolation and decreased contact with other people in social situations.

▶ Greater time is available for own activities.

▶ There is an increase in the possibility of a partner's death and decreased contact with other family members.

▶ Roles taken in life may be reduced; for example, the client may no longer have work or parenting roles.

▶ Interactions should support the client at times of significant or changing need, and be respectful to the particular needs of the client.

Cognitive development across the life stages

Cognitive or intellectual development is the process by which individuals learn to reason, solve problems and analyse the world. Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers over the years, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to their research, humans move through a number of stages that can be identified by the presence of particular characteristics.

Cognitive development is a series of stages through which people make qualitative changes as they acquire new knowledge. Problem-solving, planning and decision making are all cognitive processes so a person's intellectual or cognitive development stage can affect the counselling process and success.

Characteristics of different stages

Infancy

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

Preschool children

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

Older children

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

Adolescence

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

Adulthood

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

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

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

Maturity

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

Behavioural development

Behavioural development is the process by which individuals learn to interact with the world. The benefit of considering behavioural development is to reflect on communication skills to better develop and cater for the needs of the person to adapt and improve the counselling relationship. It is always important to remember that many people do not fit perfectly into these categories for various reasons. Ageing is a good example of where people age differently depending on personality, lifestyle, attitudes and health. It is important not to stereotype all aged people as having a particular set of needs.

Here are some of the differences.

Adolescents

▶ Search for identity – Work out who they are and where they fit in the world.

▶ Seek more independence – Likely to influence the decisions they make.

▶ Seek more responsibility both at home and at school.

▶ Look for new experiences – Seek out new experiences and engage in more risk-taking behaviour.

▶ Think more about 'right' and 'wrong'. Stronger individual set of moral values and morals.

▶ Influenced more by friends.

▶ Develop and explore sexual identity.

▶ Communicate in different ways: the internet, mobile phones and social media.

▶ Show strong feelings.

Adults

▶ Vary significantly.

▶ Many of the issues and behaviours that arise in adolescence carry over into adulthood.

▶ Focus not only on personal identity but social identity.

▶ Establishment phase where people focus on making satisfying life investments.

▶ Leisure serves the purpose of relaxing and rejuvenating.

Older people

▶ Relationships change.

▶ Retirement is different for everyone, some people adjust very well and for others the change is difficult.

▶ Physical changes may be especially disruptive and affect people emotionally, especially chronic health problems.

▶ Memory – From taking longer to recall information to serious memory problems. This can lead to changes in behaviour.

▶ Loss of significant people in one's life can lead to changes in emotions affecting behaviour. Grief, sadness, fear, anxiety.

▶ Moving house may be difficult to adjust to new surroundings.

▶ Rigidity, stubbornness – People who feel out of control may try to regain control by behaving as 'my way or no way'.

▶ Regression – Going back to old behaviours or ways of coping to deal with life.

▶ Reminiscence – Dwelling on how things were, wishing they were how they were when they were younger.

Emerging development theories

It is important that counsellors are life-long learners and use their research and analytical skills to stay up-to-date on emerging theories and counselling practices.

You can read the abstract entitled 'Personality Development: Continuity and change of the life course' at the following location, with a full paper available for purchase:

▶ http://aspirelr.link/annual-review-psy-2010

New research regarding genetic and caregiving-based contributions to attachment is being undertaken and has been published in Psychological Science July 24, 2012. The abstract entitled 'Genetic and caregiving-based contributions to infant attachment' can be read at the following location, with a full paper available for purchase:

▶ http://aspirelr.link/genetic-caregiving-abstract

A recent theory of personality development involves the concept that during the life span a personality development may be observed from three different standpoints. This theory traces the development of traits and goals from early childhood to old age.

At some point throughout the life span, a person will be:

▶ an actor (behaving)

▶ an agent (striving)

▶ an author (narrating).

Analyse the person's desired changes

Some individuals are highly motivated to change their behaviour and others are ambivalent or unwilling to do so.

It is also not enough to just be motivated to change a behaviour or way of thinking. To successfully achieve and maintain positive changes in their life, individuals must be able to identify the issues and their readiness for change, identify realistic and achievable goals, overcome barriers to change, manage setbacks or relapses and maintain the positive change.

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 strategy a counsellor suggests is influenced by the stage of change the individual is in.

Assess readiness for change

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

The stage of change model recognises that people go through a number of stages before they actively begin to implement change. A person in the pre-contemplation stage is often unaware of the possible harm their behaviour is causing. Therefore, the most appropriate type of counselling approach will be one that raises their awareness of these issues; for example, a brief intervention.

The benefit of the Stages of change model is that it helps a person to understand that change is an ongoing process with defined steps. The following information identifies the different stages through which a person progresses in order to change their behaviour.

Pre-contemplation

The person is not considering change.

Example:

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

▶ 'I can't stop using right now. My life is too complicated.'

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

You should try to:

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

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

Contemplation

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

Example:

▶ 'I'd like to get a good job one day.'

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

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

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

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

Preparation

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

Example:

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

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

Action

The person is actively taking steps to change.

Example:

▶ 'I've seen my doctor and he's given me a lot of information about the methadone program.'

▶ 'I've come to get help and I will do whatever is needed to become confident in social situations.

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

Maintenance

The person is committed to sustaining new behaviour.

Example:

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

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

Relapse

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

Example:

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

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

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

The role of motivation

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

Motivation is what drives a person to achieve their goals and change behaviours. Psychologist Daniel Goleman identified four elements to explain motivation: personal drive, commitment, initiative and optimism. Every person, however, is unique in what will motivate their behaviour.

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

Here are two types of motivation.

Intrinsic motivation

The person wants to do the behaviour

Intrinsic motivation is the desire to perform an action or task based on the expected or perceived benefits of doing the behaviour.

Internal motivators can include personal challenges, interesting tasks and health benefits.

Extrinsic motivation

The person has to do the behaviour

Extrinsic motivation is the desire to perform an action or task based on rewards given to the person doing the behaviour.

External motivators can include money, power or good grades, and court orders.

Goals

When goals are clearly stated and prioritised, both the counsellor and the person have a better understanding of what is to be accomplished. With clear priorities the person is more likely to be motivated to work towards achieving their goals. It is also a good way to recognise progress through the achievement of goals.

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

Information needed to set goals

▶   What is the problem or behaviour?

▶   How severe is the problem for the person?

▶   What triggers the problem or behaviour?

▶   What thoughts or feelings does the person have when exhibiting the problem or behaviour?

▶   Who else is involved in the problem or behaviour?

▶   What is the person's relationship with the others involved?

Goal-setting

Setting goals is important to achieve a specific behavioural change and the counsellor and the person both need to agree on the specified goals. The counsellor can help the person develop a set of achievable but challenging goals, and help them understand and plan the actions required to meet those goals.

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

Goals can be chosen using the following acronym.

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

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

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

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

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

Barriers to reaching goals

There are many potential barriers that can hinder or stop a person from reaching their goals. For example, barriers may come from the counsellor's relationship with the person. Counselling will provide the best outcomes if the relationship develops with rapport. Any distrust or forceful or directive language used in counselling to try and make a person see they 'need to change' will not be constructive. This may cause them to lose their motivation and disengage from the counselling process. Alternatively, a person may simply agree with the counsellor during interviews to please them without being committed to work together on achieving their goals. Use person-centred principles and communication techniques appropriately to ensure the person will take ownership of their goals.

There are issues that should be considered when exploring options for the relationship with a person, setting goals and priorities and exploring issues.

Issues to consider:

▶ Communication barriers based on special needs

▶ Culturally specific factors

▶ Life span developmental factors

▶ Complex or untreated mental health conditions

▶ Poor cognition or cognitive impairment

▶ Poor levels of literacy

▶ Poor support and unstable living arrangements

Cultural factors and reaching goals

A person's culture is a filter through which 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 barriers can reduce the likelihood of people from Aboriginal, Torres Strait Islander and culturally and linguistically diverse (CALD) communities achieving their goals. However, cultural differences should not provide a barrier to service delivery.

Individuals from a CALD background and Aboriginal and Torres Strait Islander people, may wish to access culturally-specific services. Most states in Australia have many services that cater specifically for Aboriginal and Torres Strait Islander people. Such services are designed to consider the person's range of personal and cultural needs and provide a range of community interventions, including counselling services.

If there are no culturally-specific services available, it may be helpful to organise an interpreter to attend the site or be available by phone. If a language barrier is present, the person's English skills may deteriorate when they are stressed or anxious. The person will need to have trust that the interpreter or third person will uphold confidentiality and not disclose any personal information.

Cultural barriers may affect a person's ability to achieve goals due to:

▶ Feelings of shame, fear or distrust causing distress

▶ Cultural beliefs, such as the belief that saying 'no' could be considered rude or offensive

▶ Counsellors may need to research, recognise and respond appropriately to individual and cultural differences in communication.

Address barriers to change

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

Here are some examples of common barriers and methods to address them.

Lack of motivation

▶ Identify what will motivate the person to change their behaviour.

▶ Break the goal into smaller chunks that are rewarded.

▶ Present role models that have achieved the desired goal.

Reluctant to change existing methods

▶ Encourage the person to identify actions or behaviours that are different to the past.

▶ Encourage the person to see the long-term benefits of integrating their knowledge into practice.

▶ Help the person to recognise that current behaviours are not achieving the goal.

Doubts the change is necessary

▶ Explain the positive impact of the change to people receiving counselling support.

Lacks skills to carry out the change

▶ Practise activities in the counselling session to assist the person to acquire the necessary skills.

▶ Suggest homework activities to help the person acquire the new skill.

Analyse person's response to change

Some people are highly motivated to change their behaviour and will be further motivated by acknowledging positive changes made during counselling sessions and progress towards meeting their goals.

Others are ambivalent or unwilling to change their behaviour; they may not recognise they have a problem and have poor insight into their issue/s or what they have done or are currently doing. They may not recognise the benefits of changing their behaviour, view change as difficult, challenging and/or frightening or simply don't want to change. This may be particularly the case with people who are required to participate in counselling due to a mandatory requirement imposed by a court. They may have substance misuse issues or a gambling addiction. For some people, they have agreed to counselling sessions because they have to, not because they identify an issue that they need help and support to understand.

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

The counsellor's role is to support, empower and encourage the person to make small, achievable changes to their behaviour, acknowledge their response to changes and celebrate positive change and progress towards their specific goals.

Incorporate analysis into counselling plan

Analysis of the person's current developmental status and their ability and response to change must all be carefully documented in the case notes and/or counselling plan. This information adds to existing data to form a holistic picture of the person and their needs and issues. It will also help the counsellor decide on which therapy type or types they should follow.

Information about the person's life span stage of development, psychosocial, cognitive and behavioural development status, their readiness for change and their goals and potential barriers to achieving them, all provide valuable data for the counsellor and the individual.

Example

Incorporate analysis of person's developmental status and response to change

Siobhan is a counsellor at the local community health centre. She is working with Zoe, an 18-year-old with a history of substance misuse, cognitive impairment and anger management issues. Zoe has seriously assaulted a person whilst under the influence of drugs and alcohol and has been ordered by the courts to attend counselling sessions to address her behaviour. Zoe says she didn't mean to hurt the person but her friends put her up to it and she wanted to impress them but she got 'really angry … at everything' and couldn't stop herself. Zoe starts the session by making comments such as, 'I was forced to come here; I'm not telling you more than I have to, to keep the judge happy; I can't stop using right now; My life is too complicated'. However, in the second counselling session she says she's thought about things and knows there is a need for change but that she can't be bothered or is too tired to change.

Siobhan knows that Zoe's psychosocial, cognitive and behavioural developmental status can affect her current behavioural issues, her motivation and her ability to make changes.

During her initial sessions, Siobhan asks questions to identify Zoe's developmental status. Siobhan makes the following notes about Zoe:

▶ Developmental stage: Adolescence – 20 y.o., cognitive impairment

▶ Psychosocial stage: Adolescence – greatly influenced by peer group

▶ Session 1: At pre-contemplation stage (not wanting to change)

▶ Session 2: At contemplation stage (awareness of the need for change, low motivation)

Siobhan identifies that Zoe's motivation is primarily extrinsic due to the court order and endeavours to support Zoe to identify goals and the positive effects of behavioural change on other aspects of her life; to encourage intrinsic motivation, personal drive, commitment, initiative and optimism.

Siobhan incorporates this information into Zoe's case notes as it will help Siobhan tailor communication techniques and counselling therapies and strategies to meet Zoe's needs.

Practice task 2

1. Briefly explain why it is important to analyse the person's developmental status.

2. Briefly explain why it is important to analyse the person's response to change.

3. Briefly describe what is meant by intrinsic and extrinsic motivation.

Click to complete Practice task 2

1C Identify and consider co-existing issues in selecting courses of action

A person may have co-existing issues when they present with more than one issue. After the initial meeting, it may become clear that there are a number of issues that require the assistance of additional support services. Co-existing issues add complexity to case management, and ignoring these issues during the counselling process will limit the potential benefits of counselling.

Co-existing issues cover a broad range of situations such as illnesses affecting the person's body, mental capacity or psychiatric health. They can also involve poor financial, employment and living situations, and destructive relationships. Counselling should not be viewed in isolation; the holistic view of the person must be considered, as certain issues may either be caused by or exacerbate the person's situation.

Consider co-existing issues to select course of action

A multidisciplinary approach, including the specialist care and expertise of professionals, can ensure a range of supports are put in place for the person with complex or co-existing issues. Referral may be an option to meet the needs of the person seeking counselling.

There are things to consider when determining whether a co-existing issue is beyond the scope of your role.

Consider these questions when dealing with co-existing issues:

▶ Does the co-existing issue pose a risk to the safety of the counsellor, the person or others?

▶ Does this issue fall within my position description?

▶ Who else may have responsibility for this issue?

▶ Do I have the training, skills, knowledge or competence to carry out this support?

▶ What is in the best interests of the person?

▶ What legal and ethical considerations apply to this situation?

▶ Should I seek advice from my supervisor before I continue working with this person?

Identify special needs

When preparing for the counselling interview, check the individual's case history notes (if possible) to clearly identify and consider any specials needs the person may have that might affect the interview. For example, special needs may include physical disability access to the building, or the need for an interpreter.

Once the person has presented for the interview, the counsellor may observe, or determine through discussion, that there are additional needs not mentioned in the case history notes. This may indicate that other supports are required, or that some of the issues being discussed are linked to special needs considerations.

The term 'special needs' covers a range of medical, disability, developmental and educational needs. Some examples include the following.

Special needs
▶ Sensory disability, including visual or hearing loss
▶ Speech and language disorders
▶ Physical disability
▶ Chronic illness or medical conditions like asthma, diabetes, arthritis or epilepsy
▶ Intellectual disability
▶ Mental illness including anxiety or depression or post-traumatic stress disorder
▶ Alcohol and other drugs issues
▶ Relationship, parenting and/or family issues
▶ Developmental disorders including autism spectrum disorder or developmental delay
▶ Educational needs such as individuals with learning disabilities/difficulties

Accommodate disability and cultural needs

A person's special needs and personal situation can influence their counselling session and interaction with the counsellor. The counsellor has a legal and ethical obligation to do everything within their power to provide a safe, comfortable environment and be flexible to meet the needs of the person seeking counselling services.

Here are some factors that the counsellor should consider when interacting with a person with special needs such as disabilities, impairments and language/cultural needs.

Vision impairment
▶ Always greet the person who has a visual impairment to ensure you identify yourself.
▶ Always provide verbal warning about any physical movement that is about to take place in the person's immediate surroundings; for example, 'I'm 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 also conveys messages. Nonverbal messages that may be affected are: eye contact or appearance. The person with a visual impairment may 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 the person is wearing hearing aids and that they are in working order.

▶ Use written communication, when appropriate.

▶ Provide actions and visual cues, when 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 disease, acquired brain injury or congenital disorder. Speech impairment can also be due to an emotional or psychological disturbance causing stuttering.

▶ Strategies to address speech impairment:

– When speaking to someone who has difficulty speaking, it is important to take an encouraging and non-corrective approach.

– Be patient and allow time for reflections and confirmation of the person's 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.

Mobility impairment

▶ When interacting with a person who has a mobility impairment, be aware that their mobility aid is a continuation of their personal space. Moving a person's mobility aid away from them 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.

Physical aids

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

▶ Strategies to address physical barriers:

– Use pictures to represent words, or an electronic communication device that generates speech.

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

– Include a care worker, interpreter or support person in the discussion if required or requested.

Age-related issues

▶ Age-related issues that can cause a breakdown in communication include, but are 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 misunderstanding and prejudice. Many older people feel patronised and disrespected by the way younger people communicate with them, so:

– avoid pet names such as 'darling' and 'dear'

– present information in a clear and concise way

– present the available options and allow the person to make choices.

Health-related issues

▶ A person's health can influence their ability to interact and communicate and may impact the counselling session.

▶ Consider the following health-related communication factors:

– Is the person on any medications that alter cognition and may make them drowsy and/or confused?

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

– How quickly does the person fatigue from interactions?

Language or cultural 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 be unable to understand the complexity of health or community services information. Some cultures have rules about using eye contact; how you communicate with someone older than yourself; communication between men and women; and the need to facilitate communication within a family or community.

▶ Strategies to address language or cultural barriers:

– 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.

Co-existing needs and issues that may require referral

A person may have other co-existing needs and issues that can affect their communication and interaction with the counsellor. Again, the counsellor should do everything within their power to provide a safe, comfortable environment and be flexible to meet the needs of the person seeking counselling services. However, a counsellor may identify co-existing issues that are beyond the scope of their role, expertise or training.

Some co-existing issues may pose a risk to the safety of the counsellor, the person or others if the counsellor does not have the skills and knowledge to manage these issues effectively. Always seek advice from your supervisor and/or your organisation's policies and procedures if you are unsure of what to do.

The following co-existing needs and issues may require a referral to services, agencies or counsellors who specialise in a particular field.

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 their ability to interact with the counsellor, comprehend information and make important health-related decisions.

For example:

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

▶ A person living with autism may not understand the context of the health information provided to them.

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

Psychological barriers

A person may be emotionally impaired and unable to 'hear' or understand what you are saying. It may be necessary to postpone the interview to another time.

Strategies to address psychological barriers:

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

▶ Give the person time to adjust.

▶ Offer them some time out if they appear overwhelmed.

▶ Have a shorter session than what is usually offered to clients.

▶ Speak slowly and clearly.

▶ Arrange to have someone attend with them as a support person.

▶ Check on the person's wellbeing following discussions.

Mental health issues

Mental health conditions 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 mental health issues:

▶ Make sure you use consistent verbal and non-verbal communication.

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

Substance misuse issues

Alcohol and other drugs misuse or abuse are often strongly linked to other wellbeing issues and may be the cause or the coping strategy of many issues. AOD issues will add to the complexity of meeting the person's counselling needs and should be managed by an AOD counselling specialist to achieve the best results.

This allows an appropriate plan of support to be made in partnership with AOD professionals.

Co-existing issues can impact each other and make each condition worse, or are one of the contributing reasons why substance misuse has developed in the first place.

If a person appears to be affected by drugs or alcohol at their appointment with you, it is important to help them reschedule to see you another day as they will not be able to fully engage in the session.

Relationship, parenting and/or family issues

Relationship and family issues will add to the complexity of meeting the person's counselling needs and may be managed best by a counselling specialist.

Always refer to a supervisor for clarification and the organisation's safety policies and procedures.

If the person being counselled communicates concerns regarding any violence, abuse or neglect, then it must be reported to a supervisor or manager. In such circumstances, the duty to report overrides any legal obligations to maintain confidentiality.

Example

Identify and consider co-existing issues in selecting courses of action

Rhonda has arrived at her initial counselling session looking tired and emaciated. She complains about being unable to sleep and admits to drinking more alcohol than she normally does after the recent breakdown of her long-term relationship. She has arrived for counselling at the recommendation of a friend.

Rhonda is displaying a number of symptoms that could indicate a range of possible health issues including anorexia, depression, alcoholism and insomnia. Rhonda's counsellor asks her several questions to get an understanding of her drug use history and other factors that could be affecting her health.

It's quite common for people to be upset about the end of a relationship, so Rhonda's counsellor considers that many of her symptoms might be explained by this event. She may also have more-complex issues, which could require referral to other health professionals.

Practice task 3

1. Give two examples of co-existing issues that a person may present with in counselling sessions.

2. Give two examples of strategies you could use to address language or cultural barriers in counselling sessions.

3. Briefly explain how dysfunctional relationships, parenting and/or family issues can affect counselling sessions.

Click to complete Practice task 3

1D Interpret information about counselling therapies and their application in meeting a client's needs

Deciding on the appropriate approach to a person's counselling needs may not be clear cut. Needs and issues may be complex or not clearly defined and research may be required to clarify what approaches and therapies best suit the needs of the person. It is possible that there is no single or absolute correct therapy for the situation. In order to locate the information needed to find the best solution, skills in critical thinking will need to be used. You must develop high-quality research skills so you can access the most up-to-date and relevant information to assist you when working with individuals.

Use counselling, psychotherapeutic and psychological theories, and a set of advanced interpersonal skills that emphasise facilitating a person's learning and behavioural change. Take account of the cultural and socio-political context in which the individual lives and how these factors affect the presenting problem. This includes awareness and assessment of social and cultural influences such as age, development, (dis) ability, religion, cultural identity, sexual orientation, socioeconomic status, nationality and gender.

Depending on the personal and psychological issues of the person receiving counselling, research may be required to locate the most appropriate and most current method of support. Research sources may include journal articles, websites and published papers relating to theories or personality and human development.

Definition of terms

Counselling therapies must be decided on in consultation with the person, but the counsellor should already have a good working knowledge of the key counselling approaches, theories, therapies, strategies and techniques that apply. It is important that you understand key terms used in counselling so that you understand exactly what is being discussed.

Counselling terminology

Approach
An approach (or model or philosophy) is where skills and knowledge are applied for expected outcomes. For example, the person-centred approach is a philosophy that helps the client to see the big picture.

Theory
A theory is a set of ideas based on research evidence and careful reasoning; it offers an explanation of how something functions or happens. It does not mean that the ideas are set in stone.

Therapy

A therapy is the use of a special set of skills and knowledge to address the symptoms of physical, mental or social disorders.

Strategy

A strategy is a long-term plan of action based on the specific needs, support mechanisms and coping strategies of the client with the goal of improved outcomes.

Technique

A technique is a method used for a specific task to achieve a specified outcome. This word has been used in the same context as skill; for example, communication skills.

Key counselling approaches and related therapies

Counselling theories or approaches can be divided into four main groups: behavioural, psychoanalytical, humanistic and post-modern theories.

Here is a brief overview of the four approaches including the focus, key therapies and who developed them and when.

Behavioural approach

Focus: Modifying problem behaviours through self-management programs

Key therapies and figures in therapy development:

▶ Rational emotive behaviour therapy (REBT) – Albert Ellis 1950s

▶ Behavioural therapy – B.F. Skinner 1950s

▶ Cognitive therapy – Aaron T Beck 1960s

▶ Cognitive behaviour therapy (CBT) 1980/90s

Psychoanalytical approach

Focus: The unconscious mind and past experiences

Key therapies and figures in therapy development:

▶ Psychosocial perspective – Erik Erikson 1950–80s

▶ Jungian theory – Carl Jung 1910s

▶ Adlerian therapy – Alfred Adler 1910s

▶ Psychoanalysis – Sigmund Freud 1900–1930s

▶ Object relation theory – Melanie Klein 1940s

Humanistic approach

Focus: Viewing the person in a holistic manner

Key therapies and figures in therapy development:

▶ Person-centred therapy – Carl Rogers 1940s/50s

▶ Gestalt – Fritz and Laura Perls 1940s/50s

▶ Existentialism – Soren Kierkegaard 1840s

▶ Reality therapy – William Glasser 1960s

Post-modern approach

Focus: The problem

Key therapies and figures in therapy development:

▶ Solution-focused – Steve de Shazer and Insoo Kim Berg 1980s

▶ Narrative – Michael White and David Epston 1970s/80s

Counselling therapies

How a counsellor implements the counselling process will depend to some extent on the method of counselling their agency prefers, and the organisation's policies and procedures. As a community services worker, you are not expected to have a detailed knowledge of a particular method, but you should be familiar with different approaches to counselling and have a good understanding of the micro-skills used in counselling; for example, active listening, paraphrasing, reflection of feeling, clarifying, using questions and structuring the counselling process.

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

The following is a brief outline of different counselling therapies and methods. As mentioned, many counsellors are likely to use elements from a number of different methods. To learn more about each approach you can find information on the internet and in introductory counselling texts.

Person-centred counselling

Counsellors using this approach believe the person is the best authority on their own life and what they want for themselves. This approach emphasises that the person has the ability to reach their full potential if they are supported and provided with the right environment.

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

How counselling helps:

▶ The counsellor gives the person receiving support the understanding and acceptance they need to work through their problems and to identify and express their feelings instead of trying to repress or deny them.

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

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

A drawback to this approach is that it can be time-consuming.

Solution-focused counselling

This method is suitable for workers who do not have extensive training in counselling.

It uses a strength-based, problem-solving approach that helps empower the person and assists them to learn strategies for resolving their problems or issues.

It is usually conducted over one or two sessions and tends to focus on the person's present situation and their future rather than their past.

How counselling helps:

▶ Counsellors assist the person to focus on solutions and their own competencies and resources rather than the problems or perceived limitations that prompted them to seek help.

▶ The person may be asked to envision what they want their life to be like and then to identify strategies that will help them achieve the outcomes they want.

Cognitive counselling

Cognitive therapies focus on a person's thinking and behaviour. They believe a person's thoughts are directly connected to the problems they experience.

How counselling helps:

▶ Counsellors help the person identify the irrational beliefs or patterns of thinking that underlie their problems.

▶ Counsellors focus on assisting the person to develop different ways of thinking about and dealing with issues in their lives, rather than delving into the historical cause of a person's problem.

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

Major counselling therapies

There are a wide range of counselling therapies and techniques that may be used for counselling in the community services and health industry sector.

There are five major counselling therapies:

1. Cognitive behaviour therapy
2. Person-centred therapy
3. Solution-focused therapy
4. Family therapy
5. Gestalt therapy

Information in this topic includes each therapy's main focus, development history, key terms and concepts, processes used in counselling and the benefits and limitations of the therapy. This list is not exhaustive and it is strongly recommended that learners undertake their own research on key therapies used in their field.

Cognitive behaviour therapy

Cognitive behaviour therapy (CBT) aims to assist people to change unhelpful or unhealthy habits of thinking, feeling and behaving. The CBT approach is that thoughts, feelings and behaviours combine and affect the person's moods and behaviours. It aims to help the person to have control over their thoughts, feelings and behaviour and change the person's conceptualisations.

CBT uses practical self-help strategies to assist the person to develop positive and immediate changes in their life. It combines cognitive therapy with behavioural therapy to effect a change. CBT involves assessment, person education, goal-setting, practise of strategies and homework tasks.

For more information, visit the Australian Association for Cognitive and Behaviour Therapy at: http://aspirelr.link/aacbt

Here is some more information about cognitive behaviour therapy.

Focus

People's beliefs about themselves shape how they interpret experiences.

Collaborate with the individual to identify unhelpful thoughts and behaviours and help them develop skills to learn or re-learn healthier skills and habits.

The directive model is used to change self-defeating or irrational beliefs and behaviours by challenging and altering negative ways of thinking.

This therapy often incorporates the use of relaxation techniques.

History of development

Cognitive behaviour therapy arose from rational emotive behaviour therapy (REBT), developed by Albert Ellis in the 1950s, and cognitive therapy developed by Aaron T. Beck in the 1960s.

There are several approaches to CBT and each approach has its own developmental history.

Some key terms used in this therapy

▶ Automatic thoughts – Spontaneous ideas triggered by a specific event that lead to emotional responses

▶ Cognitive errors – Misconceptions and wrong assumptions made by the individual

▶ Cognitive homework – Process used to help a person learn to cope with anxiety and challenge irrational thoughts

▶ Cognitive restructuring – Process of substituting negative thoughts and false beliefs with positive thoughts and beliefs

▶ Coping skills program – A set of procedures to help individuals cope with stressful circumstances by changing their thinking

▶ Internal dialogue/inner speech – The process used to recognise irrational thoughts

▶ Irrational belief – An unfounded thought that can trigger emotional difficulties

▶ Overgeneralisation – Forming beliefs based on a single event and then erroneously applying those beliefs to all subsequent events

▶ Personalisation – Individuals may relate events to themselves even though there is no basis for this connection

▶ Polarised thinking – A cognitive error based on an all-or-nothing approach where an individual refuses to accept any 'grey areas'

▶ Rationality – A way of thinking based on fact and reason that can lead to achieving a goal or desired outcome

Key concepts and principles

▶ The relationship between the counsellor and individual is paramount to ensure successful outcomes.

▶ Emphasis is on the present.

▶ Foster collaboration and active participation.

▶ Counselling sessions are structured and aim to be time-limited.

▶ The counsellor teaches the individual strategies to counsel and empower themselves.

▶ Focus on problem-solving, achieving defined goals and relapse prevention.

▶ Counselling teaches individuals to identify, evaluate and respond to their dysfunctional thoughts and beliefs.

▶ The individual becomes aware of dysfunctional thinking or behaviour and learns and practises new ways of thinking or behaving to improve functioning.

▶ The counsellor uses a variety of techniques to change thinking, mood and behaviour.

Processes used in application

▶ The counsellor builds rapport to identify the key issues and goals.

▶ The counsellor helps the individual identify and challenge unhelpful, irrational, self-defeating thoughts.

▶ Individuals analyse the connections between events, beliefs, thoughts, feelings and subsequent behavioural patterns and actions.

▶ Individuals challenge their negative thought patterns and self-references and critically assess the evidence for and against their thoughts and beliefs.

▶ The counsellor gives the person tasks or homework to do between sessions to help them practise their new skills.

▶ Homework may include recording thoughts and feelings or testing basic assumptions about themselves.

▶ Individuals learn to monitor their emotional responses and triggers and think and respond in a more realistic and less negative way.

Benefits of this therapy

▶ Established and researched (empirically supported) therapy.

▶ Effective and inexpensive short-term and focused approach.

▶ A range of emotional, behavioural and psychiatric problems across a range of settings can be treated.

▶ Useful to address immediate difficulties.

▶ Individuals learn how to implement useful, practical strategies to cope better with future stress.

▶ Flexible and individualised to develop short- and long-term strategies.

▶ Focus is on goal-setting, problem-solving and collaborative relationships.

▶ Encourages mindfulness and relaxation techniques.

▶ Individuals gain a sense of responsibility, empowerment and use their existing supports and resources.

Limitations of this therapy

▶ Requires active involvement by the individual.

▶ Successful outcomes depend on the person's commitment.

▶ Relies on the individual's ability to change themselves so cannot address issues outside the person's control, such as work environment or family issues.

▶ Initial sessions may be upsetting or emotionally painful for the person and they may discontinue counselling.

Most appropriate application/use

CBT has demonstrated effectiveness with individuals experiencing:

▶ depression, anger and stress

▶ generalised anxiety and panic disorders

▶ obsessive compulsive disorder

▶ phobias

▶ post-traumatic stress disorder

▶ psychotic disorders such as schizophrenia

▶ eating disorders

▶ addiction

▶ substance misuse

▶ somatic disorders and stress-related ailments

▶ sexual dysfunction

▶ social anxiety

▶ brain injury and/or intellectual disabilities

▶ issues with children and adolescents.

Example

Jenny has difficulty getting out of bed because she is depressed. Through CBT, Jenny practises basic routines like getting out of bed and having a shower and perhaps one other simple activity, such as preparing breakfast. Repeating this routine over time helps Jenny realise that it is possible to get out of bed and achieve small tasks.

Person-centred therapy

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 towards 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.

Here is some more information about person-centred therapy.

Focus

The focus is on the person, not the problem.

Every person has the natural potential to create the conditions necessary for positive growth and to develop personal skills.

The person–counsellor relationship encourages the person to freely express any emotions and feelings and accept any negative feelings that may have caused emotional problems.

The counsellor promotes the person's self-esteem and provides information, support and a positive environment so the individual sees themselves as a person with the power and freedom to change.

The aim is to increase the individual's independence and to try new experiences, trust in themselves and be willing to continue growing.

History of development

Person-centred therapy is based on concepts of humanistic psychology and existentialism with a focus on respect and trust for the individual, their strengths and their choices.

Carl Rogers (1902–1987) was a major contributor of the person-centred approach in the 1950s. He saw therapeutic relationship as promoting self-esteem where the individual could be in charge of the therapy and use their strengths to address issues. The counsellor's role is to provide the core conditions required for successful therapy such as demonstrating empathetic understanding in a non-judgmental manner.

Some key terms used in this therapy

▶ Congruence – Being genuinely interested in the other person, not faking interest or adopting the position of an expert dispensing information. Also refers to the state in which the individual's experiences are accurately represented by their self-concept; there is a matching of inner experience with external expressions

▶ Empathy – Seeking to understand the other person's internal frame of reference instead of imposing own views on them

▶ Genuineness – A state of authenticity resulting from self-analysis and a willingness to accept the truth of who one actually is

▶ Incongruence – The discrepancy between self-concept and ideal self-concept, which often results in anxiety, often a clue to the existence of a problem

▶ Nondirective counselling – Counselling that accepts that the individual knows what is best and takes an active role to lead the counselling instead of the counsellor doing the leading

▶ Self-actualisation – An inner growth force leading to the development of one's potential and the basis of people being trusted to resolve their own problems in a therapeutic relationship

▶ Therapeutic conditions – Conditions of the therapeutic relationship necessary to allow the individual to change, such as therapist congruence, unconditional positive regard and accurate empathetic understanding

▶ Unconditional positive regard – Accepting the person's right to all of their feelings unconditionally, without judgment, disapproval or approval which helps the person feel increased self-regard and value their own experiences and actions

Key concepts and principles

The counsellor–person relationship is paramount and based on equality, mutual respect, good conversations and a common focus to help get the individual where they want to be.

The counsellor provides three core conditions:

▶ Empathy (the ability to view the other person's perspective)

▶ Unconditional positive regard (warm, positive feelings, regardless of the person's behaviour)

▶ Congruence (honesty, genuineness and openness)

Processes used in application

▶ Diagnosis and collecting background history is not necessary.

▶ There are no real techniques other than listening, empathising, understanding and responding to the person.

▶ There are no specific stages to the process except the person's own process of change and growth happening at their own pace.

▶ The counsellor should not choose the goals of the individual, but instead help the person define and clarify their own goals.

▶ The individual's self-assessment is of primary importance.

▶ The counsellor's major role is to set the stage so the person is able to do what is necessary for positive growth and change.

▶ Growth occurs naturally in a situation with the appropriate conditions to encourage it, and goals are expected to change as the individual progresses through counselling.

Benefits of this therapy

▶ This therapy can be used by various helping professionals across a range of settings.

▶ Provides information and support to help the individual understand their options to meet their needs, feelings, beliefs and decisions.

Limitations of this therapy

▶ The therapy conditions, although necessary, may not always be sufficient; the person may need more guidance or direction.

▶ It can make change difficult if it is too supportive without challenging the individual.

▶ Some individuals may want more structure or guidance than this approach provides.

▶ Limits the counsellor's behaviour within the session regarding their teaching or guiding role.

▶ May not suit certain cultures – individuals may not be motivated or comfortable with indirect communication, the counsellor's direct expression of empathy or the focus on individualism over collectivism.

▶ Outcomes can depend too much on the person–counsellor relationship.

Most appropriate application/use

Person-centred therapy is used with individuals, groups and/or families and is used to treat a wide range of people and issues:

▶ People with self-esteem issues

▶ Depression

▶ Anxiety

▶ Social isolation or withdrawal

▶ Schizophrenia

▶ Substance misuse disorders

▶ Cognitive dysfunction

▶ Personality disorders

Solution-focused therapy

Solution-focused therapy was developed by Steve de Shazer and Insoo Kim Berg in the late 1970s. Solution-focused therapy, rather than focusing on the problem the person presents with, is future-focused, goal-directed and concentrates on the outcome.

Solution-focused therapy proposes that all people have knowledge on what will improve their life and require the counsellor to assist them with conceptualising and to action this knowledge.

Here is some more information about solution-focused therapy.

Focus

The focus of this therapy is on the solution rather than problem, and on the present and the future – not the past.

Individuals are encouraged to focus positively on what they do well, to set goals and work out how to achieve them.

If it's not broken, don't fix it.

If it works, do more of it.

If it's not working, do something different.

History of development

This therapy was developed in the late 1970s by husband and wife team Steve de Shazer (1940–2005) and Insoo Kim Berg (1934–2007) with their team at the Brief Family Center in Milwaukee, USA. It was greatly influenced by Milton Erickson who believed that everyone possessed the skills and abilities to solve their own problems and that small changes lead to bigger changes.

Some key terms used in this therapy

▶ Coping questions – How do you manage to do (blank)? Focus on current strengths, resilience and resources.

▶ Exception questions – Tell me about the times when you don't have this problem – what you are feeling, what you are doing, what is happening? These help the person realise there are solutions.

- Internal locus of control – The person believes they control their life and decisions rather than environmental factors controlling their life/decisions (external locus).

- Miracle question – If a miracle happened and you woke to find your problem solved, what would that look like? This helps the person view life very differently and takes the focus off the cause of their problems.

- Scaling questions – On a scale of 1 to 10, where are you now? This gives the person perspective and hope.

- Counsellor–person relationship types:

  - Complainant – The person is not willing or able to construct a solution and expects the counsellor to cause change.

  - Customer – The person and counsellor both identify the problem and work towards a solution/goal.

  - Visitor – The person only attends counselling because they've been asked or told to and may not engage in the process.

Key concepts and principles

- Looks at the positive side of problems and what works, with an emphasis on the future rather than the present or past.

- People are highly susceptible and dependent and do want to change for the better – all people are free to make choices and goals are specific, behavioural and obtainable.

- The counsellor accepts the individual's view of reality and counselling is collaborative and cooperative.

- It is behaviour that causes maladjustment and not the innate qualities of the person.

- The individual's narrative determines much about the repeated patterns of dysfunctional behaviour.

- Seven basic philosophies and assumptions:

  - Change is both constant and certain.

  - Emphasise what is changeable and possible.

  - The person must want to change.

  - The person is the expert and outlines their own goals.

  - The person has resources and their own strengths to solve and overcome their problems.

  - Counselling is short-term.

  - The focus is on the future – history is not essential.

Processes used in application

- Facilitate a respectful relationship where the person can be guided to explore their behaviour and identify ways in which they are already helping themselves.

- Ask open-ended and success-focused questions about the individual's story, strengths, resources, exceptions, relationships and self-esteem issues and establish specific goals and identify preferred outcomes.

- Explore an individual's current resources and future hopes – helping them to look forward and use their own strengths to achieve their goals.

▶ Avoid analysing the problem and don't ask an individual to do something that he/she has not succeeded at before.

▶ A typical counselling session structure involves:

– Introductions, build rapport, give hope and explain roles and approach.

– Problem talk – What is your reason for coming here? Find out what the person wants from the sessions, identify the problem/s and separate the person from the problem.

– Miracle question – If a miracle happened and the problem disappeared, what would your life look like? This helps people view life differently, takes focus off the cause of their problems and enables them to picture a solution. This amplifies what the individual wants: concrete, behavioural, measurable, realistic terms.

– Exceptions – When were things better, what has worked in the past? What do they already do that is successful?

– Scaling questions – On a scale of 1 to 10, where are you now? This gives the person perspective and hope.

– Goals/feedback – Always set in positive terms.

– Compliments/accolades – Identify strengths, the progress and the change that is occurring and help them increase that level of change as little changes lead to bigger changes.

– Task setting – What next step forward could you take? Build confidence and empowerment, encourage and support change and do what works. This builds an internal locus of control.

– Aim for five sessions, 45 minutes per session. Sometimes one session is enough. If there are any improvements after three sessions, increase the gap between sessions as time goes on.

Benefits of this therapy

▶ This therapy is used effectively in a variety of settings with a variety of problems.

▶ It fits nicely with managed care and provides effective counselling in a brief time frame.

▶ The counsellor can observe a person's responses to questions to help them reach their goals.

▶ It emphasises the positive attributes in individuals with goal-directed collaborative approach.

▶ It identifies internal and external resources the person can use for support.

▶ As few as three or four sessions may be beneficial but is often incorporated into other long-term therapy types for long-lasting effects.

Limitations of this therapy

▶ Critics say it is too simplistic and doesn't have enough empirical research to support it.

▶ The counsellor–client relationship may not be developed in enough depth to be therapeutic.

▶ Individuals must be keen to do something about their situation, embrace change and have a goal-orientated mindset.

▶ Some individuals may not want to do anything themselves but want someone or something else to change – the counsellor can only listen.

▶ There is limited use if the problem concerns physical or systemic causes that the person has little control over.

▶ There is limited use if there is an urgent situation or danger – take directive action instead.

▶ Some individuals may not know or cannot verbalise what the problem is.

▶ It may not adequately address individuals with serious mental issues and may not address cultural issues.

▶ The individual determines the goals of counselling, not the counsellor and the counsellor must accept these goals even if they feel the goals are not the 'right' goals.

Most appropriate application/use

Solution-focused therapy can be particularly beneficial to those who lead fast-paced, modern lifestyles and has been found successful in helping a vast array of people with the following:

▶ Relationship issues, couples and families with children

▶ Substance misuse.

▶ People with communication difficulties

▶ Behavioural problems

▶ Depression, anxiety and stress

▶ Eating disorders

▶ Anger

▶ Self-esteem

▶ Interpersonal conflicts

▶ Adolescent antisocial behaviour

▶ Insomnia

Family therapy

Family therapy encourages discussion between family members to understand each other's viewpoints and beliefs and find constructive ways of supporting each other. It can help family members improve their interpersonal communication skills and conflict resolution skills to work through the situation and focus on a solution.

Here is some more information about family therapy.

Focus

Family therapy can be defined as any psychological counselling that focuses on changing the way family members interact and improving the functioning of the family as a unit and of individuals in the family.

The focus is on the current problem and factors that maintain it, and intervene and effect change as quickly as possible.

History of development

Multi-dimensional family therapy started sometime in the 1930s when social scientists moved away from Freudian theory towards a systems approach. They understood that family members are interconnected and interdependent parts of a system. When there is a change in any individual member of the family, others in the family system are affected.

Murray Bowen's work done in the 1950s with families of people experiencing schizophrenia highlighted how the individual's needs and family needs required 'balance'.

Gregory Bateson (1904–1980) introduced a systems theory or cybernetics view about how communication and feedback patterns within a family can affect an individual.

Salvador Minuchin (1920–) published *Families and Family Therapy* in 1974, which placed the counsellor into the family setting to act as an agent of change to facilitate healing through an objective approach and establish healthier behaviour patterns and interactions.

Some key terms used in this therapy

▶ Differentiation – The ability to retain one's identity within a family system while maintaining emotional connections with the other members. A healthy family allows members to differentiate while still being an integral, valued and respected member of the family

▶ Disengagement – Leaves people autonomous, independent but isolated and results from very rigid boundaries

▶ Enmeshment – Very unclear boundaries that promote dependence on the family

▶ Extended family field – A person's family of origin plus grandparents, in-laws and other relatives

▶ Family systems theory – An approach to counselling emphasising the interdependency of family members rather than focusing on individuals in isolation from the family. This theory underlies the most influential forms of contemporary family therapy

▶ Genogram – A family tree or schematic diagram that depicts relationships of family members, used to detect recurrent patterns and to help identify problem/s

▶ Homeostasis – In the family therapy context, the tendency of a family system to maintain internal stability or balance and to resist change

▶ Nuclear family – Basic family unit, consisting of a father, a mother, and their biological children

▶ Sibling position – Birth order which can influence family functioning

▶ Triangling – A process in which two family members in conflict lower the tension level between them by drawing in a third member

Key concepts and principles

▶ Family relationships are a principal source of mental health and psychopathology for individuals.

▶ Family interaction patterns tend to repeat across generations.

▶ Family health requires a balance of connection and individuation.

▶ Family flexibility is a core trait that prevents family dysfunction.

▶ The triad is the minimum unit for a complex understanding of family interactions.

▶ Individuals' symptoms frequently have meaning within the family's interaction patterns or worldview.

▶ Circular causality – Family members are interrelated, not linear.

Processes used in application

Family-based counselling typically involves five to 20 counselling sessions. Overall duration of counselling ranges from two to six months, decreasing in intensity towards the end of the period of counselling.

Family therapy usually works within family groups but often includes work with people on an individual basis or, when appropriate, individual sessions within a series of family meetings. Family therapy may also include the social networks around families.

Counsellors often encourage the use of 'I' statements to focus on the effect of an action on the speaker rather than on the action itself. Instead of saying, 'You always do (blank)', a family member would say, 'I feel (blank) when you (blank) because (blank)'.

The counsellor supports the family to:

▶ examine the family's ability to solve problems and express thoughts and emotions

▶ explore family roles, rules and behaviour patterns to identify issues that contribute to conflict – and ways to work through these issues

▶ identify the family's strengths, such as caring for one another, and weaknesses, such as difficulty confiding in one another

▶ pinpoint any specific challenges and how the family is handling them

▶ learn new ways to interact and overcome unhealthy patterns of relating to each other

▶ set individual and family goals and work on ways to achieve them.

There are several types of strategies in family therapy that can often be used together:

▶ Psycho education – To change any negative and possibly false ideas that family members may have about a situation, such as schizophrenia or substance misuse

▶ Behavioural models – To implement positive and negative reinforcement to help family members manage difficult behaviours

▶ Systemic models – Considers dysfunctional family relationships often negatively affect an individual's problem, such as an illness, and therefore improving family relationships will improve symptoms

▶ Structural family therapy – Focuses on restoring proper family structure and organisation

▶ Post-Milan family therapy – Focuses on communication between family members

▶ Solution-focused therapy – Focuses on identifying each family member's strengths and then using these strengths to help solve problems

Benefits of this therapy

▶ An effective tool to quickly cut through to the reality of a family situation.

▶ This therapy elicits information and allows for open, honest and structured communication between family members to discuss issues.

▶ Family therapy nurtures change and development between family members, and creates a safe, judgment-free zone for discussion and understanding.

▶ This therapy focuses more on problem-solving than cause and effect analysis.

Limitations of this therapy

▶ This therapy can be costly and take time.

▶ Individuals and/or family members may not want to engage in family therapy or may discontinue counselling.

▶ Individual and family members may be unable or unwilling to accept their responsibility.

▶ Individual psychological factors may be neglected.

▶ Does not take external (non-family) factors into account.

▶ Traditional theory ignored gender, sociocultural and political contexts of family life and/or reinforced traditional roles.

▶ Too much focus on the system at the expense of individuals and homeostasis at expense of change.

▶ Not suitable for individuals with serious mental health issues, diagnosed psychological disorders or very rigid personality structures, families whose cultural or religious values are opposed to, or suspicious of, psychotherapy or for families whose members cannot or will not be able to meet regularly for counselling.

▶ The chief risk in family therapy is the possible unsettling of rigid personality defences in individuals or relationships that had been fragile before the beginning of therapy.

▶ Family therapy may be especially difficult and stressful for children and adolescents who may not fully understand interactions that occur during family therapy.

Most appropriate application/use

▶ As a support of other psychotherapies and medication

▶ In any family situation that causes stress, grief, anger or conflict

▶ For people with an illness that may be made worse by a dysfunctional family

▶ Psychological disorders (such as depression, anxiety, schizophrenia, addictions and eating disorders)

▶ Interactional and transitional crises in a family's life cycle such as divorce, suicide attempts, dislocation due to war and so on

▶ Marital or financial problems

▶ Substance misuse

▶ Conflict between parents and children

▶ Behavioural and conduct disorders, such as hyperactivity

- ▶ Chronic pain management

- ▶ Obsessive compulsive disorders

- ▶ Situations where substance misuse or a mental illness negatively affects the entire family (usually in conjunction with individual counselling or rehabilitation treatment)

Example

Bill's adult son has depression. Bill's family doesn't understand his depression or how best to offer support. Although Bill is worried about his son's health, conversations with his son or other family members erupt into arguments and Bill feels frustrated and angry. Communication diminishes, decisions go unmade and the rift grows wider.

Gestalt therapy

The emphasis of Gestalt therapy is raising the person's awareness of themselves as a whole person and their actions, thoughts and feelings of the moment rather than on what was, might be or should be. The person must accept accountability for their reality and the counsellor helps the person to do this by the use of language. All language should be owned by the person through the use of 'I' statements. The counsellor needs to have an understanding of the person's experience. The counsellor achieves this through verbal communication and accurate interpretation of non-verbal communication. The goal of Gestalt therapy is awareness and is situated in the present – the 'here and now'.

Here is some more information about Gestalt therapy.

Focus

The focus is on the here and now, not the past.

It is ideal to increase awareness of and responsibility for own feelings, beliefs and actions.

The term 'Gestalt' is derived from the German word for 'organised whole'.

The individual gains self-awareness by analysing behaviour and body language and talking about their feelings. This approach often includes acting out scenarios and dream recall.

The objective is to overcome symptoms and enable the person to become fully and creatively alive and to be free from the blocks and unfinished issues.

Gestalt therapy falls in the category of humanistic psychotherapies.

History of development

Gestalt therapy was developed in the late 1940s to early 1950s by Fritz and Laura Perls, both of whom were originally traditional psychoanalysts. Ralph Hefferline, a university psychology professor, and Paul Goodman, a political writer, co-authored the Perls' book defining Gestalt therapy: *Gestalt therapy, excitement and growth in the human personality* (1951).

Some key terms used in this therapy

▶ Awareness – The process of attending to and observing one's own sensing, thinking, feelings and actions; paying attention to the flowing nature of one's present-centred experience

▶ Blocks of energy – Paying attention to where energy block is located, how it is used, and how it can be blocked

▶ Confluence – A disturbance in which the sense of the boundary between self and environment is lost

▶ Confrontation – An invitation for the individual to become aware of discrepancies between verbal and nonverbal expressions, between feelings and actions, or between thoughts and feelings.

▶ Deflection – A way of avoiding contact and awareness by being vague and indirectly using distraction

▶ Empty-chair technique – A role-playing strategy in which individuals play conflicting parts. This typically consists of individuals engaging in an imaginary dialogue between different sides of themselves

▶ Field – A dynamic system of interrelationships

▶ Introjection – The uncritical acceptance of other's beliefs and standards without assimilating them into one's own personality

▶ Paradoxical theory change – Authentic change happens when we are who we are rather than when we try to be who we are not

▶ Phenomenological inquiry – Individuals notice what is occurring in the present moment by the counsellor asking 'what' and 'how' questions

▶ Projection – Process by which a person disowns certain aspects of themselves by ascribing them to the environment; the opposite of introjection

▶ Retroflection – The act of turning back onto ourselves something that we would like to do or have done to someone else

▶ Unfinished business – Unexpressed feelings dating back to childhood that affect current psychological functioning; needless emotional clutter that prevents present-centred awareness

Key concepts and principles

▶ Concentrates on the whole person and unites mind, body and emotions.

▶ Holistic process-oriented approach about contact with others, an active awareness of their feelings or lack of feelings and personal responsiveness and responsibility.

▶ People should physically act out important conflicts in their life using role-playing or the 'empty chair' method to deal with blocked emotions or unfinished issues as part of self-healing.

▶ The individual is encouraged to become aware of his or her own feelings and behaviours, and their effect upon their environment in the here and now.

▶ The counsellor treats the person with the utmost respect and provides a balance between support and challenge so the person feels comfortable opening up, and acknowledges hidden feeling and areas of resistance.

▶ The person is encouraged to experience their emotions, perceptions, behaviours, ideas and memories vividly in the current moment.

▶ Everyone has a social responsibility for themselves and for others and they are encouraged to acknowledge people's differences and take an egalitarian approach to contact with others.

Processes used in application

▶ The role of the counsellor is to encourage authentic, non-judgmental discussion and have a genuine interest in the person's subjective experiences and needs.

▶ Verbal and nonverbal communication is valued and encouraged.

▶ Gestalt therapy probably has a greater range of formats than any other counselling technique.

▶ It is used for one-on-one counselling but is also used with medium to large groups.

▶ The most powerful techniques involve role-playing.

▶ Individuals can use the 'open chair' technique where they talk to a person they imagine sitting in that chair – it provides a safe environment for them to express themselves.

▶ Individuals can use battacca bats (padded sticks) to safely express anger by hitting chairs or sofas.

▶ Role-play, the 'open chair' technique (imagine the person), dialogue (plus more creative forms such as dancing, singing or laughing), discussing dreams and attention to body language.

▶ Other creative forms of expression can include dancing, singing, laughing or discussing dreams.

Benefits of this therapy

▶ Helps people gain a better understanding of their feelings and the connection to their physical body.

▶ Self-awareness is the key to understanding actions, reactions and behaviours.

Limitations of this therapy

▶ This therapy lacks a distinct, clearly-defined theory of human development.

▶ Gestalt therapy should not be used with people with severe mental health issues.

▶ Evidence of the effectiveness of Gestalt therapy is limited.

▶ There is potential for the counsellor to manipulate vulnerable individuals with techniques that raise powerful emotions or fatigue the person.

Most appropriate application/use

It is practised in individual, couples and family therapies, as well as in counselling with children.

Gestalt therapists claim this approach is useful for managing tension, depression, anxiety, addiction, post-traumatic stress and other psychological challenges that prevent people from achieving a free and fulfilling life.

Other counselling therapies

As discussed earlier, there are a wide range of counselling therapies and techniques that may be used for counselling in the community services and health industry sector.

This list is not exhaustive and it is strongly recommended that learners undertake their own research on the range of different therapies used in their field. Counsellors should also discuss any counselling therapy approaches with their supervisor before implementing them. Always check with your supervisor and organisational policies and procedures before implementing 'non-standard' counselling therapies.

Please note that there are many counselling therapies that have not been covered. Simply type 'counselling therapies list' into an internet search engine and undertake your own research as required. Some therapies not mentioned below include somatic therapy and hypnotherapy.

Here is some more information about counselling therapies.

Behaviour therapy

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

Techniques used in behavioural therapy include role-playing, breathing and relaxation techniques, positive reinforcement, activities to promote focus, journal writing, social skills training, and behaviour modification for fear, anger and pain.

The process is as follows:

1. Identify the problem.
2. Identify and set goals and objectives.
3. Identify and plan strategies.
4. Implement agreed strategies.
5. Assess progress, evaluate strategies and modify as required.
6. Continue the plan and monitor for relapses.

This therapy is used for depression, anxiety, sexual disorders, eating disorders, relationship issues and childhood disorders.

Expressive therapy

Expressive therapies use creative arts (for example, art, dance, drama, music, writing and poetry, film-making) to allow the person to express themselves, their feelings, emotions, values, physicality and issues.

The emphasis is on the creative process rather than the final product.

It is usually integrated into other counselling approaches to help the person express themselves, grow, develop and heal. It is also used for depression, mental health issues, anxiety, relationship issues, Alzheimer's disease, disability and psychotic disorders.

Narrative therapy

Narrative therapy encourages the person to review their life and tell the story of how events in their life have impacted them.

The counsellor helps the person to construct an alternative story that restructures the past into a more positive and integrated experience.

This allows the person to interpret their experience more broadly rather than being defined by problems or issues that are only part of their experience.

It is used for depression and anxiety disorders, relationship issues, mental health issues and alcohol and other drugs work.

Transactional analysis

Transactional analysis is a psychoanalytical therapy that aims to determine the person's 'ego state' to understand behaviour and how they interact (or enter into transactions) with other people.

Eric Berne (1910–1970) developed the approach and claimed that unhealthy childhood experiences can shape the person's 'ego state' so that the person unconsciously plays the role of parent, adult or child and this affects their behaviour.

Involves the counsellor and person entering into a contract or agreement to pursue specific behavioural change and goals.

Usually integrated into other counselling approaches and used for group counselling, family and relationship issues and any other interpersonal issues.

Motivational interviewing

Motivational interviewing focuses on increasing the person's motivation to change using open questions, affirmations, reflections and summaries to encourage the individual to explore their reasons for behaviour and reasons for changing it. It accepts that ambivalence is a normal part of changing any entrenched behaviour and works with the person at their current stage to explore their impediments to change.

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

Applied behaviour analysis

Applied behaviour analysis involves the application of reinforcement and punishment to modify behaviour. It aims to change a person's behaviour (response) to a stimulus. It assists a person to employ more-positive behaviours or to eliminate an unwanted behaviour. The behaviour is systematically reinforced by applying interventions either before or after a specific behaviour that a person exhibits.

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

▶ The behaviour involved in the procedure is significant to the person.

▶ A functional relationship is identified between the behaviour and the environmental variables.

▶ The behaviour is a target of modification.

▶ The change is significant to the person and is able to be generalised and maintained.

▶ The procedure can be replicated.

Example

Interpret information about counselling therapies and their application in meeting a person's needs

Debbie is a counsellor at the local community health centre. She is currently working with Marion who is unemployed and has bouts of depression, generalised anxiety and social anxiety. Marion's comments suggest she has very low self-esteem and she has started to avoid social interaction with others and rarely leaves her home. The only person Marion sees on a regular basis is her sister who loves and supports her.

Debbie considers the major counselling therapies that she can use to meet Marion's specific needs. Debbie uses cognitive behaviour therapy to collaborate with Marion to challenge her irrational and self-defeating beliefs and automatic thoughts about herself and how she interprets social experiences. She helps Marion identify unhelpful thoughts and behaviours and helps her develop skills to learn or re-learn healthier skills and habits. Debbie also teaches Marion relaxation techniques that Marion can practise and use in social situations.

Debbie is confident that cognitive behaviour therapy is the most appropriate therapy to use as it is an established and empirically supported therapy that is an inexpensive short-term and focused approach used to address immediate difficulties through goal-setting, problem-solving and collaborative relationships. Debbie is also confident that the CBT approach will help Marion gain a sense of responsibility and empowerment and that she can use her sister as an existing support resource.

Practice task 4

1. Briefly explain the historical development of cognitive behaviour therapy including the key figures in its development.

2. Give two examples of key terms used in person-centred therapy.

3. Outline the underpinning concepts and principles involved in solution-focused therapy.

4. Give two examples of processes used (what the counsellor does) in family therapy.

5. Give one example of a benefit and one example of a limitation of Gestalt therapy.

Click to complete Practice task 4

1E Identify your own level of comfort when using counselling techniques

Agencies usually have a preferred counselling model they expect staff to use. This is likely to contain elements of one or more evidence-based counselling methods. You need to have the skills, knowledge and resources to put into practice the counselling methods your agency expects you to use. Individuals that you provide counselling services for may also suggest a preferred counselling type and if your agency does not offer the appropriate type of counselling, explain to the individual that you can refer them if this is what they want.

Ultimately, you as the counsellor must also feel comfortable and confident about implementing particular counselling techniques. This can be achieved through independent research, discussions with your supervisor and/or more-experienced colleagues or specialists, professional development and training and always complying with your organisation's policies and procedures.

Involvement of others, and referrals

It may become clear that the counselling service being provided is unable to provide all the assistance the person requires. The boundaries of your job role can restrict the actions you can take, or you may not have the expertise or competence to provide the assistance required. This is particularly important for counselling, when expert intervention would better suit the needs of the person. It is important to recognise these situations and seek assistance from a supervisor regarding the suitability and process for referral according to organisational procedures.

A referral may be required to another area within the same organisation, or the person may need a referral to another organisation. The person should always be consulted and provided an explanation for why a referral is required. It may be necessary to explain that the qualification level of the counsellor does not allow them to offer the service or expertise they require, and that they would benefit from the advice of another health professional. Always obtain written consent from the person and add this consent document in their file.

Legal and ethical framework

There is a legal and ethical framework around applying counselling therapies into individual practice. This framework is comprised of legislation, codes of practice and organisational policies and procedures. If you read, understand, follow and comply with these guidelines, you should feel more comfortable applying counselling techniques in your work practice.
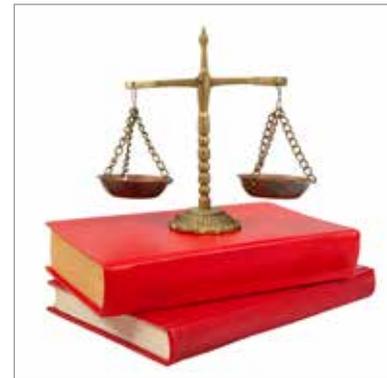
Legislation

There are many legal and ethical considerations for the delivery of counselling services. In practice, there are several legislative regulations and standards as well as organisational policies and procedures that must be adhered to when providing counselling services.

Legal responsibilities underpin much of the work in community services. Some legislation is relevant to all services and other legislation may be specific to particular settings and may vary between states and territories.

Specific legislation will be discussed later in this topic but here is an overview of key legislation relating to a counselling setting. The following information outlines the legal and ethical considerations for the use of counselling therapies, and how these are applied in individual practice.

Mental health legislation

Counsellors may encounter individuals experiencing mental illness. The actions and communication of the worker come under the guidance of the following legislation in that instance.

Each state and territory has a mental health Act that is the law governing compulsory mental health, assessment and treatment. In Victoria, the purpose of the *Mental Health Act 2014* is to provide a legislative scheme for the assessment of people who appear to have mental illness and for the treatment of those with mental health needs. It appoints various tribunals and experts, including a chief psychiatrist. The Act outlines decision-making models to enable people to participate in decisions about their care that will assist in their recovery. It also outlines safeguards to protect the rights of people with mental health needs and enhances the oversight of public mental health services through the establishment of a mental health complaints commissioner.

Discrimination legislation

Discrimination legislation promotes equality for everyone in Australian society. It is unlawful to discriminate against people on the basis of age, gender, ethnicity, disability or impairment, marital status, sexual preference, political or religious beliefs.

The following Acts apply to the community services sector:

▶ *Age Discrimination Act 2004* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sex Discrimination Act 1984* (Cth)

▶ *Workplace gender equality Act 2012* (Cth)

▶ *Disability Discrimination Act 1992* (Cth)

Work health and safety legislation

All workers must understand and comply with workplace health and safety legislation relevant to their state or territory. Employers and staff at a mental health service have a legal obligation to take reasonable steps to keep themselves, and other people who are accessing the service, safe. This includes the people they support, their families, visitors (including children) and colleagues. Safety includes physical safety (coming to no physical harm) and psychological or emotional safety, which means that people are not exposed to traumatic events that cause emotional distress. If people are exposed to harm, the worker and the agency must take action to address this harm; for example, by providing first aid, calling an ambulance or providing counselling.

Ethical practice

Ethical guidelines must influence and underpin decisions made in all work undertaken. One main ethical practice in the community services sector is the principle of 'do no harm'.

Community services associations and organisations have codes of ethics and codes of practice that outline conduct that reflects this principle, and guides workers in making decisions that always consider the safety and wellbeing of the people they support.

Counsellors are expected to conduct interviews in an ethical manner; by acting within the bounds of legislation, organisational policies and procedures and duty-of-care obligations; declaring any conflict of interest; supporting the rights of the person being interviewed and providing an advocate or independent third person where appropriate.

Workers should also be familiar with other ethical guidelines and codes of practice and how they impact areas of work such as communication, confidentiality and work role boundaries.

You can read an example of a code of ethics developed by the Australian Community Workers Association at:

▶ http://aspirelr.link/acwa-code-of-ethics

You can read an example of a code of ethics and practice for the Australian Counselling Association at:

▶ http://aspirelr.link/aca-code-of-ethics

Organisational policies and procedures

Organisational policies and procedures are developed to ensure community services workers and supervisors provide services according to legislative and regulatory obligations. These obligations exist to protect the rights of workers and the people accessing services and are a minimum standard of operating.

The policies, procedures and protocols of all service organisations must be in line with relevant legislation and meet basic ethical requirements for work in community services. Counsellors should be familiar with legislation that relates to their work and be guided by these in their work. Legislation relating to privacy, mandatory reporting and discrimination are particularly important.

Policies determine the way in which daily activities (procedures) within an organisation are delivered. Guidelines and practice manuals are developed by the organisation to support the practice of services. A manager or supervisor must also ensure that staff have appropriate induction to these policies and that policies, procedures, guidelines and practice manuals are easily accessible to staff and people requiring counselling services.

Organisations must also provide you with a position description that clearly explains your job role, including your responsibilities and limitations.

The role of counsellor

All workers will have a position description that clearly defines their role and responsibilities. The organisation's policies and procedures will also set out what workers should and should not do. A clear understanding of the limits and responsibilities of a job role reduces the risk of misunderstandings. It also supports empowerment for the person being supported because it acknowledges their role and responsibilities within the relationship. By clarifying the job role, healthy boundaries can be set to ensure an honest and professional relationship.

Here are some of the key responsibilities of a counsellor.

Always act in a professional manner

- ▶ Comply with organisational policies and procedures, codes of practice and legal and ethical obligations.
- ▶ Be professional; objective, without bias, coercion, favour or discrimination and avoid imposing your own beliefs and attitudes on others.
- ▶ Provide a safe and comfortable environment for the person/people to discuss issues.
- ▶ Refer the individual to other health professionals or agencies if their issues are beyond your job role or scope of training, expertise and/or qualifications.
- ▶ Respect the person's privacy and preserve the confidentiality of information obtained during counselling.

Communicate effectively

▶ Provide clear and reliable information to help the person reach their goals and improve their skills and knowledge.

▶ Provide knowledge, clarification and guidance but don't tell the individual what to do or what decisions to make.

▶ Assess the person's history, issues and needs and identify and report any issues that require an immediate response; for example, risk of self-harm.

▶ Explain the counselling process, counselling plan, what to expect from counselling, including goals and how to monitor progress, and confirm the individual understands.

▶ Establish mutually-agreed goals and support and work collaboratively with the person to meet their identified needs and goals.

▶ Observe and listen with your full attention and focus on understanding nonverbal cues and what the speaker is saying and feeling. Ask questions and seek clarification of information to ensure you understand.

▶ Summarise information, respond respectfully and acknowledge what they are saying and feeling, their anxieties and concerns.

▶ Do not make promises you cannot keep or imply that you have the answers to the person's issues; provide support to facilitate their self-awareness through feedback about the counselling session/s.

▶ Advise the person of their rights regarding counselling, privacy and confidentiality and support them in exercising their rights.

▶ Discuss legal obligations regarding mandatory reporting and/or disclosure of information as required.

▶ Document information such as the person's goals, strategies, outcomes and reporting and referral information.

▶ Report issues and/or seek advice from your supervisor if you are unsure of what to do.

Support the person

▶ Undertake work based on the belief that, given the right support, people can find solutions to their own problems and change negative patterns of behaviour.

▶ Adopt a non-judgmental attitude towards individuals and respect their beliefs, values, lifestyle and choices.

▶ Accept that other people have different values and that these are just as important to them as yours are to you. Respect that the individual is the expert in their own life.

▶ Understand what is important to the person and why.

▶ Empathise with the person to move beyond your own frame of reference and see things from the individual's perspective.

▶ Focus on the person's strengths to encourage and motivate them to implement strategies and challenge negative or incorrect thoughts in a gentle, supportive way through questioning to help their progress.

▶ Monitor the person's progress and acknowledge the person's positive progress to motivate the person to continue.

▶ Advocate on the person's behalf if necessary and with the person's consent.

Establish role expectations

Establishing role expectations and relationship guidelines is an essential foundation for developing and maintaining a sound working relationship. It is important to do this early on so both parties have the information they need to develop and share clear expectations and avoid future misunderstandings. This shared understanding may need revisiting at several points in future sessions. Clarify if expectations have changed or any aspects of the relationship are not working well so these issues can be addressed and improved. Have a clear understanding of the process to avoid situations where a person may be disappointed because they perceive a worker as failing to live up to promises and expectations.

Professional boundaries

Professional boundaries are the limits set between professionals and the people being supported, and are intended to keep the worker, and the people they support safe. Boundaries also help maintain respect, and ensure that the person understands the role as a provider of support services.

Boundaries in the counselling relationship can become blurred when dealing with people on a very personal level. A worker may find themselves sharing personal information with the person they are supporting to assist in developing a relationship. A person may start to view the counsellor as a 'friend' and seek a relationship outside the sessions or offer them gifts.

When communicating with the people you support, professional boundaries need to be maintained. By respectfully declining requests outside the job role, the counsellor prevents building unrealistic expectations or an inappropriate relationship.

Ways to maintain professional boundaries
▶ Always comply with your position description and organisational policies and procedures.
▶ Refer to codes of ethical conduct/codes of practice.
▶ Set boundaries from the beginning and confirm the person understands.
▶ Use friendly, polite but clear and assertive language when setting boundaries.
▶ Maintain appropriate physical contact; don't touch people inappropriately.
▶ Don't share personal information with other service users.
▶ Don't share home phone numbers or addresses.
▶ Don't accept gifts or invitations to socialise outside counselling session times/settings.
▶ Talk to your supervisor and/or undertake research if you have questions about boundaries.

Conflict of interest

A conflict of interest occurs when a worker has private or personal interests that could conflict with their work. Such conflicts of interest may influence their ability to act ethically or with professional judgment. Potential conflicts of interest may arise out of emotional, sexual, personal, family, social, religious, financial, business, political, professional or organisational issues.

All organisations will have a policy regarding conflicts of interests. When made aware of a possible conflict, it needs to be reported to a supervisor or manager immediately. If it is not reported early, it may get out of hand and end up reflecting poorly on the ethical accountability of the counsellor and the organisation. Actions to remedy a conflict of interest situation may involve referring the person to another agency or having another team member work with the person.

There can be conflicts of interest involving a counsellor and individual.

Examples of conflict of interest situations could include where the counsellor:

▶ has a personal relationship with an individual outside of work times/settings

▶ accepts money or gifts that may or may not influence their work

▶ misuses the individual's confidential information

▶ uses work equipment or property for private purposes

▶ fails to inform management that they have a personal association with an individual or the individual's family.

Rights and responsibilities of employers and employees

Each community services agency should have policies and procedures that outline the rights and responsibilities of all workers, employers and people accessing support services. These policies help everyone comply with their legislative duties – particularly in regard to confidentiality and work health and safety.

Employees must have a clear understanding of their rights and responsibilities in the workplace. The rights of employers and workers are often the same; however, there are also role-specific rights and responsibilities that apply individually to employers and others than to workers. One of the most important ways to show a person they are respected and valued is to meet the responsibilities owed to them.

Here are some examples of employer rights and responsibilities.

Employers

Employer rights:
▶ To have organisational information kept confidential
▶ To have all reasonable and legal requests met by employees
▶ To have employees safely carry out their job functions
▶ To have employees comply with policies and procedures

Employer responsibilities:

▶ To provide a safe and healthy workplace free from discrimination and harassment

▶ To foster a professional and equitable work culture

▶ To conduct operations and manage staff in accordance with legislation

▶ To provide clear and accessible policies and procedures to workers so all staff understand their obligations

▶ To provide clear information about employment conditions and regular payment advice to staff

Employees

Employee rights:

▶ To work within a safe and healthy workplace free from discrimination and harassment

▶ To access a grievance (complaint) process and not be unfairly dismissed

▶ To wages in accordance with the award rates

▶ To receive clear direction of their duties

▶ To receive advice and training

Employee responsibilities:

▶ To comply with organisational policies and procedures

▶ To comply with safety procedures and practices and work in a safe manner at all times

▶ To comply with duty of care and maintain confidentiality

▶ To understand and work within the boundaries of the job description and level of authority

▶ To uphold the rights of service users and report any breaches

▶ To be willing to learn and train in new skills

▶ To respect cultural and social diversity

Rights and responsibilities of individuals receiving support services

People seek counselling or other services because they have a need. The task of the support worker or counsellor is to help them meet their needs and, in doing so, respect their rights as individuals. People in need of support from the service you provide have legal and ethical responsibilities they must adhere to in order to access and use services. They also have a responsibility to uphold the rights of workers and others in an organisation.

All workers should ensure they understand the person's rights and responsibilities and support them to exercise their rights. The organisation will have a 'rights statement' for service-users that clearly outlines what individuals have a right to expect from the service. The agency will also have policies and procedures for making complaints and addressing breaches to individual rights.

The following outlines the individual's rights and responsibilities.

Rights

▶ To be informed of their rights and responsibilities.

▶ To be treated with respect, dignity and positive regard.

▶ To have personal information maintained in a confidential and secure manner.

▶ To access effective, equitable, quality services in a safe environment and free of discrimination.

▶ To have their individual needs addressed with consideration of social, cultural, mental health or disability issues.

▶ To be fully informed about available services and options.

▶ To be consulted and participate in decision making.

▶ To withhold information, disagree with or request another counsellor or terminate counselling if they choose.

▶ To make a complaint, be assisted in this process and use an advocate if necessary.

Responsibilities

▶ To respect the professional counsellor/client relationship.

▶ To express themselves honestly about issues, thoughts and actions, and listen and clarify information as needed.

▶ To regularly attend scheduled sessions and respect length and location of sessions.

▶ To actively participate in counselling sessions.

▶ To be flexible and willing to implement strategies as discussed and agreed on during counselling sessions.

▶ To practise new skills and complete exercises, activities or homework set by the counsellor.

▶ To understand their rights including the complaint process.

▶ To give and receive feedback about the counselling session/s.

▶ To maintain appropriate physical contact.

Codes of conduct and practice

A code of conduct is a set of principles, standards or rules of behaviour that guide the decisions, procedures and systems of work in a workplace. A code of conduct should promote the welfare of people by protecting their rights and ensuring that ethical practices are followed.

Codes of conduct may vary between community services workplaces; however, most community services will have a code of conduct that promotes ethical behaviour, accountability, transparent sharing of information, bestowing dignity and respect, and upholding confidentiality.

Codes of practice also provide guidance on effective ways to work based on the code of conduct guidelines. They are generally the way to do something, such as working in a safe manner with a person who is demonstrating hostile behaviour.

It is important to comply with your workplace code of conduct whenever you take part in workplace communication.

Information contained in workplace codes of conduct include:

▶ A statement of purpose

▶ Related legislation

▶ Disciplinary action for breaches of the code

▶ A summary of the workplace values

▶ Roles and responsibilities of accountable persons named in the code

▶ Worker rights and treatment under the code

▶ General applications of the code

▶ Application of the code to specific work circumstances

Human rights

Another principle underlying community services work is the Universal Declaration of Human Rights, which describes the rights that should be attributed to all humans. The Australian Human Rights Commission (formerly the Human Rights and Equal Opportunity Commission) was established in 1986 to deal with breaches of anti-discrimination laws and to promote human rights education.

The *Australian Human Rights Commission Act 1986* (Cth) promotes human rights for all people, and covers most forms of discrimination not already covered in the other Acts, including discrimination on the basis of medical history and criminal records.

There are some relevant rights, set out in the Universal Declaration of Human Rights, which you should think about when counselling and working with colleagues.

Relevant rights in the Universal Declaration of Human Rights include:

▶ All people are equal.

▶ No-one should have their privacy, family, home or mail interfered with.

▶ No-one should experience attacks on their honour or reputation.

▶ Everyone has the right to freedom of thought, conscience and religion.

▶ Everyone has the right to freedom of opinion and expression.

Discrimination

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. People may also be discriminated against due to their association with others who have attributes that may be discriminated against.

People may be discriminated against because of their:

▶ disability

▶ age

▶ sex

▶ ethnic origin

▶ pregnancy

▶ religion

▶ politics

▶ marital, parental or carer status

▶ sexual preference

▶ physical features.

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:

▶ *Age Discrimination Act 2004* (Cth)

▶ *Racial Discrimination Act 1975* (Cth)

▶ *Sex Discrimination Act 1984* (Cth)

▶ *Workplace gender equality Act 2012* (Cth)

▶ *Disability Discrimination Act 1992* (Cth)

Additional legislation exists in each state and territory.

To research anti-discrimination legislation, 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

Privacy and confidentiality

Privacy refers to a person's ability to control access of others to themselves, their space and their possessions, including information about them. Privacy also means taking steps to avoid embarrassment and humiliation.

Confidentiality is about data or information, not people, 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 the scope for which the information was collected. 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 occur. There are exceptional circumstances that do enable disclosure of private information but this is generally only when someone is at risk of harm. A person's informed consent must always be obtained before disclosing confidential information to a third party.

The applicable Commonwealth Act is 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 health systems. Some states have also incorporated information privacy principles and human rights principles into law.

You can read more about privacy, confidentiality and disclosure at:

▶ http://aspirelr.link/law-handbook-privacy-confidentiality

Informed consent

Informed consent is the act of obtaining permission from a person; permission for the disclosure of their information to others with full knowledge of the possible consequences, outcomes and alternative options related to their decision.

In the community services environment, informed consent is strongly associated with decisions made regarding the provision of care, where the person receiving the care knows the risks and benefits associated with that care. It is also associated with the disclosure or sharing of personal information.

If the person is under 18 years of age 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. 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.

When obtaining informed consent it is important for the counsellor to consider whether or not the person has received the information, understood the information, and is capable of making decisions based on that information. If the worker cannot answer yes to those three statements, then provision of that care may breach their workplace legal and ethical requirements.

Informed consent considerations
▶ What information is required?
▶ Is the person under 18 years of age?
▶ Should consent be obtained in writing?
▶ Is the adult capable of making their own healthcare decisions?
▶ Who is responsible for obtaining consent?
▶ How long does consent last and when should it be renewed?
▶ What is the use of decision-making processes?
▶ What is the difference between implied and explicit consent?
▶ What does the counsellor do when consent capabilities of the person are in doubt?
▶ How does the counsellor recognise and enable someone to withdraw consent?

Work health and safety

Everyone has a legal obligation to carry out their work in a manner that maintains the safety of themselves and the people they support. Workers have an obligation to keep themselves and others safe at work and must plan their work with these obligations in mind. Both employers and workers have responsibilities and rights to be safe at work.

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise work health and safety laws that existed across Australian states and territories.

The following table provides the name of the health and safety legislation and the regulator responsible for its implementation in each state and territory. All states and territories follow the model legislation except Victoria and Western Australia. Regulators have the power to prosecute organisations who breach the Act in the particular state or territory. They also produce guidelines and lots of helpful information for employees and employers on workplace health and safety.

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

Duty of care

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment 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. Injury, illness or harm encompasses physical aspects of the person but also psychological harm or injury.

While aspects of work health and safety legislation may vary between states and territories, there are common legislative requirements and obligations under the principle or duty of care. Everyone in the community services environment has the responsibility of duty of care for themselves, the people they care for, visitors and each other.

Here is more information about duty of care.

Duty of care

Duty of care is the obligation a person has to act in a way that would not cause harm to themselves, others or to property.

Counsellors have a duty of care to:

▶ identify, manage and report immediate risks to the person; for example, self-harm

▶ ensure interviews are held in a safe environment and that there is no unreasonable physical or emotional risk for the participants

▶ ensure that people using services are not exposed to unnecessary or unreasonable risk.

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 community worker, supervisor and organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.

Dignity of risk

The rights people have to dignity and choice, upheld in legislation and service standards, also require that duty of care or safety is not used as a reason to limit a person's freedom or personal choice. A support worker's adherence to duty of care and safety must be coupled with the concept of dignity of risk, which means that a person has the right to make their own choices and to take risks.

Safety or reporting issues

Community sector workers, including people providing counselling services, work in a wide variety of settings. While a certain level of risk can be found in any context, community sector work sometimes involves a greater likelihood of encountering people whose issues may affect their behaviour. This may present an increased risk of harm to themselves or others. Organisations are required to have policies and procedures in place (that meet legislative regulations including work health and safety) to guide workers in identifying, assessing and reporting harm.

Consider the following information.

Limitations of the job role

If during the counselling interviews the counsellor identifies a risk of harm, they must immediately report and discuss this with their supervisor. The counsellor needs to be aware of the limitations in their job role in dealing with high-risk behaviour, and their responsibilities to everyone including the person, and to work health and safety practice.

Employer responsibilities

When delivering counselling services, the employer should take reasonable steps to provide an environment that facilitates personal safety. Such steps may include using duress alarms; ensuring other people are present, or nearby if needed; and ensuring alternative avenues of exit. This information should have been explained during the induction program. Always refer to a supervisor for clarification and the organisation's safety policies and procedures.

Record incidents

When harmful behaviour is reported or observed during an interview, the counsellor should make detailed notes, including the wording of any threats, the context in which the behaviour arose, known information about potential victims and then report this to their supervisor. The workplace should have a procedure for reporting and recording such incidents.

Mandatory reporting

Mandatory reporting requirements require that, if during the interviewing process or at any time after, the person communicates their concerns regarding any abuse or neglect, it must be reported to a supervisor or manager. Remember that in such circumstances, duty to report overrides any legal obligations to maintain confidentiality.

Mandatory reporting legislation

Mandatory reporting describes the legislative requirement imposed on certain people to report suspected cases of child abuse and neglect to government authorities. These people interact with children and young people in the course of their work and include doctors, dentists, nurses, midwives, teachers, police officers, counsellors, coordinators of home-based care for children and public servants who deal directly with children. In these cases, the duty to report overrides the legal obligations to maintain confidentiality. Counsellors should inform the person of their legal obligations to comply with mandatory reporting requirements and how this will be done.

In the case of counsellors in the community services sector, it is the supervisor's responsibility to report, but workers must be aware of specific statutory reporting requirements and report their concerns to their supervisor. If the person being counselled communicates concerns regarding any abuse or neglect, then it must be reported to a supervisor or manager. In such circumstances, the duty to report overrides any legal obligations to maintain confidentiality.

Community services organisations are required to have policies, procedures and training in place to guide workers to identify, assess and report harm, to meet state and/or territory legislative requirements.

Mandatory reporting requirements

As a support worker or counsellor, you must be aware of the specific statutory reporting requirements relevant to your area of work and for your state or territory.

Mandatory reporting for suspected abuse or neglect of a child

Each state and territory has their own child protection legislation that contains varying requirements for who is mandated to report child abuse and what type of abuse must be reported. For example, in the Australian Capital Territory, sexual and physical abuse must be reported, but not neglect or emotional abuse. In New South Wales, all forms of abuse, including exposure to family violence, must be reported.

Managers, including both paid workers and volunteers, who supervise those providing direct services to children are mandated to report. Reports are made to the relevant child protection authority in each state or territory and outline who is legally required to report suspected child abuse or neglect.

You can read more about this at the Australian Institute of Family Studies website at:

▶   http://aspirelr.link/mandatory-reporting-child-abuse

Compulsory reporting for providers of residential aged care

Providers of residential aged care must identify, report and respond to allegations of assault in residential aged care. Compulsory reporting requirements involve workers:

▶   reporting incidents involving alleged or suspected reportable assaults to the police and to the Department of Social Services

▶   taking reasonable measures to ensure workers report any suspicions or allegations of reportable assaults to the approved provider, authorised person, the police, or the Department.

The compulsory reporting requirements are one part of an approved provider's responsibilities under the *Aged Care Act 1997* (Cth) to provide a safe and secure environment.

Reporting requirements for disability services providers

Service providers that are funded under the National Disability Agreement are required under their funding arrangements to report key information about their service users on an ongoing basis.

In certain circumstances disability services organisations are required to report on individual plans. With the rollout of the National Disability Insurance Scheme (NDIS) there is provision made for mandatory reporting as a part of registration and standards auditing.

Records management

You have a responsibility to document information gathered in the interview by following the counselling plan and organisational policies and procedures. Information must be collated in an accurate manner to ensure all records adhere to organisational procedures and guidelines. Policies and procedures for maintaining accurate and up-to-date case history notes are based on legislative requirements that direct community organisations to be accountable for the services they provide.

Information must be kept confidential and secure so only share information with the person's consent and only with people who have the authority to view the information such as referrals.

Consider the following summary about information and records management.

Types of information

Depending on the context of the service, individuals may choose to be dealt with anonymously (or by providing a pseudonym) in which case their details will not be subject to privacy laws. If a person does identify themselves, the following will be collected: name, age, sex, contact details, some medical history, their symptoms (if applicable), ethnic background, sexual practice (if applicable), demographic information, language requirements, next of kin or emergency contact details and other items including referral information. This information will be recorded in the organisation's case history record.

Collection methods

Information is usually collected directly from a person when they use the service, when they send an email or letter, or complete an online or hard-copy form. They may sometimes collect personal information from a third party, such as a residential care facility that is managing a person's care, or from family members contacting the organisation on a person's behalf. If someone calls on behalf of a person in need of support, then the caller's name and contact details must be collected and authorised.

Recording information

All consultations within an organisation must be recorded in a manual or electronic database. Any information collected as a result of a person contacting the organisation is considered personal information.

Maintaining records

Organisational processes should be in place to ensure that records of personal information remain accurate, complete and up to date, including by verifying the information with the service user each time they use the services, or from other sources. The records are retained for up to 25 years as is usual with health information.

Using personal information

Personal information is collected, stored, used and disclosed:

▶ for the provision of information on, and supporting access to, relevant support and care services for individuals

▶ for maintenance of a central service-user record to improve service delivery

▶ for management of the aged care system by the Commonwealth government

▶ to assist government departments to provide health services or address issues raised by service users

▶ to match service delivery data with health information for service improvement

▶ for compilation and analysis of statistics relevant to public health and safety

▶ for compliance with legal obligations.

Sharing personal information

Organisations may share relevant information with other health services and/or government agencies in the event of a national or jurisdictional health disaster, in order that an appropriate health response can be provided.

Personal information may also be used to make follow-up calls to service users for feedback on their satisfaction with service delivery if they have previously consented to this.

Disclosing personal information

Personal information will generally not be disclosed to anyone except as described in the organisation's privacy statement, where the service user consents to a particular disclosure, or where the identifying data is removed.

There may be other disclosures where the service user would reasonably expect the disclosure to occur. When information is disclosed to third parties, your organisation should make all reasonable efforts to ensure you disclose only relevant information and that it is accurate, complete and current. This will occur when information is shared for a referral.

Protecting personal information

An organisation will have systems and procedures in place to protect personal information from misuse and loss, and from unauthorised access, modification or disclosure.

Keep recorded information private and secure

Your organisation will also have policies and procedures in place regarding how to maintain the person's privacy and confidentiality when documenting information about the counselling sessions.

Here is some more information.

Privacy and security considerations

▶ Keep the person's records in a locked filing cabinet when not in use.

▶ Protect files and emails with passwords.

▶ Store computer files appropriately.

▶ Limit access to filing cabinets and computer storage facilities to only those who need access to the individual's information as part of their work.

▶ Make sure the person's files are not left out or unattended; for example, in a car or in the lunchroom.

▶ Ensure that the person's documents on a laptop computer are secure.

▶ Avoid sending or receiving the person's information via email or fax as these methods are not secure.

Example

Identify own level of comfort when using counselling techniques

Donna and her 16-year-old daughter Abby-Rose have arrived to talk to Priya, who is a support worker at the local community service. They seem very angry, don't make eye contact or speak to each other and have both been crying. When Priya asks what brings them to counselling, Donna sobs and says she has just found out that Abby-Rose has been having sex with her teacher for the past two years.

Priya is shocked but doesn't show it; she remains calm and non-judgmental as she listens carefully and asks questions to clarify information for the remaining session time. She facilitates and encourages open and honest discussion between Donna and Abby-Rose.

Priya explains the organisation's privacy, confidentiality and disclosure policies but also outlines the legal implications regarding child abuse. Under the mandatory reporting legislation for their state, Priya knows she is legally obligated to report this situation to her supervisor who will then report to the relevant government authorities.

After the first session, Priya feels uncertain of exactly how to proceed. She is unsure whether she has the skills and knowledge to manage this case effectively and is unsure about the most appropriate counselling techniques to use.

Priya's first response is to refer to the organisation's policies and procedures manual for more information about dealing with cases of child abuse. She also discusses the situation with her supervisor who explains their mandatory reporting obligations in more detail and suggests they speak to a specialist in this field. Priya's supervisor also plans to run workshops on this situation so that Priya and her colleagues receive appropriate professional development and training on the topic. Priya also undertakes her own research about mandatory reporting authorities and other support websites.

Practice task 5

1. Give two examples of support resources you could use to increase your level of comfort in using counselling techniques.

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2. Briefly explain what is meant by duty of care in a counselling setting.

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3. Briefly explain what is meant by the terms privacy, confidentiality and disclosure in a counselling setting.

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Click to complete Practice task 5

1F Select the most appropriate counselling therapies for situations

As a community services worker who uses counselling as part of your work, you are expected to be able to apply basic person-centred counselling skills such as active listening, paraphrasing, reflection and summarising, and be able to build a relationship with the individual based on rapport, empathy and respect.

You should also have an understanding of the role of counselling in helping services and the scope of the counselling relationship. That is, you should be familiar with the ethical and professional obligations of the counselling relationship and be aware of your professional limitations.

Agencies and organisations have their own particular method of counselling that they recommend staff use. It is important to adhere to your agency's preferred method as this is the approach they have deemed most suitable for addressing their service-user's concerns. If the agency requires you to use any other models of counselling as part of your role, they need to ensure you have up-to-date training in the particular method and have a suitably qualified professional supervisor to provide support and assistance when required.

The recovery model

The recovery model is used in mental and behavioural health work settings and emphasises and supports a person's potential for recovery. It aims to foster and empower people who experience issues such as mental illness and proposes that people can recover from mental illness and regain a sense of identity that is not defined by their mental illness. This doesn't mean a complete absence of symptoms but instead develops an ability to deal with these symptoms and not be limited by them.

These principles can be applied to behavioural health settings including counselling where people present with emotional, cognitive and psychological issues or substance misuse. Although the individual experiences certain issues and problems, which may be quite serious and long-lasting, with support they are able to manage these issues. For example, a person may have a history of anxiety or depression but with counselling they are able to identify the triggers, implement strategies and manage most of their episodes of anxiety.

Evidence-based practice

You need to be aware of contemporary models and theories applied to changing people's behaviour. Evidence-based practice is a fairly recent approach being formally introduced in 1992. It is often used in nursing and community services and is also useful in counselling.

It encourages practitioners/counsellors to use therapies that have undergone rigorous scientific empirical studies or outcome research. The counsellor then critically applies that therapy (or integrated therapies) to a person's circumstances and preferences.

Current literature describes evidence-based practice in community services work as using current 'best evidence' in making decisions. This involves integrating research evidence with practical expertise and the values and experiences of people receiving services. Evidence-based practice places the person's values, needs and benefits first.

It is the responsibility of the counsellor to remain up-to-date with emerging therapies through their own research. Evidence-based practitioners undertake lifelong learning and continually ask questions that are important to people receiving services; they search objectively and efficiently for current best evidence relevant to each question, and take appropriate action guided by that evidence. An evidence-based practitioner knows what the current best evidence is, uses the best evidence in conjunction with their own individual expertise and with the values and expectations of the person receiving services and is part of a professional culture. This approach includes maintaining professional competency by undertaking continuous professional development; following professional codes of ethics and practice standards; and working within relevant legislation and service standards.

Evidence-based practice for recovery

Empowerment of the person is a key part of the recovery model; a model that refers both to subjective experiences of optimism, empowerment and interpersonal support, and to the creation of positive, recovery-oriented services.

Research data supports optimism about the outcomes for people with mental and behavioural health care needs, when a recovery-based approach is used. One of the most robust findings is that in using this model, a substantial proportion of those with mental and behavioural health issues will regain good social functioning. A growing body of research supports the concept that empowerment is an important component of the recovery process and that user-driven services and a focus on reducing internalised stigma are valuable in empowering the person and improving outcomes. As such, this model is also well-suited to counselling.

Combine evidence-based practice with the recovery model

Research supports combining the tenets of evidence-based practice with the tenets of the recovery model. Offering choice and information about evidence-based interventions as a resource for people to use in their recovery journey, rather than imposing treatments, is a key component of successful recovery models. Qualitative research also suggests that turning points in people's lives are often linked to authentic encounters with mental health workers. There is also research-based evidence that the impact of beliefs about mental illness is another key factor in recovery. Organisational support and commitment is essential to ensure that support moves towards recovery-oriented models and away from clinical diagnosis-driven models.

It is important to remember that people with a mental illness are more than their illness, and changing the focus from treating illness to supporting personhood and engagement in community life can enable people to lead functional, meaningful lives.

The importance of personal recovery experience

There is a growing body of qualitative research that examines people's own personal recovery, their experiences and narratives. This evidence is valuable in supporting the validity and efficacy of the recovery model, and is a crucial resource that can be shared with people making a recovery journey. Information about the journeys of others instils hope, reduces feelings of isolation, offers helpful strategies, and provides role models to follow. For example, when we see well-respected national sports men and women 'taking time out' to deal with depression, anxiety or other personal issues it helps reduce internalised stigma, stereotyping and assumptions about 'in-built failure'. It is no longer seen as a weakness or a taboo subject and individuals will actively seek support.

A national framework for recovery-oriented mental health services: guide for practitioners and providers gives a comprehensive overview of Australian government policy on recovery-oriented models of health care. This guide can be found at: http://aspirelr.link/mental-health-recovery-guide

Conduct research to select the most appropriate therapy

Researchers have developed numerous theories of human development. This has resulted in the development of a wide range of counselling therapies to provide support. Counsellors may need to conduct research by using critical thinking and analysis and use this information to support their counselling practice.

Depending on the personal and psychological issues of the person receiving counselling, research may be required to locate the most appropriate and most current method of support. Research sources may include journal articles, websites and published papers relating to theories or personality and human development. In order to locate the most appropriate and current information, research skills need to be developed.

Deciding on the appropriate approach to a person's counselling needs may not be clear cut. Needs may be complex or not clearly defined and research may be required to clarify what approach or approaches best suit the needs of the person. It is possible that there is no single or absolute correct approach to the situation. In order to locate the information needed to find the best solution, you will need to use skills in critical thinking.

Sources of research information

Information regarding theories of personality and human development can be accessed from a range of sources. It is important to understand the difference between sources of information and how they can be assessed.

Here are some examples of research information sources.

Books

▶ Provide in-depth information

▶ Not as current as journal articles or websites

▶ Can be costly

Journals

▶ Provide information on specific industry or topic

▶ Published regularly

▶ Contain latest research findings

▶ Also known as magazines or periodicals

▶ Subscription costs may apply

Websites

▶ Contain recent information and emerging trends or research results

▶ Information needs to be evaluated carefully for reliability and accuracy

▶ Minimal cost involved but may require subscription

Industry networks

▶ Provide valuable information on current and emerging theories and research

▶ Opportunity to build knowledge of local support services or link with mentors and other practitioners

▶ Provide professional development opportunities, workshops, conferences, discussion forums

▶ Membership fees may apply

A problem-solving approach

A problem-solving approach is multi-faceted. It requires that you explore the social and cultural factors impacting people you support, brainstorm possible solutions, work collaboratively with the individual and other sectors and stakeholders, and then evaluate how well the solutions worked. Once you have analysed the individual's issues, you can look at problem-solving.

When applying a problem-solving approach:

▶ Clarify the person's situation so you have a clear understanding of the issues that confront them and their particular needs.

▶ Explore the situation using a range of techniques (for example, interview, questionnaire, health records).

▶ Consider a range of appropriate options to resolve or improve the issue.

▶ Discuss the options with the person you are supporting and your colleagues.

▶ Adopt the most relevant solution that has the potential to effectively support the person or people.

Decision-making

There are a number of decision-making models, including ethical decision-making processes. One example is the PLUS ethical decision-making model, which includes the steps of identifying the problem plus its alternatives then evaluating the alternatives plus making a decision, implementing it plus evaluating it. The six-step PLUS model is an easy-to-implement approach to making ethical decisions.

In your work, you may often face situations that represent an ethical dilemma. It is important that you take time to recognise the ethical principles involved, treat each situation as unique and seek advice when required.

Steps involved in the decision-making process

1 Reflect on and assess the situation to determine the circumstances and facts.

2 Refer to a code of ethics, establish the ethical principles relevant to the situation and consider the potential harm the situation may cause if not resolved.

3 Examine options for responding to the situation.

4 Consult with others who can provide guidance or specialist advice.

5 Choose a course of action (the most appropriate counselling therapy) based on the information you have gathered and advice you have received.

6 Make sure you can justify your decision based on standards of practice or relevant ethical principles.

Example

Select the most appropriate counselling therapies for situations

Part of Yvette's role is to provide counselling to a range of individuals at the local community health centre. Yvette feels confident she has identified the needs, issues and changes that each individual wants to make in their lives. She has also analysed each individual's developmental status, assessed their readiness for change, established goals and identified potential barriers and co-existing issues.

Her training has given her a good grounding in interpreting information about key counselling theories and therapies. For most of the individuals, the appropriate therapy is evident and Yvette is confident to proceed with implementing these therapies into her counselling sessions.

However, for some individuals with more-complex needs and/or several co-existing issues Yvette decides to carry out research to ensure she implements the best possible counselling therapy into her practice.

Yvette sources information from journal articles, literature reviews and the websites of key industry associations and other reputable sources. She discusses her research with her supervisor who is happy she is taking this evidence-based approach to her practice. He even provides her with more reliable website links and sources of information.

Yvette notes the following research findings:

▶ Methods based on cognitive behaviour therapy, person-centred therapies and family therapy are useful to help individuals identify and change negative patterns of thought and behaviour.

▶ Solution-focused brief therapy can be applied in any context where an individual requires help to identify solutions to problems or issues they are dealing with.

▶ Stages of change and motivational interviewing are commonly used with people experiencing substance misuse, addictive behaviours or other environments where individuals are attempting to break a habit or make changes that are difficult for them.

Yvette views this research as 'refresher training' as it confirms what she already knew. She uses this information to develop an integrated counselling approach that best suits each individual.

Practice task 6

1. Give two examples of how a counsellor should select the most appropriate counselling therapies.

2. Briefly explain what is meant by evidence-based practice with regard to a counselling setting.

3. Give two examples of sources of information that you could use when conducting research on appropriate counselling therapies.

Click to complete Practice task 6

1G Communicate and document details of therapies to be used

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

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

Information provided to the person should include:

▶ the purpose of the agreed counselling therapy

▶ your role in the counselling therapy (clarify your role to avoid misunderstandings)

▶ how you will maintain the person's privacy and confidentiality

▶ the person's right to informed consent and to have complaints dealt with through appropriate channels

▶ expectations of the person; for example, they should ask for clarification or help if they don't understand anything.

Communicate details of therapies

The person doesn't need to know all the history of the therapy type; they just need to understand the key principles that will lead to positive outcomes for them and the strategies that they will use.

However, if the person does want information about the counselling therapies, you could direct them to websites that provide brief, easy-to-read information designed for someone undertaking that therapy type.

The counsellor must communicating information about therapies to a service user.

The counsellor's role is to clearly explain:

▶ that there are many effective approaches to therapy, and no one approach can meet every individual's needs and they are open-minded about other approaches to therapy

▶ what therapy technique/s they plan to use, answer questions about specific techniques and check the person understands

▶ any and all benefits and risks of therapy or a particular treatment or technique to gain informed consent to proceed

▶ the service user's rights and responsibilities

▶ that therapy is always the service user's choice and they can discontinue therapy or choose another therapist if they wish

▶ that the therapist and the person will review the effectiveness of the particular therapy at an agreed point in the course of treatment (usually halfway) and modify, or change the approach if needed

▶ any concerns if the individual discontinues therapy before the therapy has been 'completed'

▶ the role of all parties, the time commitment required and any costs involved.

Provide information to the person

Here are some general tips for providing information about the counselling process to the person.

Show empathy

Show empathy by seeing the situation from the person's point of view and trying to understand their opinions or attitudes. It is not necessary to always agree with them to show empathy. The language you use should demonstrate that you empathise with the person.

Listen

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

Use verbal and nonverbal communication

When using verbal communication to inform people about the counselling, you need to consider the words you use. Don't use technical jargon or negative terms and 'labels'. Always respond in a respectful manner.

The tone, pitch or volume of your voice is also important for good communication. A good guideline is to remember the five Cs. Words should be:

▶ clear – easy to understand

▶ concise – to the point

▶ concrete – specific

▶ correct – factual and accurate

▶ courteous – polite.

When using nonverbal communication, the messages are communicated through body language or how you position parts of your body to communicate. Eye contact helps the flow of communication and shows interest, warmth and concern. A gesture, such as nodding your head, shows the person you are listening and acknowledging what they are saying.

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

Be aware of personal space

Being aware of personal space is important. Always keep some distance between yourself and the person. What the person considers as appropriate personal space may also be influenced by cultural factors.

Prepare for questions

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

Always take the time to answer questions that the person may have about the counselling as this will help avoid any misunderstandings or problems later in the counselling process. Promote conversation with the person regarding any difficulties they may be having. If they feel they can be honest with you about what they are experiencing or feeling, it will help with the counselling process and outcomes. You are not, however, required to answer personal questions. To maintain professional boundaries, it is important to politely but firmly respond to these by saying, for example, 'That question is a personal one, and I am not able to answer it'.

Use language the person understands

When a person is fully informed they feel that they are an active participant in the counselling process and increases the likelihood of a positive result. Counselling terminology can be confusing and it is the counsellor's responsibility to provide this information in a way that the person can understand.

Use the correct terminology with the person but avoid using overly-technical jargon and acronyms. Suitable terminology may include 'alcohol dependency' or 'problems with alcohol'. Language is a powerful tool so do not use terms that have negative connotations or that stereotype a person in a negative way. For example, don't use terms such as 'alcoholic', 'drug addict' or 'junkie' even if the person uses these terms. Act as a positive role-model by using positive, empowering language and encourage the person to use more appropriate, non-judgmental terms when describing their issues.

If there are language or cultural issues, it may be appropriate to use an interpreter service to ensure the person fully understands the communication.

Document in client records

Most organisations have their own procedures for writing case notes or documenting information about individuals. Be aware that terminology may change over time and vary between counselling approaches and organisations. Ensure you use appropriate terminology when making written or verbal reports about a person involved in counselling sessions.

It is important that all recorded information is accurate, clear and objective so that others can read and understand it if necessary. A person's case notes and records can be used to show that an organisation is being responsible for their actions and providing appropriate services. At various times, courts may request documentation to resolve legal matters related to service provision.

Here are general guidelines on documentation.

Accuracy and clarity

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

Objectivity

Write only facts about what is seen, heard or done. Avoid personal opinions and feelings, and illustrate points with factual descriptions of behaviour. If all the facts about a situation are not clear, then make sure this is stated and do not infer that more is known than really is. If 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. Avoid using clichéd or emotive language and slang. Remember that the person may read the report.

Completeness

Reports should only 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 person to ensure accuracy and to make sure the person's records are kept as up-to-date as possible. Date the entry it is written on, indicating in the body of the text if the notes are being written on a date that differs from the appointment date.

Alterations

Any alterations made to your records should be done neatly and initialled. Never change what someone else has written.

Document therapy details

Details of the therapy approach or approaches should be documented in the counselling plan, case management notes and/or the counsellor's notes taken during the counselling sessions. These documents will contain all the information about the person's counselling sessions from initial contact to termination of the counselling process.

The counselling plan is the road map for future counselling sessions. A counselling plan includes information gathered from the initial interview and allows for a list of clearly stated priority goals, along with actions to be taken to achieve those goals.

The counselling plan and initial sessions are vital to build the relationship between the person and counsellor, build trust and motivate the person to continue with future counselling sessions. It provides an outline for the person about what to expect from the counselling process and what therapies will be used to achieve their goals and priorities. Details about the therapy approach or approaches will be outlined under the 'Objectives/Interventions' section of the counselling plan.

The person should also be made aware that goals, priorities and therapy approaches may switch and change or require modification from one appointment to the next to accommodate changing circumstances and resources. Details of discussions from subsequent counselling sessions will be recorded in the person's case management notes.

This information can be used for future counselling sessions to determine whether therapies worked and resulted in positive outcomes, or not and may also be requested and used in a court of law.

The counselling plan template

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

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

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

Confirm the plan

Community services organisations have a variety of forms and documents that adhere to their policies and procedures for case management, and the point at which a person is asked to sign a contract or agreement will vary depending on the service, program or organisation's procedures.

When agreeing on priorities and developing a counselling plan, the person must be fully informed about the plan they are agreeing to. They need to confirm that the goals, priorities and counselling strategies in the plan reflect their needs and that they are prepared to continue working with the counsellor to achieve their goals.

It is the responsibility of the counsellor to check that the person understands what will occur and what the rights and responsibilities are for each party during the process. Consider the following.

Informed consent

Informed consent is an important legal process that helps to ensure individuals understand the reasons behind certain procedures. People need to know what to expect from the process before it takes place. Consent assumes an understanding of the benefits and limitations of the counselling service.

Personal questioning

The person needs to understand that they may be asked personal questions. They can be prepared for these sorts of questions by explaining that they have the right to refuse to answer questions that they consider too personal. Not obtaining this type of information may affect the support that the counsellor can offer, but issues can be revisited in several ways using a variety of different questioning and communication techniques.

Use a checklist

Show the person a copy of a checklist that indicates the information that is required to be provided at the induction or initial interview. A checklist may include specific references to:

▶ how the counselling service works

▶ important information about confidentiality, policies and procedures

▶ an explanation of the purpose and process of the counselling service

▶ expectations about the individual's behaviour

▶ rights and responsibilities of all parties including the person, the counsellor and the service provider/organisation.

Example

Communicate and document details of therapies to be used

Naren is a 27-year-old man who has come to counselling to help relieve his social anxiety. When Naren was nine years old he became separated from his parents during a crowded religious festival in Bangladesh and experienced his first anxiety attack. As a teenager he experienced panic attacks only in large crowds but, now that he has moved to Australia, he reports having panic attacks even in small groups of people. Naren feels his low-level English language skills add to his anxiety but every time he attends an English class he has a panic attack. He reports, 'The worse my panic, the worse my English'. He feels his social anxiety is negatively affecting his personal and professional life and is motivated to change his response to social situations.

In the initial session Lucy, the counsellor spends time building rapport with Naren, provides clear and simple information about the counselling sessions and legal and ethical considerations such as Naren's rights and responsibilities during counselling. Lucy also asks if Naren would consider using an interpreter but he declines. Lucy uses simple statements and nonverbal communication to explain the therapies to be used and to ensure Naren feels comfortable, safe and accepted in the counselling setting.

Lucy carefully explains the aim, nature and course of cognitive behaviour therapy and solutions-focused therapy in terms that Naren understands. She also encourages Naren to ask questions if he is not sure. Lucy documents Naren's background information, goals and needs and primary and secondary issues on his initial counselling plan. She also notes Naren's English language as a co-existing issue. Together they work through the plan and identify actions that Naren can take to address his anxiety. Lucy documents all the information accurately and objectively. Naren reports feeling relieved now he has taken this first step and excited about doing his 'homework activities'.

Practice task 7

1. Give two examples of information that a counsellor should clearly explain to a
    service user when discussing therapies to be used.

2. Counsellors must be careful about the language they use when providing
    information to a service user. Give two examples of what a counsellor should or
    shouldn't do when providing information to the person.

3. Give two examples of general guidelines when documenting information in client records.

Click to complete Practice task 7

Summary

1. A counselling relationship is a helping relationship that uses particular techniques, therapies and structures to help people facilitate change and find solutions to the issues that are troubling them and helping them to become better at helping themselves.

2. The role of the counsellor is to analyse the person's needs, issues and desired changes that they want addressed.

3. Services users may seek support and counselling because of issues such as anxiety, grief and loss, self-esteem, social isolation, pregnancy, parenting and family issues and/or stress management.

4. Some issues may require the counsellor to refer the person to another counsellor or agency to best meet their individual needs.

5. The person's developmental status, willingness or ability to change and any co-existing issues will influence the type of therapy the counsellor uses because different therapies have different applications, benefits and limitations in helping the person to reach their goals.

6. There are several legal and ethical considerations for the delivery of counselling services, including codes of conduct; privacy; confidentiality; duty of care; disclosure and informed consent; work health and safety; anti-discrimination; and mandatory reporting requirements.

7. The counsellor must provide clear and accurate information to the service user in a way that ensures they fully understand the details of therapies to be used.

8. The counsellor should consult with the person to ensure the most appropriate therapies are selected to meet the person's individual needs, issues and preferences.

9. Some agencies will have a preferred therapy approach that they expect their counsellors to apply to their counselling practice. Counsellors should always check with their agency policies and procedures or their supervisor if they do not feel comfortable applying a particular therapy.

10. All relevant information gathered during the counselling sessions must be documented in the person's records and this information must be stored securely.

Learning checkpoint 1
Select counselling therapies

This learning checkpoint allows you to review your skills and knowledge in selecting counselling therapies.

1. What are two characteristics of a person experiencing grief and loss?

2. What are two characteristics of a person experiencing social isolation?

3. What are two characteristics of a person experiencing self-esteem issues?

4. Give two examples of therapies that would be most appropriate for someone experiencing self-esteem issues and explain why.

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5. Briefly explain the historical development of person-centred therapy.

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6. Outline the underpinning concepts and principles involved in person-centred therapy.

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7. Give two examples of key terms used in solution-focused therapy.

8. Briefly describe what is meant by mandatory reporting in a counselling setting.

9. Briefly explain why records management is important in a counselling setting.

10. Explain why a counsellor might use cognitive behaviour therapy for someone experiencing self-esteem issues but solution-focused therapy for someone experiencing social isolation issues.

11. Explain how a counsellor could communicate details of therapies to a person with a vision impairment.

Topic 2

In this topic you will learn how to:

2A Use selected therapies to assist the person

2B Effectively combine techniques from different therapies

2C Use counselling skills in context of each counselling modality and technique

2D Identify indicators of the client's issues requiring referral, and report or refer

Use counselling therapies

There is a wide range of therapies that a counsellor can use and it is important to follow your organisation's policies and procedures regarding using their preferred therapy or therapies if required. Ultimately, it is most important to select a therapy that best meets the individual's history, issues, goals and preferences. To do this, a counsellor may need to combine techniques from different therapies. They should also acknowledge when cases are beyond their expertise, report these situations and be prepared to refer the person to another counsellor or agency as required.

2A Use selected therapies to assist the person

Each counselling technique has been developed around specific theories of human development and/or theoretical approaches to human rights and to meet specific needs or issues. The counsellor's role is to assess a person's needs and goals and to apply a counselling approach that best meets that person's needs, circumstances and preferences. Information about a particular therapy's principles and application provide the counsellor with a structure on which to base their own work practice.

When evaluating and selecting a therapy or therapies to use, always consider the information that has been collected and interpreted at the person's initial counselling assessment. Referring to the assessment and your discussions with the person will provide a clear picture of what their individual needs and circumstances are. The person's own preferences should also be taken into account.

The assessment will have information that reveals individual variables amongst individuals, which may influence your choice of therapy.

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

Use therapies as directed by the agency

Agencies usually have a preferred counselling model and therapies they expect staff to use. This is likely to contain elements of one or more evidence-based counselling methods. Counsellors use particular therapies and techniques and structure the counselling process to facilitate the change that the individual has identified they want to achieve.

As a community services worker, you are not expected to have a detailed knowledge of a particular method, but you should be familiar with different approaches to counselling and have a good understanding of the micro-skills used in counselling; for example, active listening, paraphrasing, reflection of feeling, clarifying, using questions and structuring the counselling process.

Common counselling therapies that may be used in a community services context include cognitive behaviour therapy, person-centred counselling, solution-focused counselling (or solution-focused brief therapy), family therapy, motivational interviewing and/or narrative therapy. Alternative approaches include group therapy, support groups, community support and personal exploration or a blend of therapies to meet the individual's specific needs and goals. Information sources on alternative approaches may include websites, books and articles, brochures and factsheets and industry contacts.

Key therapies used in counselling

There are hundreds of different counselling therapies and approaches. Undertake self-directed research on other models, approaches and therapies that may be used in your workplace.

This topic provides a summary of the principles, application and techniques used for five key counselling therapies used within community services settings.

Cognitive behaviour therapy: principles, application and techniques

Cognitive behaviour therapy (CBT) is based on the premise that psychological problems or issues are caused by distorted thoughts that lead to distressed emotions. Counsellors who use the CBT method support the person to identify, challenge and correct erroneous thinking that produces negative or painful feelings. There is evidence that CBT is especially beneficial to people experiencing depression, anxiety, panic and obsessive-compulsive disorder.

Here is some more information about cognitive behaviour therapy in practice.

Key principles and rules

▶ The relationship between the counsellor and individuals is paramount to ensure successful outcomes.

▶ Emphasis is placed on the present.

▶ Foster collaboration and active participation.

▶ Counselling sessions are structured and aim to be time limited.

▶ The counsellor teaches the individual strategies to counsel and empower themselves

▶ The focus is on problem-solving, achieving defined goals and relapse prevention.

▶ Counselling teaches individuals to identify, evaluate and respond to their dysfunctional thoughts and beliefs.

▶ The individual becomes aware of dysfunctional thinking or behaviour and learns and practises new ways of thinking or behaving to improve functioning.

▶ Use a variety of techniques to change thinking, mood and behaviour.

Key applications

- ▶ Addiction
- ▶ Brain injury and/or intellectual disabilities
- ▶ Depression, anger and stress
- ▶ Eating disorders
- ▶ Generalised anxiety and panic disorders
- ▶ Issues with children and adolescents
- ▶ Obsessive compulsive disorder
- ▶ Phobias
- ▶ Post-traumatic stress disorder
- ▶ Psychotic disorders such as schizophrenia
- ▶ Sexual dysfunction
- ▶ Social anxiety
- ▶ Somatic disorders and stress-related ailments
- ▶ Substance misuse

Technique/method/procedure

- ▶ The counsellor builds rapport to identify the key issues and goals.
- ▶ The counsellor helps the individual to identify and challenge unhelpful, irrational and self-defeating thoughts.
- ▶ Individuals analyse the connections between events, beliefs, thoughts, feelings and subsequent behavioural patterns and actions.
- ▶ Individuals challenge their negative thought patterns and self-references, and critically assess the evidence for and against their thoughts and beliefs.
- ▶ The counsellor gives the person tasks or homework to do between sessions to help them practise their new skills.
- ▶ Homework may include recording thoughts and feelings or testing basic assumptions about themselves.
- ▶ Individuals learn to monitor their emotional responses and triggers, and think and respond in a more realistic and positive way.

Disorders that may be treated with cognitive therapy

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

Eating disorders

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

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

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

Anorexia nervosa is a condition where the individual continues to feel fat, despite being at an unhealthily low weight achieved by severe food restriction, and is unable to recognise that their low body weight is a problem.

Mental health disorders

Mental health disorders include the following:

▶ Mood swings, where a person's mood changes from euphoric to depressed with associated extreme behaviours

▶ Major depression or major depressive disorder, where a person experiences sadness, low self-esteem, moodiness and loss of interest for long periods of time

▶ Schizophrenia

▶ Anxiety

▶ Bipolar disorder, which can also be classified as a psychotic disorder, which is an illness where a person experiences extreme moods; for example, very elevated or very low. Some people may experience both extremes, while others will experience one or the other.

Treatment often includes medication and community support programs.

PTSD

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

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

Phobia

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

Obsessive compulsive disorder

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

Major depressive disorder

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

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

The variety of symptoms include:

▶ extreme sadness, crying or being tearful

▶ interrupted sleep patterns

▶ loss of interest in life and usual activities

▶ inability to concentrate or think clearly.

Treatment includes medication, individual therapy and community support programs.

Schizophrenia

Schizophrenia is a psychotic disorder.

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

The variety of symptoms include:

▶ confused and disordered thinking

▶ delusions

▶ hallucinations, which may be auditory and include hearing voices.

Treatment includes medication and community support programs.

Schizoaffective disorder

Schizoaffective disorder is a psychotic disorder.

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

Symptoms include:

▶ primary symptoms of schizophrenia

▶ symptoms of major depression sometimes

▶ symptoms of a manic episode at times.

Treatment includes medication and community support programs.

Person-centred therapy: principles, application and techniques

Person-centred therapy, as the name suggests, focuses on the person and not the problem. Counsellors who use this therapy believe every person has the natural potential to create the conditions necessary for positive growth and develop personal skills. The person–counsellor relationship encourages the person to freely express any emotions, and accept any negative feelings that may have caused emotional problems.

The counsellor promotes the person's self-esteem and provides information, support and a positive environment so the individual sees themselves as a person with the power and freedom to change. The aim is to increase the individual's independence and to try new experiences, trust in themselves and be willing to continue growing.

Here is some more information about person-centred therapy in practice.

Key principles/rules

▶ The counsellor–person relationship is paramount and based on equality, mutual respect, satisfying conversations and a common focus to help get the individual where they want to be.

▶ The counsellor provides three core conditions: empathy (the ability to view the other person's perspective), unconditional positive regard (warm, positive feelings regardless of the person's behaviour) and congruence (honesty, genuineness and openness).

Key applications

▶ Person-centred therapy is used with individuals, groups and/or families and is used to treat a wide range of people and issues, such as:
  – self-esteem issues
  – depression
  – anxiety
  – social isolation or withdrawal
  – schizophrenia
  – substance misuse disorders
  – cognitive dysfunction
  – personality disorders.

Technique/method/procedure

▶ There are no real techniques other than listening, empathising, understanding and responding to the person.

▶ The individual's self-assessment is of primary importance.

▶ The counsellor's major role is to set the stage so the person is able to do what is necessary for positive growth and change.

▶ Diagnosis and collecting background history is not necessary.

▶ There are no specific stages to the process except the person's own process of change and growth happening at their own pace.

▶ The counsellor should not choose the goals of the individual, but instead help the person define and clarify their own goals.

▶ Growth occurs naturally in a situation with the appropriate conditions to encourage it, and goals are expected to change as the individual progresses through counselling.

CHCCSL006 SELECT AND USE COUNSELLING THERAPIES

Solution-focused therapy: principles, application and techniques

Solution-focused therapy concentrates on what individuals want to achieve through counselling rather than on the problems that made them seek help in the first place. This therapy also focuses on the present and the future rather than the past. The counsellor works with the strengths of an individual by focusing positively on what they do well, setting goals and strategies and making the best use of their resources. It can bring about lasting change precisely because it aims to build solutions instead of solve problems. In summary, if it works, do more of it and if it's not working, try something different.

Here is some more information about solution-focused therapy in practice.

Key principles/rules

▶ Look at the positive side of problems and what works with an emphasis on the future rather than the present or past.
▶ People are highly susceptible and dependent and do want to change for the better; all people are free to make choices and goals are specific, behavioural and obtainable.
▶ The counsellor accepts the individual's view of reality and counselling is collaborative and cooperative.
▶ It is behaviour that causes maladjustment and not the innate qualities of the person.
▶ The individual's narrative determines much about the repeated patterns of dysfunctional behaviour.

There are seven basic philosophies and assumptions:

▶ Change is both constant and certain.
▶ Emphasise what is changeable and possible.
▶ The person must want to change.
▶ The person is the expert and outlines their own goals.
▶ The person has resources and their own strengths to solve and overcome their problems.
▶ Counselling is short-term.
▶ The focus is on the future – history is not essential.

Key applications

▶ Adolescent antisocial behaviour
▶ Anger issues
▶ Behavioural problems
▶ Depression, anxiety and stress
▶ Eating disorders
▶ Insomnia
▶ Interpersonal conflicts
▶ People with communication difficulties
▶ Relationship issues, couples and families with children
▶ Self-esteem
▶ Substance misuse
▶ Suited to fast-paced, modern lifestyles
▶ Used effectively in a variety of settings with a variety of problems and has helped a vast array of people

Technique/method/procedure

▶ Facilitate a respectful relationship where the person can be guided to explore their behaviour and identify ways in which they are already helping themselves.

▶ Ask open-ended and success-focused questions about the individual's story, strengths, resources, exceptions, relationships and self-esteem issues.

▶ Establish specific goals and identify preferred outcomes.

▶ Explore an individual's current resources and future hopes – helping them to look forward and use their own strengths to achieve their goals.

▶ Avoid analysing the problem and don't ask an individual to do something that he/she has not succeeded at before.

A typical counselling session structure involves the following:

▶ Introductions – Build rapport, give hope and explain roles and approach.

▶ Problem talk – What is your reason for coming here? Find out what the person wants from the sessions, identify the problem/s and separate the person from the problem/s.

▶ Miracle question – If a miracle happened and the problem was gone, what would your life look like? This helps people view life differently, takes focus off the cause of their problems and enables them to picture a solution. This amplifies what the individual wants: concrete, behavioural, measurable and realistic terms.

▶ Exceptions – When were things better; what has worked in the past? What do they already do that is successful?

▶ Scaling questions – On a scale of 1 to 10, where are you now? This gives the person perspective and hope.

▶ Goals/feedback – Always set in positive terms.

▶ Compliments/accolades – Identify strengths, the progress and change that is occurring and help them increase that level of change as little changes lead to bigger changes.

▶ Task setting – What next step forward could you take? Build confidence and empowerment, encourage and support change and do what works. This builds an internal locus of control.

Aim for five sessions, 45 minutes per session. Sometimes one session is enough. If there are any improvements after three sessions, increase the gap between sessions as time goes on.

Techniques used in solution-focused therapy

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

Previous solutions

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

Exceptions

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

Focus

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

Compliments

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

Action

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

Miracle question

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

Scaling questions

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

Session break

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

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

Family therapy: principles, application and techniques

Family therapy focuses on changing the way family members interact and improving the functioning of the family as a unit and individuals. Attention is directed to the current problem and factors that maintain it. It is important to intervene and effect change as quickly as possible.

Here is some more information about family therapy in practice.

Key principles/rules

▶ Family relationships are a principal source of mental health and psychopathology for individuals.

▶ Family interaction patterns tend to repeat across generations.

▶ Family health requires a balance of connection and individuation.

▶ Family flexibility is a core trait that prevents family dysfunction.

▶ The triad is the minimum unit for a complex understanding of family interactions.

▶ Individuals' symptoms frequently have meaning within the family's interaction patterns or world view.

▶ Circular causality – Family members are interrelated, not linear.

Key applications

▶ As a support of other psychotherapies and medication

▶ Behavioural and conduct disorders such as hyperactivity

▶ Chronic pain management

▶ Conflict between parents and children

▶ For people with an illness that may be made worse by a dysfunctional family

▶ In any family situation that causes stress, grief, anger or conflict

▶ Interactional and transitional crises in a family's life cycle such as divorce, suicide attempts, dislocation due to war

▶ Marital or financial problems

▶ Obsessive compulsive disorder

▶ Psychological disorders (such as depression, anxiety, schizophrenia, addictions and eating disorders)

▶ Substance misuse

▶ Situations where substance misuse or a mental illness negatively affects the entire family (usually in conjunction with individual counselling or rehabilitation treatment)

Technique/method/procedure

▶ Family-based treatment typically involves five to 20 counselling sessions. The overall duration of counselling ranges from two to six months, decreasing in intensity toward the end of the period of treatment.

▶ Family therapy usually works within family groups but often includes work with people on an individual basis or, when appropriate, individual sessions within a series of family meetings. Family therapy may also include the social networks around families.

▶ Counsellors often encourage the use of 'I' statements to focus on the effect of an action on the speaker rather than on the action itself. Instead of saying, 'You always do (blank)', a family member would say, 'I feel (blank) when you (blank) because (blank)'.

▶ The counsellor supports the family to:

   – examine the family's ability to solve problems and express thoughts and emotions

   – explore family roles, rules and behaviour patterns to identify issues that contribute to conflict – and ways to work through these issues

   – identify the family's strengths, such as caring for one another, and weaknesses, such as difficulty confiding in one another

   – pinpoint any specific challenges and how the family is handling them

   – learn new ways to interact and overcome unhealthy patterns of relating to each other

   – set individual and family goals and work on ways to achieve them.

▶ There are several types of strategies in family therapy that can often be used together:

   – Psycho education – To change any negative and possibly false ideas that family members may have about a situation, such as schizophrenia or substance misuse

   – Behavioural models – To implement positive and negative reinforcement to help family members manage difficult behaviours

   – Systemic models – Considers dysfunctional family relationships often negatively affect an individual's problem such as an illness and therefore improving family relationships will improve symptoms

   – Structural family therapy – Focuses on restoring proper family structure and organisation

   – Post-Milan family therapy – Focuses on communication between family members

   – Solution focused therapy – Focuses on identifying each family member's strengths and then using these strengths to help solve problems

Gestalt therapy: principles, application and techniques

'Gestalt' is derived from the German word for 'organised whole'. Gestalt therapy falls under the category of humanistic psychotherapies. The focus is on the present, not the past. The aim is to increase awareness of and responsibility for a person's own feelings, beliefs and actions. The individual gains self-awareness by analysing their behaviour and body language, and talking about their feelings. This approach often includes acting out scenarios and undertaking dream recall. The objective is to overcome symptoms and enable the person to become fully and creatively alive and to be free from the blocks and unfinished issues.

Here is some more information about Gestalt therapy in practice.

Key principles/rules

- ▶ Concentrates on the whole person and unites mind, body and emotions.
- ▶ Holistic process-oriented approach about contact with others, an active awareness of their feelings or lack of feelings and personal responsiveness and responsibility.
- ▶ People should physically act out important conflicts in their life using role-playing or the 'empty chair' method to deal with blocked emotions or unfinished issues as part of self-healing.
- ▶ The individual is encouraged to become aware of his or her own feelings and behaviours, and their effect upon their environment in the here and now.
- ▶ The counsellor treats the person with utmost respect and provides a balance between support and challenge so the person feels comfortable opening up and acknowledges hidden feelings and areas of resistance.
- ▶ The person is encouraged to experience their emotions, perceptions, behaviours, ideas and memories vividly in the current moment.
- ▶ Everyone has a social responsibility for themselves and others and are encouraged to acknowledge people's differences and take an egalitarian approach to contact with others.

Key applications

- ▶ Addiction behaviours
- ▶ Anxiety
- ▶ Children and adolescents
- ▶ Depression
- ▶ Individual, couples and families
- ▶ Post-traumatic stress disorders
- ▶ Stress management
- ▶ Substance misuse
- ▶ Borderline personality disorder

Technique/method/procedure

▶ The role of the counsellor is to encourage authentic, non-judgmental discussion and have a genuine interest in the person's subjective experiences and needs.

▶ Verbal and nonverbal communication is valued and encouraged.

▶ Gestalt therapy probably has a greater range of formats than any other counselling technique.

▶ It is used for one-on-one counselling but is also used with medium to large groups.

▶ The most powerful techniques involve role-playing.

▶ Individuals can use the 'open chair' technique where they talk to a person they imagine sitting in that chair (sometimes themselves) – it provides a safe environment for them to express themselves.

▶ Individuals can use battacca bats (padded sticks) to safely express anger by hitting chairs or sofas.

▶ Role play, the 'open chair' technique (imagine the person), dialogue, attention to body language.

▶ Other creative forms of expression can include dancing, singing or laughing or discussing dreams.

Techniques used in Gestalt therapy

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

Experimental

The counsellor can set tasks such as role play or homework to promote the person's self-awareness. This will increase the person's confidence in undertaking the task in reality.

Example:
A new teacher is nervous about presenting a topic to her peers. She is asked to practise this in front of the mirror. By focusing on what she needs to do, she builds confidence to complete the task in reality.

Language

▶ Use statements rather than questions.

▶ The person uses 'I ' statements to own the feelings.

▶ Focus is on the present tense rather than the past or future.

▶ Use 'what' and 'how' questions to remain in the present.

Enactment

Having the person explore the two opposing parts of their personality by sitting in different chairs and taking on the part of the personality that is assigned to each chair. This can illuminate the techniques, beliefs and emotions that are present for the person in each situation. It may also take the form of role-playing different parts it is intended as a way of increasing awareness.

Exaggeration

This technique also allows the person to explore two opposing opinions/attitudes.

One part/role demands things go a certain way while the other role/part disobeys.

Dreams

The person is asked to explore their dream and take responsibility for the dream and increase awareness of their thoughts and emotions expressed in the dream.

Fantasy

The use of guided imagery assists the person to imagine what they would do in certain situations or different roles.

The body

To fully understand the experience, the person needs awareness of the body's physical sensations.

Identification – Translating physical signs or nonverbal communication into verbal communication and owning it; for example, when tapping fingers, what message is the body is sending?

Locating emotions in the body – Assisting the person to locate where the body is feeling emotion and becoming more self-aware; for example, tightness in the neck muscles when stressed

Repetition and exaggeration – The nonverbal movements should be exaggerated to assist the person to identify the feelings they are expressing

Confusion

Drawing attention to the person's hesitation that indicates avoidance, blanking out, verbalism and fantasy to create self-awareness.

Confrontation

This technique needs to be applied with sensitivity and empathy, and is used to assist the person to face the issues and have a clear awareness of their reality.

Other therapy techniques

There are several hundred different counselling techniques that can be used to help support an individual. The counsellor's role is to choose the techniques that will provide the best support for the person accessing services.

Here are some examples of other counselling techniques often used in community services settings.

Group therapy

Some individuals may prefer the idea of participating in a group session led by an experienced facilitator. This approach may suit people all dealing with a similar issue; for example, anger management, social anxiety, managing addictions or improving some aspect of health and wellbeing. In this situation, participants have an opportunity to share stories with others who have had similar experiences. An experienced group facilitator, who may be a counsellor or psychologist, can facilitate the process to ensure it is a positive experience for everyone and no-one is left out or discriminated against.

Support groups

Support groups are self-help groups set up by people who want an opportunity to mix with and receive support from those in similar situations to themselves; for example, people dealing with AOD issues, carers of people with disability or mental illness, young mothers or those with a particular condition such as depression. Receiving and giving support to others may appeal to those who value the informal nature of support groups and the ability to connect with others who have the same lived experience. To many people, it may seem like a more natural helping relationship than one-on-one counselling and one that is inherently more equal than a counselling relationship where one person is a professional helper.

Community support

Sometimes a person may benefit more from working with a community worker than having counselling. For example, if they need ongoing practical assistance to learn how to live independently, budget, make appropriate food choices when they go to the supermarket or solve problems, having someone to assist them to make good choices at the time they need to make the choice can be more helpful than just talking about it.

Personal exploration

Some individuals may feel counselling does not offer them the freedom to explore their issues in their own way. They may prefer to do personal research and try a number of alternative approaches such as meditation, writing a journal or other activities than formal counselling.

Exploring alternatives

You can help individuals explore alternatives to the counselling relationship by providing or suggesting information sources and discussing referral options where appropriate.

Information sources may include websites, books, articles, brochures, factsheets and/or contact names.

If the individual wishes to discuss possible alternatives in detail, be open to their thoughts and ideas. You may suggest they try an alternative option such as a support group, but also continue with counselling for a time so they can be sure they can make a choice based on actual experience.

Examples

Use selected therapies to assist the person

Nakea is Samantha and Brian's counsellor and is using family therapy to help them with their increasing domestic disputes and the possibility of a pending separation and/or divorce. Nakea focuses on open communication and for each individual to take responsibility for their actions. She helps Samantha and Brian to identify their strengths and weaknesses, their ability to solve problems and communicate with each other and encourages them to challenge false ideas or perceptions. Nakea also teaches them negotiation skills to improve their communication and interactions and to achieve their goals.

Nora is Luke's counsellor and is using Gestalt therapy to help him address his low self-esteem and stress management issues. Luke is very timid and says he 'holds a lot of pain and anger inside'. Nora focuses on the holistic approach of mind, body and emotions and encourages Luke to voice his emotions through authentic, non-judgmental discussion. Nora provides a balance of supporting and challenging Luke about his emotions and encourages him to open up about all his emotions through verbal and nonverbal expression such as using the 'empty chair' technique, role-playing and battacca bat techniques to express his pain, anger and frustration.

Practice task 8

1. Give two examples of techniques used in cognitive behaviour therapy.

2. Give two examples of principles of cognitive behaviour therapy.

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3. Give two examples of client issues where cognitive behaviour therapy would be most applicable.

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Click to complete Practice task 8

2B Effectively combine techniques from different therapies

Counselling techniques give the counsellor a framework for conducting their work. The framework or structure allows the counsellor to move through different processes and stages as the individual progresses in resolving the issues that are troubling them.

Your agency will have a preferred model of counselling that they expect you to follow. While you may draw on techniques used by different approaches, it is important that you adhere as much as possible to your organisation's preferred approach to enable continuity across the service.
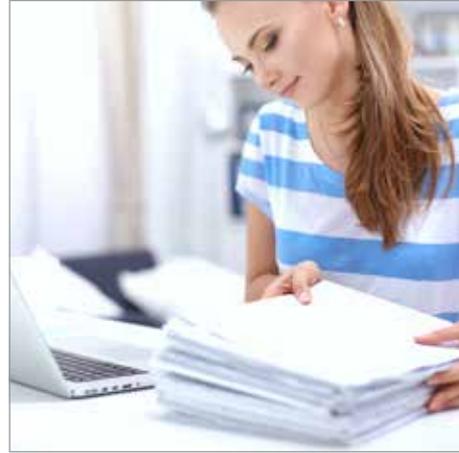
It is likely that your organisation may adopt an integrated approach to counselling that draws on elements from a number of different methods. For example, the basic framework of counselling may be developing a working relationship with the individual based on respect and empathy and using active listening skills as first identified by Roger's person-centred therapy. There may be occasions when you also use solution-focused brief therapy or apply some elements from cognitive behaviour therapy in the work you do.

Combine techniques from different therapies

Sometimes people accessing counselling services may present with more than one need or issue that they want to resolve. In cases where there are co-existing issues, a single therapy approach may not adequately address all issues. Once you and the person have identified, discussed and prioritised their needs and issues, you may need to consider other therapy approaches to provide a holistic approach to treatment. This is known as integrative therapy, or a multi-modal or common factors approach as it integrates strategies and methods from two or more counselling therapies to meet the person's needs.

An integrative therapy approach focuses on combining the therapeutic actions that have been demonstrated as being effective from different therapies. For example, a counsellor may use a person-centred therapy approach to explore issues; psychoanalytic therapy to explore possible reasons or triggers for behaviours; and a behavioural therapy approach to action changes to the person's behaviour.

Counsellors should remain open-minded about the benefits of different therapies and avoid relying on just one or two single therapies. This ensures therapy can be tailored to meet the individual needs and preferences of service users. The single-orientation therapy approach also has its benefits and limitations and you may provide a better service if you combine techniques and processes. Your organisation may also direct you about specific techniques and processes to apply or combine.

Combine therapies to address particular needs

You as the counsellor are likely to use elements from a number of different therapy methods to meet individual's particular needs.

The following is a brief outline of therapies designed to meet particular needs that are created by combining different counselling therapies and methods.

Anxiety disorders therapy

▶ Combines cognitive-based therapy and behavioural therapy in its approach

Couple and family therapy

▶ Cognitive behavioural therapy and insight-orientated approaches

Depression

▶ Cognitive-based therapy (may be rational emotive behavioural therapy or dialectical behaviour therapy) and interpersonal therapy

Panic attacks

▶ Psychotherapy that addresses emotional response to mental illness
▶ CBT assists people to learn to recognise and change thought patterns and behaviours that lead to troublesome feelings and identification of triggers
▶ Relaxation technique training

Dependent personality disorder

▶ Psychotherapy
▶ Assertiveness training
▶ Cognitive behaviour therapy

Obsessive compulsive disorder

▶ Cognitive-based therapy teaches the person to confront their fears and reduce anxiety without performing the ritual behaviours
▶ Includes exposure therapy or exposure and response prevention therapy
▶ Therapy may reduce exaggerated or catastrophic thinking that often occurs

Example

Effectively combine techniques from different therapies

Martine is a 29-year-old woman who has come to counselling because of low self-esteem and anxiety. Jess is the counsellor working with Martine. Jess identifies Martine's major concerns and uses a person-centred approach to assure Martine, build trust and rapport and make her feel comfortable and valued in the initial counselling sessions. Jess provides the three core conditions of empathy, unconditional positive regard and congruence to explore Martine's issues.

Martine soon reveals she has experienced a dysfunctional childhood with a domineering and often abusive mother who constantly criticised and humiliated her. Martine was also bullied for years at school and eventually left in Year 10. Jess draws on her knowledge of psychoanalytic therapy to explore these possible reasons or triggers for Martine's current behaviour and issues.

Jess also incorporates techniques from cognitive behaviour therapy and solution-focused therapy. Jess has noted that Martine regularly refers to herself as dumb, an idiot, stupid, worthless or pointless. Each time this happens, Jess helps Martine to challenge these negative terms and thoughts and to take a more rational view based on her strengths and positive characteristics. Jess teaches Martine how to stop, challenge and assess these negative thoughts to change her reaction to current situations. She also encourages Martine to undertake assertiveness training activities. She helps her plan strategies to deal with situations that trigger negative perceptions and unwanted behaviours.

Practice task 9

1. Give two examples of how different therapies can be combined to address particular needs.

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2. Give two reasons why it may be appropriate to combine techniques and processes from different therapies.

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Click to complete Practice task 9

2C Use counselling skills in context of each counselling modality and technique

Counselling is a highly-skilled profession and you may wonder how you can acquire the skills and knowledge necessary to provide the help an individual needs. It may comfort you to know that research shows that it is the quality of the relationship between individual and counsellor, rather than the techniques used that is the most important requirement of any helping relationship.

Although the relationship you develop with the individual is extremely important, you also need to have the skills and knowledge to put into practice the counselling methods your agency expects you to use. If you feel that your skills, knowledge or experience are not sufficient to apply a particular method or meet a person's particular needs, there are a number of ways that you can address the issue.

Counselling skills

The tools a counsellor works with are the skills and knowledge they bring to the helping relationship.

Basic counselling skills and abilities

▶ Develop a working relationship with individuals based on empathy and rapport.

▶ Use high-level communication and observation skills to analyse behaviour – active listening and responding skills such as paraphrasing, reflection, clarifying and summarising.

▶ Challenge individuals' inconsistencies and defences when appropriate.

▶ Manage your own values and levels of work stress.

▶ Plan counselling sessions and work within a structured framework.

▶ Explain the counselling process and contract with individuals to achieve the outcomes they want.

▶ Help individuals learn and use problem-solving strategies.

▶ Apply the agency's preferred counselling methods and recognise when you need to refer individuals to other service providers.

▶ Record information accurately and reflect on counselling interactions.

▶ Reflect on your own role, involvement and influence in counselling such as responses, emotions, objectivity or bias.

Effective counselling

To use counselling skills effectively, you need some background knowledge about counselling theories and human life stage development. This knowledge provides a foundation for how you apply counselling skills in your particular work role. You must also be familiar with the preferred counselling method of your agency and the ethical responsibilities in providing counselling.

Counsellors have their own ethical standards of practice, with which you need to be familiar. Counselling often involves individuals revealing very personal information. It is particularly important that you protect their privacy and do not do anything that may cause psychological or emotional harm to the individual. All individuals have rights that must be respected and protected. To work effectively in a counselling framework, you need to undertake appropriate training, participate in professional supervision and take opportunities to develop your own skills and knowledge through professional reading, reflection and practice.

Always keep in mind that your primary goal is to address an individual's needs. If you think a person has problems or concerns that you cannot help them with, refer them to an individual or agency that can provide the assistance they require.

Skills for different counselling types

There are many core skills that are common across the different counselling types or therapies. These include interpersonal and communication skills such as building rapport, active listening, body language, tone, asking open-ended and closed questions, paraphrasing, summarising, note-taking, time-management, providing clear information and setting activities. Counselling is a helping approach or humanistic approach that supports the person to identify and explore their issues, think about how they feel and what they think about the problem they have sought help for.

A professional counsellor does not become emotionally involved with the person and neither makes judgements nor offers advice. They simply provide the person with an opportunity to express their feelings and thoughts in a confidential environment. Counsellors support and enable the person to make their own choices and to make effective decisions and changes in the attitude and/or behaviour. Counsellors will also use skills based on their knowledge of specific counselling types or therapies to support the person to address issues and work towards positive changes.

Here is a summary of the key skills used during different counselling therapies.

Cognitive behaviour therapy

▶ The focus is on building rapport, problem-solving, decision-making, achieving goals and relapse prevention.

▶ Communication focuses on collaboration and active participation.

▶ The counsellor teaches the person to counsel and empower themselves.

▶ The counsellor sets homework tasks to help the person practise new skills.

Person-centred therapy

▶ The focus is on empathy, unconditional positive regard and congruence.

▶ The counsellor supports the person to self-assess, counsel and empower themselves.

▶ The counsellor listens, empathises, understands and responds sensitively.

▶ The counsellor provides appropriate conditions for the person to explore and make choices.

Solution-focused therapy

▶ The focus is on the positive side of problems with an emphasis on the future.

▶ The counsellor accepts a person's view of reality, and is collaborative and cooperative.

▶ The counsellor emphasises what is changeable and possible.

▶ The counsellor emphasises the person's current strengths and resources.

Family therapy

▶ The focus is on open communication, responsibility and negotiation to learn skills.

▶ The counsellor identifies a family's strengths and weaknesses and their ability to solve problems and communicate.

▶ The counsellor helps family members to identify and challenge false ideas or perceptions.

▶ The counsellor teaches negotiation skills to improve interactions and meet goals.

Gestalt therapy

▶ The focus is on the holistic approach of mind, body and emotions.

▶ The counsellor provides a balance of support and challenge to the person.

▶ The counsellor encourages authentic, non-judgmental discussion through verbal and nonverbal expression.

▶ The counsellor encourages the person to experience their emotions, open up and express themselves in a dynamic way.

Example

Use counselling skills in context of each counselling modality and technique

Bill is Hanh Luc's counsellor and is using person-centred therapy to help him address his substance misuse issues. Bill focuses on demonstrating empathy, unconditional positive regard and congruence in his sessions with Hanh Luc. He listens carefully and responds sensitively and without bias or judgment and encourages Hanh Luc to explore his issues and make choices about his life and actions.

Stephanie is Naoto's counsellor and is using cognitive behaviour therapy to help him address his depression, anger and stress issues. Stephanie spends time gaining Naoto's trust and building rapport so that he feels comfortable discussing his issues. She helps him learn problem-solving and decision-making skills to achieve his goals and prevent relapse. Stephanie focuses on empowering Naoto and encouraging his active participation in the sessions and practising his new skills.

Juan is Rosie's counsellor and is using solution-focused therapy to help her with her anti-social behaviour and binge drinking. Juan demonstrates that he focuses on the positive side of Rosie's problems, with an emphasis on her future and what is changeable and possible given her current strengths and resources.

Practice task 10

1. Give two examples of core skills that are important to all counselling modalities and techniques.

2. Give two examples of key skills the counsellor uses during cognitive behaviour therapy.

3. Give two examples of key skills the counsellor uses during family therapy.

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Click to complete Practice task 10

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2D Identify indicators of the client's issues requiring referral, and report or refer

Some of the individuals you work with may require referrals to other service providers or agencies. It is important that you know when you need to refer individuals and to make reports to your supervisor and appropriate authorities as necessary. A decision to refer individuals is based on recognising that the individual requires specialist help and an awareness of your own professional limitations, duty-of-care obligations and agency policies and procedures.

You must make a referral when you become aware that an individual has concerns that are better addressed by a specialist service provider or agency. Always seek advice and clarification from your supervisor and/or check your organisation's referral and reporting policies and procedures if you are unsure of what to do.

Referrals

People have the right to make their own decisions about support and can refuse any assistance or referrals offered to them. People have the right to remain in control of their decisions and this can provide them with a sense of empowerment and control over their behaviour. A person is required to make commitments in terms of time, effort and often money to successfully take part in counselling, so they should be made aware of these factors.

You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into a person's past experiences with these or other services and ask them to determine which service they want to be referred to. They should feel that you are available to provide information and support during the time that they access other services, and that the referral is appropriate for their needs. Some counselling services are offered on a regional basis, and only people who live in that region can access those particular treatments or services. Encourage the person to phone ahead to check their eligibility for their chosen program, make an appointment or place themselves on a waiting list if necessary.

Issues that may require referral

The following issues usually require referral.

Child protection issues

Each Australian state and territory has mandatory reporting requirements regarding suspected or actual child abuse and neglect. If you become aware that a child may be being abused or neglected, you are legally obligated to report this to your supervisor in the first instance. Your supervisor must then report this to your state or territory child protection authority.

Have a clear understanding of the indicators of abuse or neglect in children. Visit your state/territory child protection agency website to learn more about your mandatory reporting obligations.

For information and links to state/territory child protection reporting authorities, visit the National Association for Prevention of Child Abuse and Neglect (NAPCAN) at: http://aspirelr.link/napcan-urgent-help

People at risk of self-harm and/or suicide

If an individual tells in counselling that they think about or intend to harm themselves or end their life, you need to take these statements seriously. Ensure the individual has access to specialist support services and help them identify a list of natural supports in the form of family and friends who know how to help them when they are feeling depressed or suicidal.

Appropriate sources of help include:

▶ a mental health service, psychologist or doctor

▶ a support group for people who are at risk of harming themselves

▶ 24-hour crisis telephone hotlines or websites such as Lifeline (https://aspirelr.link/lifeline) or Beyond Blue (https://aspirelr.link/beyondblue).

If the person appears to be at immediate or very high risk of harming themselves and/or they have a plan in place, call an ambulance to have them taken to hospital for their own safety.

For factsheets on preventing suicide, including information about warning signs, visit the Life in mind website at: http://aspirelr.link/suicide-prevention

People at risk of domestic and family violence

People are sometimes reluctant to admit they are experiencing violence in their home or by a relative or partner. Signs that indicate a person may be experiencing domestic or family violence are when they:

▶ seem afraid of their partner or other perpetrator and make references to their bad temper or being controlled

▶ have injuries or bruising, about which they provide unconvincing excuses

▶ dress to conceal injuries; for example, wear long sleeves and high necklines in warm weather

▶ seem isolated and rarely go out without another person

▶ have low self-esteem

▶ are withdrawn or depressed.

Appropriate referrals for someone at risk of or experiencing domestic or family violence include:

- ▶ an emergency accommodation shelter
- ▶ a local specialist service that can provide support, specialised counselling and practical assistance
- ▶ a support group
- ▶ the police or relevant court so the person can apply for a restraining order or Apprehended Violence Order (AVO).

For more information, visit White Ribbon (http://aspirelr.link/white-ribbon-aus), Reach Out (http://aspirelr.link/reach-out-aus) and Domestic Violence Resource Centre Victoria DVRCV (http://aspirelr.link/dvrcv).

Serious mental health issues that require specialist help or clinical assessment

It is important to understand the range of mental health issues people may experience. At counselling, any individual who shows signs of mental distress or disturbance should be referred to a doctor or mental health professional for a clinical assessment.

Always refer individuals who:

- ▶ say they have felt persistently sad or depressed for two weeks or more
- ▶ experience chronic anxiety, panic attacks or other persistent fears and anxieties that make it difficult for them to enjoy their usual activities
- ▶ have extreme mood swings
- ▶ experience delusions and visual or auditory hallucinations
- ▶ start behaving in an atypical or bizarre manner
- ▶ are at risk of harming themselves or others.

Check your agency's guidelines for referrals. Refer a person who shows signs of mental health issues to a doctor to have their general and mental health assessed. The doctor is then in a position to make a referral to an appropriate mental health professional.

Sometimes you may need to call police, an ambulance or a mental health crisis team if the person is showing signs of acute mental illness; for example, if they are highly agitated, aggressive, distressed or threatening to harm themselves or others.

Refer to the mental health legislation in you state or territory for more information about required responses to acute mental illness.

People with chronic addiction or substance misuse issues

People who experience chronic addiction or substance misuse issues require specialist help through alcohol and other drugs (AOD) issues. Most counsellors try to obtain information about the person's AOD use as part of their intake process; for example, the intake form may contain questions about how much and how often individuals use alcohol and other drugs. Individuals may choose not to reveal this information or give inaccurate reports, but if they state they need help in this area or it is apparent that they have a problem, discuss the need for referral with them.

An AOD problem requiring specialist help may include:

- ▶ problem drinking, including binge drinking
- ▶ addiction or inability to control AOD use
- ▶ AOD use that interrupts the usual pattern of life
- ▶ the development of health problems associated with AOD use
- ▶ being involved in crime to support the AOD habit.

If a person feels their AOD use is starting to be a problem, help them by providing a brief counselling intervention. Discuss the person's level of use, assess their level of motivation to change and provide information and resources to help them do this. Where the problem is more serious, refer them to a specialist AOD agency or counsellor.

Follow agency referral policies and procedures

Your agency should provide clear guidelines about when you need to make a referral and keep a list or database of appropriate referral sources. In some cases, you may make a referral to assist the individual to address a particular issue, but also continue working with them on other concerns they may have. Always obtain the individual's consent to make a referral and provide their details to the individual or agency you are referring them to. You must make a referral when you become aware that an individual has concerns that are better addressed by a specialist service provider or agency. Follow your agency's guidelines to ensure you meet your duty-of-care obligations to the individual.

Consider the following.

When referral to other service providers/agencies is necessary

▶ Your agency does not have the resources or expertise to address the individual's problems.

▶ Your agency can only address some of the individual's needs; others must be met by other service providers.

▶ The individual no longer requires your service and is ready to move on to address other issues at other services.

▶ Your service is only funded to provide time-limited services; for example, for six weeks.

▶ The individual has requested that they be referred elsewhere.

▶ Your agency is currently unable to meet the individual's needs because of resource limitations or a lack of vacancies in the program.

Referral procedures

Each agency has their own procedures for making referrals.

Steps in a typical referral procedure

1. Discuss the need for referral with the individual.

2. Provide information about appropriate referral sources and explore options with the person.

3. Help the person make a decision about the service that best meets their needs.

4. Seek the person's permission (signed consent form) to provide their basic details to the new service provider.

5. Contact the chosen service provider to check eligibility requirements and vacancies in their service.

6. Document information according to your organisation's policies and procedures.

7. Give the person contact information of the organisation.

8. Follow up with the person and the referral agency after the first few appointments to check all is going well.

Referrals within your organisation

It is important to understand exactly what services are provided in your organisation and who is responsible for providing them. Your organisation will have guidelines in place to manage the referral process and links to the services it can offer. Work with the advice of a supervisor and always inform the person of their options and reasons for referral. This places the person at the centre of the decision-making. In most organisations referrals are made by appointment, unless the person's needs are urgent.

The best ways to find out about referral information is to:

▶ ask your supervisor

▶ read organisational information provided to service users (brochures, websites, published articles)

▶ talk to work colleagues to find out who is responsible for providing services, and their roles and responsibilities

▶ read the organisation's strategic and/or operational plans

▶ attend and contribute to staff meetings.

Referrals to external organisations

Many organisations, and particularly specialist organisations, may not always have all the resources required to meet the needs of people requiring further support. They may require a referral to a service that is better able to meet their needs.

Organisations will have procedures for referral. Always involve the person in decision-making about the suitability of the service and provide information on waiting periods and costs, etc. Remember, personal information is private and confidential, and the person's consent must be sought for that information to be shared with others.

Consider the following information.

Inform individuals

Informing people about their referral involves:

▶ providing details about the organisation and why you are referring them

▶ explaining what the other organisation will expect from them (for example, if any fees and charges are associated with the referral)

▶ explaining what personal information needs to be provided to the other organisation, including a signed consent form for the sharing of information.

Referrals

Methods for arranging a referral include:

▶ making a telephone call, with you logging details of the referral directly into your organisation's database or onto a paper form – in some cases, the person will be present when this occurs to answer or confirm questions

▶ writing an email or completing an online form

▶ the person attending the new agency or service with a letter or other written document from the referring organisation.

Make referrals

The following are some tips for making referrals.

Tips for making referrals
▶ Keep an up-to-date list or database of service providers and agencies that you may be able to refer individuals to.
▶ Know the hours, eligibility criteria and basic services provided by the services you use on a regular basis.
▶ Develop a good working relationship with people from services you use on a regular basis.
▶ Seek permission from the individual before making a referral and disclosing any information about them.
▶ When making a referral, take into account how easy it is for the individual to get to the agency.
▶ Be prepared to offer another referral if the first one does not work out.
▶ Never criticise other counsellors or the services they represent.
▶ Keep accurate records about all the referrals and follow-up calls you make.
▶ Check with the individual that the referral is meeting their needs.

Reporting procedures

There are certain circumstances in which you are required to make a report to an external agency or authority to protect the individual or other person from harm. Your agency should have clear guidelines on what these circumstances are and who you need to report to. Discuss the matter with your agency manager or senior colleagues first, so everyone is in agreement that a report needs to be made.

In the case of children and young people, you must notify your supervisor who will then notify the child protection authority in your state or territory if you feel a child is at risk of harm.

You may also disclose the individual's personal details to the police or an ambulance service if you think they are at risk of harming themselves or someone else. For example, if a person states that they intend to harm their partner or family and then end their own life, inform the police and any other agencies or authorities working with this person and their family as soon as possible. Make detailed notes about what was said or any other information that may be useful to the police or in a court of law.

Remember that by law and agency policy you are required to keep accurate case notes on all work with individuals accessing counselling services. These case notes ensure accountability and continuity in service provision.
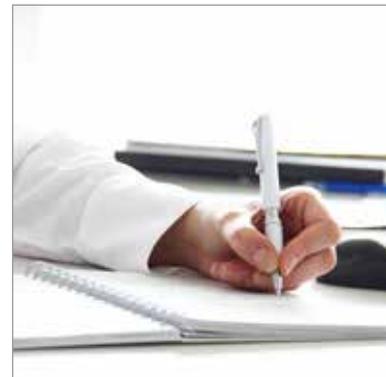
Example

Identify indicators of the client's issues requiring referral and report or refer

Rada is a counsellor currently working with Drew, a young man who has substance misuse issues, depression and anxiety. In one of his counselling sessions, Drew is unusually distressed and tells Rada that he feels overwhelmed, 'has had enough' and is seriously intending to end his life. Rada takes Drew's statements seriously and talks to him about accessing specialist support services and helps him identify a list of natural supports in the form of family and friends who will know how to help him when he is feeling suicidal.

Drew is still adamant he is planning to take his own life so Rada believes he is at immediate and very high risk of harming himself. She gains Drew's consent to call her supervisor into the session. After further discussions Drew acknowledges that he needs urgent help and breaks down sobbing and banging his hands on the table. With Drew's consent, the supervisor calls an ambulance to take Drew to a hospital for his own safety and to undertake a full mental health assessment.

Practice task 11

1. Give two examples of when people with certain issues may be referred to another agency.

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2. Give two examples of issues that are likely to require referral.

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3. What are two steps a counsellor should take when reporting to an external agency or authority?

Click to complete Practice task 11

Summary

1. Counsellors must select the most appropriate therapy or therapies to help the person identify and address their issues and must apply these therapies according to their principles and applications.

2. Counselling techniques give the counsellor a framework for conducting their work. The framework or structure allows the counsellor to move through different processes and stages as the individual progresses in resolving the issues that are troubling them.

3. There is a wide range of therapies and sometimes counsellors may combine or integrate techniques from two or more different therapies to ensure all the person's needs and issues are addressed.

4. Cognitive behaviour therapy is one of the most commonly used therapies in counselling; however, counsellors should remain open-minded about other therapies that may better suit the needs of the individual.

5. Counsellors should remain open-minded about the benefits of different therapies and avoid relying on just one or two single therapies. This ensures therapy can be tailored to meet the individual needs and preferences of service users.

6. There are many core skills that are common across the different counselling types or therapies. These include interpersonal and communication skills such as building rapport, active listening, body language, tone, asking open-ended and closed questions, paraphrasing, summarising, note-taking, time-management, providing clear information and setting activities.

7. A decision to refer an individual is based on recognising that they require specialist help and an awareness of a counsellor's own professional limitations, duty-of-care obligations and agency policies and procedures.

8. You must make a referral when you become aware that an individual has concerns that are better addressed by a specialist service provider or agency. Always seek advice and clarification from your supervisor and/or check your organisation's referral and reporting policies and procedures if you are unsure of what to do.

9. You should provide a choice of referral options and information about intake criteria, waiting times, costs, transport and availability. Inquire into a person's past experiences with these or other services and ask them to determine which service they want to be referred to.

10. Issues requiring referral may include child protection issues, self-harm or suicide risk, domestic or family violence risk, serious mental health issues and/or people who have chronic addiction or substance misuse issues.

11. Always follow your agency's policies and procedures when making referrals and ensure the information is documented and reported to your supervisor as required.

Learning checkpoint 2
Use counselling therapies

This learning checkpoint allows you to review your skills and knowledge in using counselling therapies.

1. Give two examples of techniques used in solution-focused therapy.

2. Give two examples of principles of solution-focused therapy.

3. Give two examples of issues a person may have where solution-focused therapy would be most applicable.

4. Briefly explain how combining two different therapies could address the needs of a person experiencing parenting issues.

5. Give two examples of key skills the counsellor uses during solution-focused therapy.

6. What are two steps a counsellor should take when reporting to an external agency or authority?

Topic 3

In this topic you will learn how to:

3A Evaluate the use of therapies in the context of individual people

3B Review your own role as counsellor and identify areas for improvement

3C Maintain and enhance knowledge of emerging trends in counselling therapies

Evaluate the use of counselling therapies

Developing and implementing counselling therapies to form a support or response plan does not complete the process of behaviour management. It is important that you continually monitor the effectiveness of the therapy or therapies you choose and the impact these have on the ability of the person receiving support to develop and maintain positive responses. Counsellors should also regularly use self-reflection to monitor and evaluate their own role and practice. This type of review will ensure they are meeting industry best practice, are up-to-date with emerging trends in counselling and undertaking professional development as necessary.

3A Evaluate the use of therapies in the context of individual people

It is important that the counselling plan is well-documented and should contain the counselling strategies and techniques being used. The plan should be developed in consultation with the individual and outline the responsibilities of both the counsellor and the individual. The plan should be kept in the individual's case file notes and stored securely in line with the organisation's policies and procedures. This applies both to written documentation and electronic case files. If using video or auditory tapes within a session they also form part of the individual's case notes.

Monitor and evaluate how the use of therapies benefits the individual as part of a practice of continuous improvement. As a counsellor, it is your responsibility to check how well the plan is working and whether the individual's behavioural change is progressing. You then have to decide whether aspects of the plan could be changed to better meet the individual's needs. Any changes need to also be recorded in the counselling plan.

Monitor the person's progress

When evaluating a program the counsellor will look at monitoring all strategies used across the range of plans to ensure that the responses are positive and adaptive.

Here are some guidelines around what needs to be evaluated for monitoring the person's counselling and progress.

Positive responses

A positive response, in the context of providing advanced behavioural support for individuals with behaviours of concern, is the desired outcome as outlined in the behavioural support plan. If the strategies have achieved what they were put in place to achieve in an efficient and effective manner, the individual will show positive behavioural responses.

To ascertain whether the individual has shown positive responses, ask the following:

▶ Has the strategy effectively managed the behaviours of concern?

▶ Do the strategies continue to have the positive impact that was originally observed?

Adaptive responses

Monitoring the effectiveness of strategies involves judging whether the individual has learnt to adapt or change their behaviour as a consequence of the strategies and whether they are maintaining or further developing that changed response.

You also need to assess whether the new behaviour is now so firmly entrenched that the strategies are either no longer necessary (because they have served their purpose) or further development is needed in this area.

Evaluate the use of therapies

The aim of an evaluation is to understand what is working well and what is working not so well, and what might assist in improving progress for the person. The evaluation process involves reviewing the progress made so far and reviewing the person's goals and priorities. This clarification confirms that they are still valid in relation to the issues that have now been identified and agreed to.

It is recommended to review and evaluate the counselling interviews with your supervisor either before they occur of after they have happened – or both, as required. A supervisor can offer advice on other options or actions and perhaps a different approach that may not have been considered. The benefits of evaluating the progress of the counselling interview with a supervisor are that their expertise and experience can benefit the person seeking help through the counselling service. Generally, evaluations should occur on a regular basis with a supervisor.

Modify counselling approach if necessary

While your focus in counselling and behaviour modification plans has been on reducing the incidence and negative impacts of identified behaviours, you also need to maintain the individual's self-esteem wherever possible. This means that strategies need ongoing monitoring to see whether they need modifying to increase the individual's sense of self-esteem.

Modification does not necessarily mean removing a strategy, but it may mean giving the individual a greater role in that strategy or finding ways to make the strategy less intrusive.

Tools used to monitor strategies:

▶ Checklists
▶ Observations
▶ Team meetings
▶ Formal reviews
▶ Discussions with the individual and their family (if appropriate)
▶ Statistical reports
▶ The communication book or journal
▶ The individual's self-assessment

Successful counselling and outcomes

So how will you know if your counselling sessions are successful in meeting the person's needs and they are achieving their goals and outcomes? Ask them. It is important to get feedback from service users so that you can improve your practice.

Here is what successful counselling looks and feels like for a service user.

When counselling is successful, the person:

▶ has insight into their feelings and experiences and feels better outside the counselling sessions

▶ feels happier, calmer, empowered and more hopeful about their future

▶ is resolving their own issues and independently and proactively taking steps to manage situations

▶ is practising and applying skills that they have learnt

▶ is making choices based on their new skills and knowledge towards a healthier emotional state

▶ is more resilient with control over their emotions and feels stronger and better able to express their own needs and desires

▶ is more connected to their own emotions and to the emotions of others and is more forgiving and accepting of other people and situations

▶ is optimistic about their future and has plans or goals for their life that they are working towards

▶ reports that others have noticed a positive change in them and set healthy boundaries with people leading to stronger relationships

▶ feels safe both emotionally and physically, feels valued, competent and significant in their own life and in the lives of others.

Example

Evaluate the use of therapies in the context of individual people

Jerry is a counsellor who has been working with Laneigh to address her anxiety and depression. In her initial counselling sessions, Laneigh identified that she was feeling overwhelmed by pressures at work; she was working very long hours and receiving limited support from her manager who kept changing her work priorities and criticising her work ethic. Laneigh's work stress was also having a negative effect on her relationships with her husband and children. Laneigh says she feels like a failure.

Jerry integrated methods and techniques from person-centred, solution-focused and cognitive behaviour therapies to help Laneigh explore these issues and develop strategies to meet her goals. Jerry also helped Laneigh develop assertiveness skills and stress management techniques.

Jerry evaluates Laneigh's progress and the therapies used in the counselling sessions. Laneigh reports that she feels a lot calmer about her work situation, has become more assertive and taken proactive steps to set clear boundaries with her manager and her family. She says she has used her new skills and knowledge to challenge her negative self-talk, rationally evaluate situations and make choices to manage her reactions and situations based on a healthier emotional state. She feels empowered to deal with any future challenges and enjoys the meditation and yoga that help her manage stressful events. Her family has also noticed that she is happier, calmer and more confident about her life.

Jerry feels confident that the counselling sessions and the therapies employed have been successful.

Practice task 12

1. Why is it important to evaluate therapies and techniques when providing counselling?

2. Give two examples of tools used to monitor and evaluate counselling therapies and techniques.

3. Give two examples of indicators that counselling has been successful.

Click to complete Practice task 12

3B Review your own role as counsellor and identify areas for improvement

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 current with emerging industry trends. The first step is to carefully review your own role as a counsellor and identify areas for improvement.

Reflective practice

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

Benefits of engaging in reflective practice
▶ 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 you 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 supervisors and peers

Models of professional reflection

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

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

Here is an outline of Schön's reflection model.

Reflection in action

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

Reflection on action

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

Self-reflection

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

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

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

Monitor development

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

Develop communication skills

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

Use an appropriate space and format

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

Maintain security of information

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

Make regular entries

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

Reflect on performance

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

Values, beliefs and behaviour

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

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

Values	Values represent personal standards. We learn personal values from our families, social and cultural groups, religious beliefs, school and personal experiences. Values can vary between cultures and societies. For example, you may place high value on personal freedom and individuality; however, in some cultures it is more important, especially for women, to value conformity and duty to others.

Beliefs	Beliefs are based on what people believe to be true; for example, many people have religious beliefs that guide how they live their lives. Individual beliefs are not easily changed, as they provide a basis for a person's understanding of the world. It is important to examine your own beliefs and not assume that what you believe is right and logical or that the beliefs of others are incorrect and irrational.
Behaviour	A person's behaviour is influenced by their values and beliefs. For example, if despite all their training and experience, a community or health worker believes that depression is not really a serious illness, they may intentionally or unintentionally say something or act in a way that is disrespectful, or may cause harm, to a person who has depression.

Recognise limitations

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

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

Areas of limitation
Qualifications Professional qualifications such as food handling, CPR, first aid or team leading related to your chosen area of work
Interpersonal skills Learning to get along with others and build teams and groups that operate effectively and deal easily with change and challenge
Practical skills Hands-on skills such as manual handling, meal assisting, art and craft or running a shared reading or exercise class for various age groups
Study skills Learning how to study is vital if you are to proceed further with training or seek higher qualifications – study skills help you get the most out of studies
Management focus Moving into a management area requires new skills, knowledge and sometimes new qualifications – without these, your management opportunities are limited

Identify areas for future improvement

Personal improvement and job-skill development contribute 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 counsellor's learning.

Strategies for identifying gaps and opportunities:

▶ Audits and self-assessment processes

▶ Formal performance appraisals

▶ Ongoing supervision by managers

▶ Feedback from people who use the service

▶ Feedback from other counsellors

▶ Informal self-reflection

Identify areas of personal development

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

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

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

Consider the following to identify areas of personal development.

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

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

Improvements based on own evaluation

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

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

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

Problem-solving

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

Communication

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

Technical skills

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

People-focused skills

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

Feedback for improvement

Giving and receiving feedback to individuals accessing services, colleagues or supervisors can be challenging, particularly if the feedback is likely to be viewed negatively. There are strategies you can use when giving feedback to increase the likelihood of the recipient taking it constructively and non-defensively.

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 related to

▶ 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.

▶ Determine dates to ensure the situation has been followed up appropriately.

▶ Focus on behaviours and actions rather than personalities.

▶ Speak in a soft tone and choose your words carefully so your message sounds like an attempt to help, not a statement of blame.

Feedback to and from colleagues

Exchanging constructive feedback with colleagues is an important tool for improving personal performance. It encourages open communication between counsellors and helps build a supportive workplace environment. There are many practices and methods that can help counsellors improve their personal performance. These practices help ensure counsellors 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 counsellors to learn from their colleagues 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.

Basic feedback guidelines:

▶ Policies and procedures for counsellors to follow

▶ Ensuring there is a culture of support and cooperation in the workplace

▶ Providing appropriate learning and training opportunities

▶ Ensuring counsellors 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 colleague'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. Counsellors 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 counsellors to consult management and access skill development opportunities are an important part of a continuously improving workplace. Counsellors 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 counsellor and their supervisor.

It is important that counsellors 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 industry or professional associations and groups.

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 colleagues and contacts in other organisations and government departments.

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 counsellors 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.

Training

All counsellors 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.

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

Supervision

Being provided with effective supervision can encourage you to develop your skills and knowledge and become confident and competent in your work roles. Effective supervision is a powerful tool for professional development, as it provides the opportunity to openly evaluate and explore your experiences at work and 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 that team members are undertaking, and can provide appropriate guidance and support.

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

Educate

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

Administrate

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

Support

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

Peer supervision

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

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

Participants benefit from reflecting with their peers, as they often feel less constrained and more able to talk freely than when a direct supervisor is present. They are able to discuss and evaluate situations and performance without fear of being judged or having their comments considered as a poor reflection of their performance in the eyes of their supervisor.

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

Mentoring

Mentoring may occur as a matter of course when a new counsellor joins a team and more-experienced counsellors 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 colleague or someone outside the organisation who can provide guidance and support based on their knowledge and experience. For example, if you work with individuals who have a 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:

▶ provides support and encouragement

▶ fosters personal and professional development

▶ guides workplace learning

▶ provides feedback and advice about particular situations.

Create a self-development plan

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

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

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

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

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 counsellor and their supervisor. The meeting aims to discuss work-related achievements, challenges, changes and developments in the counsellor's role and skills, and then agree on development strategies to achieve new skills.
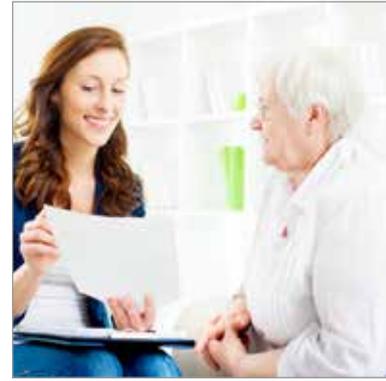
Often the initiation of skill development will require some kind of support or action from your supervisor. This may include funding for skill development courses, allocated work hours for study, work shadowing opportunities or skill development opportunities by acting in a position or completing duties other than your usual ones. However, it is important that counsellors 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 the skill development process

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 counsellor 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 counsellors. For professional recognition, you must keep accurate and up-to-date records of learning plans and any learning you undertake.

Here are some key points about documenting.

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.

Professional portfolio

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

A professional portfolio is the evidence of your skills, achievements and professional experience. You will be able to use your professional portfolio to plan your continuing education and professional development. Portfolios generally come in either a hard-copy (print) or an e-portfolio (online) format.

Here are some reasons why a professional portfolio may be necessary.

Transcripts

▶ Place a copy of all transcripts that you have obtained in your portfolio as evidence of formal learning.

▶ Keep the copy of professional development certificates.

▶ Keep a running sheet of in-service activities that you have attended.

▶ Keep a running sheet of all journal articles you have read.

Self-assessment

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

Reasons for portfolio

▶ Useful for annual reviews

▶ Evidence for applying for grants and awards

▶ Professional development program

▶ Helpful for applying for grants

Presentations

It is good to have examples of work such as submissions and learning tools or presentations that you have developed/presented.

Recognition

Keep a copy of all recognition or feedback from organisations or individuals.

Other

▶ Birth certificate

▶ Passport

▶ Registrations to professional bodies

Example

Review your own role as counsellor and identify areas for improvement

Raul has been a counsellor for 10 years. Raul takes pride is being a life-long learner and keeping up-to-date with emerging trends in counselling practice. He ensures he takes time to reflect on his role as a counsellor and keeps a reflection journal to record his experiences, successes and challenges to identify areas for further training and professional development.

Raul uses his journal for self-evaluation, to promote greater self-awareness, to identify strengths and limitations in his practice and to seek feedback from service users, colleagues and supervisors. Based on this feedback and his own reflection, Raul identifies skills and knowledge gaps, documents these gaps in a self-development plan and proactively seeks professional development opportunities such as training, workshops and mentoring. Raul also carefully documents all his formal performance appraisals and records all his professional development activities.

Practice task 13

1. Give two examples of how a counsellor can benefit from reflecting on their role.

2. Give two examples of how a counsellor can identify areas for future improvement.

3. Give two examples of how a counsellor can improve their skills and knowledge.

Click to complete Practice task 13

3C Maintain and enhance knowledge of emerging trends in counselling therapies

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.

As a counsellor it is important that you maintain and enhance your knowledge of emerging trends about counselling therapies. The goal is to use this knowledge to inform action and to translate this knowledge into counselling practice. It is important that opportunities are identified to keep knowledge current and relevant. Research provides opportunities for evaluation and the review of current practice. It can be a challenge to keep up to date with emerging theories and revised practices.

Identify opportunities to expand knowledge

Lifelong learning is the concept that learning and development takes place over a lifetime. Lifelong learning requires identifying opportunities to learn. In counselling practice, the concepts of continual learning and embracing change to current practice will contribute to ensuring that practice methods are updated and current.

Once opportunities are identified, it is important to use the opportunities to develop your professional skills and widen your knowledge base.

How to identify opportunities to expand knowledge:

▶ Discuss emerging trends with your colleagues, supervisors or mentors.

▶ Form a peer support group with work colleagues for support and resource sharing.

▶ Ask a supervisor or mentor for feedback and evaluation regarding current skills and opportunities for professional development to meet emerging trends.

▶ Access networks that can provide industry contacts to share and exchange knowledge.

▶ Gain membership in a relevant association to access industry standard information, workshops and courses.

▶ Attend conferences to gain information regarding emerging trends in counselling practice.

▶ Gather information regarding learning pathways.

▶ Maintain awareness of and/or research new government policy initiatives.

▶ Conduct research and read industry publications for local, national and international information.

Credible sources of information

Information regarding theories, human development and implementing appropriate counselling therapies can be accessed from a range of sources. It is important to understand the difference between sources of information and how they can be assessed.

Here are some sources where information may be accessed.

Books

Books usually provide in-depth information covering a subject. Books are not as current as journals because they are not published as frequently. They usually contain a bibliography, which contains other information that may be useful. Books may be accessed through a physical library or an online library. Online libraries may have e-books available for download. Depending on which library is accessed, there may be a cost involved for accessing the PDF version of the book.

Journals

Journals are published regularly and will contain the latest research. Other names for journals are 'magazines' or 'periodicals.' Usually journals are industry- or topic-specific and can be accessed by searching a database. For example, a research paper discussing Piaget's theories may be found in journals such as World Applied Sciences Journal 12 (8): 1260-1265, 2011 or in the European Journal of Social Psychology, 36, 407-430.

Websites

Websites may contain recent information regarding emerging trends or recent research results. There are no standards required for publishing information on the web, so the information needs to be evaluated carefully for reliability. An example of a website holding information about Piaget is the Jean Piaget Society: Society for the Study of Knowledge and Development at: http://aspirelr.link/piaget-society

Industry networks

▶ Networks can provide valuable information regarding current and emerging theories of personality and human development. Accessing the networks resources may involve a membership fee.

▶ An example of a network is the Australian Psychological Society at: http://aspirelr.link/aus-psy-membership

▶ Network sites may have information regarding:

– new research

– opportunities to update theoretical knowledge

– members that can provide mentoring

– peers and colleagues with industry experience.

Critical thinking

It is important that you develop and use critical thinking skills to carefully evaluate the reliability and credibility of information sources and the accuracy and impartiality of the information provided.

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

Benefits of developing skills in critical thinking:

▶ Evaluate the reliability and relevance of information sources.

▶ Interpret and understand the importance of the information.

▶ Break down information.

▶ Create a logical argument.

▶ Evaluate the creditability and worth of the position or argument.

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 emerging 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 counsellors address the needs of people from culturally and linguistically diverse (CALD) backgrounds.

Counsellors 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 individuals

▶ 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 counsellors 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 counsellors who are also attempting to provide flexible, person-centred services that promote individual dignity. Counsellors 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 counsellors can benefit from learning to value the experience of individuals and respecting their efforts of self-determination.

The growing complexity of the person's concerns and fragmentation of services

The issues that individuals 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 individuals 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 individuals.

Technology

Technology is continually evolving and bringing changes to the way organisations deliver services and how counsellors participate in professional development. Counsellors 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 individuals.

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.

Increased community awareness and demand for service

Due to increased media coverage of family violence, many people who were not previously aware or were too ashamed or afraid to come forward, are recognising that are experiencing or have experienced family violence. This means that people seek service for a different initial need may also disclose that they require support around their current and/or past experiences of violence. This presents a challenge to all support workers to be able to sensitively elicit further information, and also to have appropriate service referral information on hand, to fully support their clients. Workers may also need additional support from their supervisor in the form of debriefing from the increase in disturbing information imparted to them.

Emerging trends in counselling therapies

Research suggests the following are emerging trends in counselling therapies.

Emerging trends

▶ Therapies to meet specific needs and issues such as youth mental health, multicultural, gay/lesbian/bisexual/transgender issues, bullying, addiction and trauma counselling

▶ Demand for evidence-based therapies, greater accountability from counsellors and push for a collective professional identity and standards and accreditation

▶ Neuroscience research and equipment that is providing greater insight into the strong links between brain function and the effects on behaviour

▶ Therapies that respond to particular developmental needs of older people including issues of isolation, physical deterioration and disability, grief and loss, and death

▶ Brief-term, evidence-based, cognitive behaviour approaches and therapies will dominate mental health care

▶ Increased use of hotline telephone and online therapy delivery: 'counsellor avatar' provides initial advice and refers person to a 'live' counsellor as required

▶ Governments are recognising the importance, impact and cost of providing mental health and wellness and are increasing public education campaigns about holistic wellness

▶ Not enough counsellors to meet growing demand for less expensive, 24-hour access; service users demand more mobile and just-in-time services

Maintain and enhance knowledge of emerging trends in use of counselling therapies

Felicity has been a counsellor at a local community health centre for 22 years. She has seen a lot of changes in the services provided by her agency and in the range and characteristics of service users. Felicity ensures her counselling skills and knowledge are up-to-date with emerging trends by reading journal articles and books on counselling therapies, visiting and/or subscribing to industry associations and other websites, and by attending professional development events such as conferences and workshops. Felicity also regularly meets with other counsellors and supervisors to discuss international and national research, and current issues that may affect people in their local area. For example, Felicity has noticed that she is providing counselling services to more Sudanese clients who are seeking support to deal with trauma-related stress, grief and loss issues, disadvantage and language barriers and the specific challenges of settling in Australia.

Felicity has found it very useful to discuss these issues with other local counsellors as they can share their experiences, resources and exchange information to best meet the specific needs of this cohort. The counsellor network has also met with leaders from the local Sudanese community to develop an information package written in Arabic, Swahili and Dinka languages about mental health issues and the services and resources that Sudanese individuals could access. Felicity knows that forging links with the local Sudanese community will give her access to interpreters if necessary and also help her better understand the Sudanese culture and which counselling therapies may be most beneficial to Sudanese individuals.

Practice task 14

1. Give two examples of how a counsellor can enhance their knowledge of emerging trends in counselling therapies.

2. Give two examples of sources of information that a counsellor could use to enhance their knowledge of trends in counselling therapies.

3. Give two examples of emerging trends in counselling.

Click to complete Practice task 14

Summary

1. Developing and implementing counselling therapies to form a support or response plan does not complete the process of behaviour management. It is important that you continually monitor the effectiveness of the therapy or therapies you choose and the impact the therapy or therapies may have on the individual's ability to develop and maintain positive responses.

2. The aim of an evaluation is to understand what is working well and what is not, and what might assist in improving progress for the person. The evaluation process involves reviewing the progress made so far and reviewing the person's goals and priorities.

3. Counsellors should regularly use self-reflection to monitor and evaluate their own role and practice. This type of review will ensure they are meeting industry best practice, are up-to-date with emerging trends in counselling and undertaking professional development as necessary.

4. 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.

5. 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.

6. Counsellors should only use credible sources of information on counselling therapies and trends. Information sources may include books, journals, websites and industry associations or networks.

7. Develop and use critical thinking or reasoning skills to evaluate the information you access for accuracy, reliability and impartiality.

8. Emerging trends in counselling include a greater focus on people's specific needs regarding cultural diversity; youth and sexual identity cohorts; ageing; the increasing use of technology in counselling; peer and self-help approaches; and risk management in counselling practice.

Learning checkpoint 3
Evaluate the use of counselling therapies

This learning checkpoint allows you to review your skills and knowledge in evaluating the use of counselling therapies.

1. Briefly explain why counsellors should evaluate therapies and techniques in the context of individuals accessing counselling.

2. Why is it important for counsellors to regularly reflect on and review their role?

3. Briefly explain how a counsellor can ensure they use credible sources of information to maintain and enhance their knowledge of emerging trends in counselling.