



# CHCCSL001

Establish and  
confirm the  
counselling  
relationship



# **CHCCSL001**

## **Establish and confirm the counselling relationship**

**Release 1**

**Learner Guide**

Aspire Version 1.1

## CHCCSL001 Establish and confirm the counselling relationship, Release 1

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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



# Before you begin

This Learner Guide is based on the unit of competency *CHCCSL001 Establish and confirm the counselling relationship*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

## 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.

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	These 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.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	

## 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.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> <li>Understanding how documents are presented and being able to navigate through documents</li> <li>Understanding industry- and job-specific terminology</li> <li>Interpreting key information in relevant documents</li> <li>Understanding routine workplace checklists and documentation</li> </ul>
Writing	<ul style="list-style-type: none"> <li>Planning, drafting and writing reports and documents</li> <li>Communicating through written letters, email and online</li> <li>Recording progress; reporting incidents</li> </ul>
Oral communication	<ul style="list-style-type: none"> <li>Clarifying instructions</li> <li>Providing information</li> <li>Supporting others through encouragement, negotiation and conflict resolution</li> <li>Using body language to model desired behaviour and responding to others' body language</li> </ul>
Numeracy	<ul style="list-style-type: none"> <li>Calculating costs, weights, measurements of height and distance</li> <li>Interpreting measurements</li> </ul>
Learning	<ul style="list-style-type: none"> <li>Understanding your job role, organisational procedures and legal responsibilities</li> <li>Managing your work and seeing how well you are going</li> <li>Making goals for yourself at work</li> <li>Seeking professional development opportunities for continuous improvement</li> </ul>
Problem-solving	<ul style="list-style-type: none"> <li>Identifying problems</li> <li>Working out how to fix a problem using problem-solving processes</li> <li>Reviewing the outcome</li> </ul>
Initiative and enterprise	<ul style="list-style-type: none"> <li>Recognising opportunities to develop and apply new ideas</li> <li>Generating ideas by thinking of new ways to do something</li> <li>Making suggestions to improve work</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>Working well with other people by cooperating, collaborating, encouraging and building rapport</li> </ul>
Planning and organising	<ul style="list-style-type: none"> <li>Planning your workload and commitments</li> <li>Implementing tasks</li> <li>Completing work on time</li> <li>Knowing how to deal with hazards and risks</li> </ul>



Foundation skill area	Foundation skill description
Self-management	<ul style="list-style-type: none"> <li>Understanding and applying decision-making processes</li> <li>Reviewing your behaviour and the impact of your decisions</li> </ul>
Technology	<ul style="list-style-type: none"> <li>Efficiently using digitally based technologies and systems correctly and safely</li> <li>Accessing, organising and presenting information</li> <li>Using equipment correctly and safely</li> </ul>

Note: Not every unit of competency will contain all foundation skills.

## 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 outcome	Rate your confidence in each section
Topic 1 Use a structured approach to counselling	1A Analyse existing client information before the counselling session	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Use the initial session to gather additional client information as a foundation for the counselling process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Use communication techniques that support the initial counselling session objectives	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Follow a structured approach to counselling based on client needs and expectations	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Establish the nature of the helping relationship	2A Provide information on the nature of the counselling service	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Clarify and confirm client expectations of the counselling service	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Identify client anxieties about the counselling process and respect their concerns	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Identify and refer issues beyond the scope of your role	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



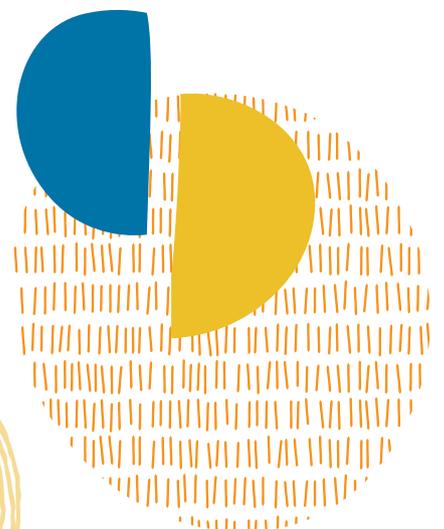
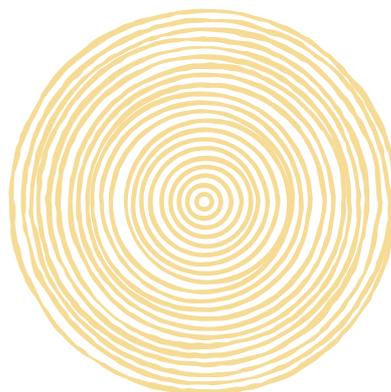
Topic	Key outcome	Rate your confidence in each section
Topic 3 Confirm the helping relationship	3A Explore options according to individual need and agree on priorities for the plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Document an agreement with the client that addresses disclosure and organisation requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





## Topic 1: Use a structured approach to counselling

- 1A Analyse existing client information before the counselling session
- 1B Use the initial session to gather additional client information as a foundation for the counselling process
- 1C Use communication techniques that support the initial counselling session objectives
- 1D Follow a structured approach to counselling based on client needs and expectations



# 1A

## Analyse existing client information before the counselling session

**A counsellor requires a particular set of skills to collect and analyse the information provided by a person to prepare a counselling plan.**

### Counselling

To give or offer advice to a person.

People who seek **counselling** and support come from a wide range of backgrounds and life stages. Their concerns will stem from a variety of personal factors and circumstances, and there may be several aspects of their life for which they are seeking support.

## Analysing existing client information

**Accurate analysis of a case history requires gathering sufficient details to gain a holistic view of the person.**

Information must be collected and interpreted in readiness for the initial counselling or intake session. Case history information may be provided by the organisation or the person themselves (if they self-refer), or the person may be referred by another community sector agency.

### Holistic approach

A way of looking at human needs that suggests we have different types of needs that are all interconnected.

To obtain a comprehensive summary of the person's past and current circumstances, every aspect of their personal history must be reviewed. This includes analysing information about every aspect of their life, including their physical, emotional, psychological, social, economic, environmental and spiritual needs. This is known as the **holistic approach**, meaning that the needs of the 'whole person' are considered.

After reading the case history notes, the broad reasons for the person seeking support should be clearer. The person will provide the reason for seeking counselling – there may be a particular issue or several coexisting issues.

## Collect existing information

Information provided in the person's case history record will include personal details, previous services/strategies used and referral information and may include why the person has been recommended or is seeking counselling services.

**Information provided in a case history report may include:**

- personal details such as name, contact details, age, sex, marital status, family relationships, ethnic background, language requirements and other demographic information
- medical history and symptoms, if applicable
- specific needs such as a physical disability, mental health disorder or cognitive impairment
- reasons for contacting the service
- previous strategies or interventions used
- previous actions taken, such as the use of services and resources (e.g. housing services or parenting programs)
- previous or current issues
- coexisting issues, such as issues with alcohol and other drugs (AOD) or housing
- support networks, such as friends, family or other community support groups
- referral information.

## Referral information

**Referral notes can form the basis of the information used to prepare for the session.**

People may be referred to counselling from within an organisation (e.g. from one area/department to another) or from one service organisation to another. A supervisor, intake worker or manager will have reviewed the case to determine the complexity of the person's needs and the level of expertise required in the counselling and support process. They will then match the person seeking counselling with the skills and knowledge of staff and/or refer to a health professional as required.

Depending on the organisational structure and protocols, a supervisor may meet with the support worker who will be offering the counselling to discuss the case history details before and/or after the initial session. Discussing the needs of the person may lead the counsellor to do some research on local agencies or programs that may be useful resources or supports. To prepare for the session, the support worker may need to find out more about a particular service. For example, they may not be up-to-date on housing options for homeless youth in their area, so they could speak with a housing support worker who specialises in this area of service (without mentioning specific names or cases).



## Handling personal information

**Personal information must remain confidential, and the person must give consent for their information to be shared between organisations.**

### Consent

When a person gives permission or agrees to something.

### Informed consent

Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

**Consent** is usually given for access to information for a particular purpose. In this case the specific professionals receiving the information are named in a document.

Most organisations require that consent be obtained using a specific form. Consent forms may vary in name and format between agencies, but they all require the signed agreement of the person whose information is to be shared. People receiving support have the right to withdraw their informed consent at any time.

**Informed consent** must be voluntary, and the person must be provided with sufficient information to be able to make a decision about consent.

When obtaining consent, the counsellor must consider whether the person has received all of the information, has understood the information and is capable of making decisions based on that information. If the worker cannot answer yes to those three statements, then the person has not given informed consent.

## Example

### Gaining informed consent

Greer works as a counsellor at a service that supports parents and children who have experienced family violence. Greer has a new client, Yasmin, and begins the session by telling Yasmin about the various programs and supports that the organisation provides. Greer invites Yasmin to talk a little about what has prompted her to seek counselling. Yasmin says that she has felt anxious ever since leaving her husband because of family violence. After spending some time listening, Greer asks Yasmin if she is interested in knowing about a therapy that helps address anxiety. Yasmin says that she is willing to hear more, and they discuss her giving consent for her information to be sent to the health provider specialising in this area and how a referral works.

### Privacy

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

## Confidentiality, privacy and disclosure

The *Privacy Act 1988* (Cth) protects all personal information handled by businesses and organisations. States and territories across Australia also have laws that regulate how information is managed by both private and public health systems. Some states have also incorporated information **privacy** and human rights principles into law.



You can read more about privacy, confidentiality and disclosure at: [aspirelr.link/oaic-what-privacy](https://aspirelr.link/oaic-what-privacy)

Maintaining **confidentiality** means respecting the person's right to privacy. This is applied in practice through organisational policies and procedures that describe the actions needed to be taken to protect clients' personal information in terms of privacy, storage and access.

Some organisations require their staff to sign a confidentiality agreement at the time of employment, where they agree not to divulge any information acquired during or after involvement with service users unless legally required to do so.

Confidentiality agreements can be discussed by people seeking counselling in the initial counselling or intake session to confirm the confidentiality and disclosure guidelines of the service.

Organisations holding personal information must take all reasonable steps to safeguard the security of personal case history documents. Access to information should be restricted to the appropriate workers on a need-to-know basis. Files containing personal information must be stored securely, and permission from a manager or supervisor can be required for access. In some circumstances, service users may request that certain information not be shared with particular people such as family members, and it is essential that such a request is recorded in the case notes and consent form or is otherwise noted.

Examples of workplace procedures for handling personal information vary depending on the organisation but may include some of the following:

#### Tips for maintaining the confidentiality of information

- Personal information must be stored safely to prevent unauthorised access, loss, modification, disclosure or other misuse.
- Only authorised personnel should have access to personal information.
- Information read in reports or entrusted to you must not be shared with those who are not entitled to it.
- Be discreet when speaking on the telephone as private conversations are easily overheard.
- Never provide personal information about a service user over the phone or in person without their prior written permission. Many organisations will have a document that clients sign about who they wish to have their information shared with.
- Do not discuss service users with anyone else unless it is in the person's best interests.

#### Confidentiality

The principle of keeping personal information private unless the person consents to sharing the information with other parties.



Tips for maintaining the confidentiality of information
• Take all reasonable steps when transmitting personal information by email, including information using data encryption, to ensure its safety, integrity and confidentiality.
• Ensure that information that is no longer required is returned to the place of origin or disposed of in the correct manner.
• Dispose of confidential information appropriately by shredding it or placing it into a secured recycling bin for appropriate disposal.

## Disclosure of confidential information

There are some instances in which you are permitted to disclose information as part of your duties.

For example, if the person is being referred for medical treatment, the hospital, specialist or doctor needs to know the person’s history, allergies and personal details. The person’s informed consent is still required before you can disclose confidential information to a third party.

Other examples of when to disclose private or confidential information include:

- if compelled by law; for example, if the person has a reportable disease or the information is requested by a court of law
- if a person’s interests require **disclosure** and there is a serious risk that justifies breaching confidentiality; for example, risk of suicide, self-harm or harm to others
- if there is a duty to the public; for example, a public threat or concern
- if the person has consented to the disclosure.

**Disclosure**  
The act of sharing or releasing private or personal information.

<p><b>Video: Ethical privacy requirements</b></p> <p>Watch this video outlining the ethical requirements related to privacy, confidentiality and disclosure: <a href="https://aspirelr.link/yt-young-people-confidentiality">aspirelr.link/yt-young-people-confidentiality</a></p> <p>The video discusses these concepts in relation to youth workers but summarises what can be collected and discusses the sensitivity of some personal information.</p>	
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## Example

### Analyse existing client information prior to commencement of the counselling session

Prisha, a support worker, is preparing to meet a person who has been referred to her service for support. Part of Prisha's role is to provide support to people with disabilities and their families.

Two days before the appointment, Prisha reviews the records that have been sent from a service that specialises in housing support for people with disabilities. Prisha is unfamiliar with the current funding arrangements for housing mentioned in the report, so she speaks to a colleague, who refers her to a website that overviews current funding details. Prisha finds the information she wants on the internet and feels well prepared for the following day's session.

## Practice Task 1

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

### Case study

Jacinta is a support worker in a women's support centre and receives a phone call from a client, Zara, who is experiencing financial and physical abuse by her husband. Zara explains that she fears for her and her daughter's safety because, since losing his job, her husband has started drinking heavily again.

Jacinta asks Zara, who has used the service before, to come in with her daughter for counselling and possible referral to a refuge.



### Question 1

In preparation for the meeting, list six types of information Jacinta might find in Zara's case history report.

### Question 2

Match each term about privacy to its description.

Disclosure	A person's right to be protected from intrusion and to selectively express themselves
Consent	The principle of keeping personal information private unless the person consents to sharing the information with other parties
Privacy	The act of sharing or releasing private or personal information
Confidentiality	When a person gives permission or agrees to something

# 1B

## Use the initial session to gather additional client information as a foundation for the counselling process

### **Legal and ethical responsibilities underpin much of the work in counselling and community services environments.**

The initial session should be used to identify the person's reasons for seeking help and what they would like to achieve from the counselling or support service. The counsellor needs to gather information from the person so they can make informed decisions about the support and services they require. Some of the information revealed may mean that counselling is not appropriate at this time or a referral to a specialist/expert is required, such as if a person is unwell with a mental illness, under the effects of alcohol or other drugs, behaving violently or making threats.

The person receiving counselling must receive information about their legal and ethical rights and how these will be applied during the counselling process.

Workers need to have a working knowledge of the legal and ethical principles and provide services that reflect these principles. Legislative regulations, standards and organisational policies and procedures must be followed during all contact with clients. Policies determine the way in which counselling and other work practices (procedures) are carried out. Staff must be confident in how to apply the organisation's policies and procedures.

### **Duty of care**

Every person working in the community services sector has a duty of care responsibility to themselves, the people they support, visitors and each other.

**Duty of care** requires that individuals and organisations anticipate and act on possible causes of injury and illness that may exist in their work environment or result from their actions.

A worker must do everything they can to remove or minimise possible causes of harm to people they are supporting and other workers. Injury, illness or harm covers the physical aspects of the person, but psychological harm or injury must also be considered. For example, there is a duty of care to ensure that interviews are held in a safe environment and there is no unreasonable physical or emotional risk to the person being supported or to workers conducting the session.

#### **Duty of care**

A moral or legal obligation to ensure the safety and wellbeing of other persons.



Here is more information about duty of care:

Duty of care
Duty of care is a worker’s obligation to act in such a way that will not cause harm to themselves, their co-workers or their clients.
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 counsellor or community services worker, supervisor or organisation to ensure that people using services are not exposed to unnecessary or unreasonable risk.
Dignity of risk
The rights of people 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 <b>dignity of risk</b> , which means that a person has the right to make their own choices and to take risks.

**Dignity of risk**

A person’s right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person’s freedom of personal choice.

## Work health and safety (WHS)

**Wherever you are working, the focus of WHS may be on ensuring that you have safe procedures to follow.**

The *Work Health and Safety Act 2011* was passed by the Commonwealth Government to harmonise workplace health and safety laws across Australia.

WHS laws are based on duty of care principles applied specifically to places of work. This means that everyone in a workplace has a duty and responsibility to contribute to safety. Employers have a duty to provide a safe workplace, while workers have a duty to follow WHS policies and procedures and identify and report safety issues.

You can read more about the Act via the explanatory memorandum at: [aspirelr.link/swa-health-safety-act](https://www.aspirelr.link/swa-health-safety-act)

Depending on how service is delivered, workplaces may be located in:

- the community
- a public place
- the home of the person receiving the service
- a residential facility
- other buildings owned or rented by the organisation providing the service.



There is a legal obligation that all types of work be carried out in a manner that maintains the safety of employees, contractors 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. For example, in the delivery of counselling services, the employer should take reasonable steps to provide an environment that facilitates personal safety such as providing a duress alarm, ensuring other people are present or nearby if needed and ensuring alternative avenues of exit.

## Human rights

### **Workers have a responsibility to ensure the human rights of the person you are supporting are upheld.**

The *Australian Human Rights Commission Act 1986* (formerly called the *Human Rights and Equal Opportunity Commission Act 1986*) was established by the Australian **Human Rights** Commission to ensure the elimination of all forms of intolerance and discrimination based on disability, religion or belief and provide equal opportunity in employment.

Here are some relevant rights, set out in the Universal Declaration of Human Rights, that you should think about when counselling or working with colleagues:

**Human rights**  
Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

#### Relevant rights in the Universal Declaration of Human Rights:

- All people are equal.
- No-one should have their privacy, family or home 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.

In relation to discrimination, Article 7 reads, 'All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination'. Point 2 of Article 23 states, 'Everyone, without discrimination, has the right to equal pay for equal work'.

A foundation document setting out these rights is the 2007 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). This is not a law but an international convention that countries voluntarily ratify and use to guide their own laws. Australia was one of the original signatories.

You can read more at: [aspirelr.link/uncrpd](https://aspirelr.link/uncrpd)



**Video: Human rights**

Watch this video on human rights and list the key points that relate to the delivery of counselling services: [aspirelr.link/yt-human-rights](https://aspirelr.link/yt-human-rights)



## Discrimination

**To discriminate is to treat someone unfairly or favour others.**

**Discrimination**

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

**Discrimination** is never acceptable and is against the law.

Workplaces must promote equality of opportunity for everyone. It is unlawful to discriminate against people based on age, gender, ethnicity, disability or impairment, marital status, sexual preference or political or religious beliefs. Organisations in Australia must comply with a variety of federal and state Acts and national standards aimed at preventing discrimination and fostering equality of opportunity.

National anti-discrimination legislation has a number of aspects, as shown below.

<p><b>Age discrimination</b></p>	<p><b>Age Discrimination Act 2004 (Cth)</b></p> <p>The <i>Age Discrimination Act 2004</i> is especially important to Australia's ageing population. It protects people from being discriminated against because of their age and states that regardless of age, everyone has the same right to equality before the law.</p> <p>The Act also allows appropriate benefits for people of a certain age, particularly younger and older people, according to their circumstances. Objectives of the Act also include removing barriers to older people participating in society and changing negative stereotypes about older people.</p> <p>Exemptions include stipulations regarding youth wages, health care and voluntary work.</p>
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<p><b>Disability discrimination</b></p>	<p><b><i>Disability Discrimination Act 1992 (Cth)</i></b></p> <p>The <i>Disability Discrimination Act 1992</i> gives a definition of disability and prohibits direct or indirect discrimination based on disability. It prohibits discrimination against people with disabilities and those associated with them, such as friends, relatives, carers and co-workers. The Act makes it unlawful to discriminate in the areas of:</p> <ul style="list-style-type: none"> <li>• employment</li> <li>• education</li> <li>• access to public premises</li> <li>• purchase of house and land</li> <li>• provision of goods, services and facilities</li> <li>• administration of Commonwealth Government laws and programs.</li> </ul> <p>Exemptions to the <i>Disability Discrimination Act 1992</i> include when a potential employer would be placed under unjustifiable hardship if employing a person with a disability, although the employer is expected to make reasonable adjustments.</p>
<p><b>Racial discrimination</b></p>	<p><b><i>Racial Discrimination Act 1975 (Cth)</i></b></p> <p>The <i>Racial Discrimination Act 1975</i> covers all of Australia and prohibits racial discrimination and offensive behaviour based on racial hatred. It covers discrimination based on race, colour, descent, nationality or ethnic origin. It also protects those who may be discriminated against based on their association with people of a particular ethnicity. The Act applies to everyone in Australia and to all organisations.</p> <p>The <i>Racial Hatred Act 1995 (Cth)</i> was added to the <i>Racial Discrimination Act</i> in 1995 and provides an avenue for people to complain about racist behaviour that offends, insults, humiliates or intimidates others in public.</p>
<p><b>Sex discrimination</b></p>	<p><b><i>Sex Discrimination Act 1984 (Cth)</i></b></p> <p>The <i>Sex Discrimination Act 1984</i> makes it unlawful to discriminate against someone based on sex, marital status, pregnancy or potential pregnancy. It sets out laws against sexual harassment as well as dismissal from work based on family duties, including pregnancy.</p> <p>According to the Act, it is unlawful to refuse to provide goods or services, education or employment based on a person's sex. The Act also covers discrimination within awards and enterprise bargaining, insurance and superannuation, Commonwealth laws and programs and accommodation.</p> <p>Sexual harassment is also included in the Act because it is a form of discrimination to treat a person unfairly because of their sex.</p>

You can find more information on these Acts at: [aspirelr.link/ahrc-legislation](https://aspirelr.link/ahrc-legislation)

## Codes of conduct

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.

Ethical guidelines and codes of practice affect areas of work such as communication, confidentiality and work role boundaries.

You may find it helpful to think of a code of ethics as setting out broad principles and a code of conduct as a set of more specific rules to follow in your daily work.

Codes of conduct may include sections on:

- standards of professional conduct, such as not receiving gifts from clients for additional services nor meeting with clients to provide support outside of work hours
- obligations to people who receive services, such as providing them with the information they need to make decisions about the services they can receive
- relationships between service providers and when a referral is required
- record keeping and management, including keeping personal information private and obtaining consent before sharing information with others
- complaints, such as providing people with details on how to lodge a complaint and explaining that it will not affect their access to services.

### Code of practice

A document providing practical guidance on how to comply with duties in a workplace.

A **code of practice** is a model for best practice, a foundation for ongoing reflection about how to perform certain services and a guide for working with other community services agencies.

You can read an example of a code of ethics developed by the Australian Community Workers Association at: [aspirelr.link/acwa-code-of-ethics](https://aspirelr.link/acwa-code-of-ethics)

You can read an example of a code of ethics and practice for the Australian Counselling Association at: [aspirelr.link/aca-code-of-ethics](https://aspirelr.link/aca-code-of-ethics)

## Mandatory reporting legislation

### Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

**Mandatory reporting** describes the legislative requirements for specific people to report suspected cases of child abuse and neglect to government authorities.

To meet their legislative responsibilities, community services organisations are required to have policies, procedures and training in place to guide workers to identify, assess and report harm.



People who interact with children and young people as part of their work 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 your work role you may not directly work with children; however, if an adult client discloses child abuse or neglect to you, you have an ethical and moral obligation to report the disclosure to child protection professionals.

Mandatory reporting is not just about protecting children. Older people or people living with a disability are at a higher risk of abuse and neglect. In many cases it is the supervisor’s responsibility to report family violence, but workers need to report any concerns to their supervisor.

Reporting requirements differ for different areas of work and across Australian states and territories. An overview of mandatory reporting can be explained to clients in the first session if applicable.

Service	Reporting requirements
<p><b>Children’s services</b></p>	<p><b>Mandatory reporting for suspected abuse or neglect of a child</b></p> <p>All states and territories have their own child protection laws, which have varying requirements for who is mandated to report child abuse and the type of abuse that must be reported. For example, in the ACT, sexual and physical abuse must be reported but not neglect or emotional abuse. In NSW, all forms of abuse must be reported, including exposure to family violence.</p> <p>Managers, including both paid workers and volunteers, who supervise those providing direct services to children are mandated to report suspected abuse or neglect. Reports are made to the relevant child protection authority in each state or territory.</p> <ul style="list-style-type: none"> <li>You can read more about this at the Australian Institute of Family Studies website at: <a href="https://www.aspirelr.link/mandatory-reporting-child-abuse">aspirelr.link/mandatory-reporting-child-abuse</a></li> </ul>
<p><b>Aged care</b></p>	<p><b>Compulsory reporting for providers of residential aged care</b></p> <p>Providers of residential aged care must identify, report and respond to allegations of assault in residential aged care. Compulsory reporting requirements mean that workers must:</p> <ul style="list-style-type: none"> <li>report incidents involving alleged or suspected reportable assaults to the police and to the Department of Social Services</li> <li>take reasonable measures to report any suspicions or allegations of reportable assaults to the approved provider, authorised person, police or the Department.</li> </ul> <p>Compulsory reporting requirements are one part of an approved provider’s responsibilities under the <i>Aged Care Act 1997</i> (Cth) to provide a safe and secure environment.</p>



Service	Reporting requirements
Disability services	<p><b>Reporting requirements for disability services providers</b></p> <p>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.</p> <p>In certain circumstances disability services organisations are required to report on individual plans. With the future rollout of the National Disability Insurance Scheme (NDIS), there will be a provision for mandatory reporting as a part of registration and standards auditing.</p>

## Example

### Limitations of confidentiality and privacy and mandatory reporting

Franca provides counselling services for people experiencing issues with AOD. Patricia has a history of cocaine use and is attending her first counselling session. She is already receiving some support and treatment from her doctor and psychiatrist to reduce her drug dependence.

During their first meeting, Patricia asks Franca to promise not to disclose anything she tells her. Franca explains the organisation’s confidentiality guidelines and their limitations but assures Patricia that she will try to work with her on any issues that can remain within the organisation. Patricia tells Franca that she believes her partner may be sexually abusing her young sons.

Under state law, Franca is required to report this information to her supervisor, who will report it to the appropriate authorities, and she explains her obligation to Patricia. Patricia becomes very upset but listens as Franca outlines the steps that she will take to help her work through the problem.

## Reporting safety concerns

There may be times when you need to report safety concerns to your supervisor that do not fall under mandatory reporting legislation; for example, if a person poses a risk to you or to themselves. If the counsellor identifies a risk of harm, they must immediately report and discuss this with their supervisor. They must be aware of the limitations of their job role in dealing with high-risk behaviours, their responsibilities to everyone, including the person, and WHS practices.



For example, issues that need to be reported to a supervisor/manager include:

- sudden and unexpected changes in the mood of the client; for example, a client who has been consistently happy with you for many weeks or months and is suddenly very depressed and cannot get out of bed is a considerable safety issue
- where mental health disorders and physical disabilities have become worse or deteriorated; this requires careful monitoring because your client may require a review from their doctor, psychiatrist or psychologist
- sudden and unexpected deterioration of the skills of your client; for example, a client could easily use their cognitive skills to come up with a solution to a problem and now they cannot in the way they did before, or an elderly client could cook a meal safely one week but cannot the following week and are injuring themselves in the process
- children and young people reporting that they do not feel safe around particular people.

Reporting these concerns to your supervisor means that you can both have a professional discussion about how to address the concerns you have for your client. Your client may require more intensive support from you or other professionals to meet their safety needs.

## Example

### Reporting safety concerns

Charlie has been working with Paris in her home, providing her with mental health support. Paris wants to work on the goal of learning to prepare healthy meals because her medication makes her want to overeat. For many weeks, Paris was positive and enthusiastic about the goal and enjoyed cooking different meals with Charlie.

Charlie has not seen Paris for a week, and when she arrives, Paris does not open the door. She calls Paris several times, and eventually Paris answers and opens the door.

Paris looks like she has not showered, and her room is full of junk food wrappers. Paris says she doesn't want to do anything with Charlie today. Charlie respects Paris's wishes and returns to the office. She makes a note of the conversation in Paris's file.

Charlie discusses what occurred with her supervisor, Bev, who refers Charlie to the case notes, indicating that when Paris had a previous depressive episode, she gave the organisation consent to let her doctor, psychologist and mother know.



## Practice Task 2

### Question 1

Give a brief definition of duty of care.

### Question 2

Provide four examples of legal issues that could arise in the provision of support.

### Question 3

List three areas that a code of conduct may address.



#### Question 4

Which of the following legislation relates to the delivery of counselling services?  
Tick all that apply.

- Work Health and Safety Act 2011*
- Working from Home Act 2022*
- Age Discrimination Act 2004*
- Disability Discrimination Act 1992*
- Racial Discrimination Act 1975*
- Firearms Act 1996*

#### Question 5

Which of the following statements are correct regarding your duty of care for workers providing counselling support? Select yes or no for each one.

a. If a client arrives for a counselling session, they have given their consent to have their information shared.	Yes / No
b. State/territory laws regarding mandatory reporting only apply to protecting children from sexual abuse and neglect.	Yes / No
c. Suspicion of abuse, neglect or harm should be reported to your supervisor for further investigation to ensure the safety of your client.	Yes / No
d. The <i>Australian Human Rights Commission Act 1986</i> (Cth) promotes human rights for all people and includes discrimination.	Yes / No

#### Question 6

Briefly outline two situations where the safety of the person may be at risk and that should be reported to a supervisor.

# 1C

## Use communication techniques that support the initial counselling session objectives

**The person should feel they can speak freely in an atmosphere of trust and mutual purpose.**

The likelihood of positive outcomes for the person will be increased if there is a positive relationship and **rapport**.

### Rapport

A close relationship between two entities that promotes mutual understanding.

Part of rapport means that the person can trust that their information, thoughts and feelings are confidential and that the counsellor or support worker can understand what they are saying and feeling. When the person trusts that their concerns will be considered in a non-judgmental and confidential way, they are more likely to want to go deeper about their issues and current situation.

Other conditions that enhance relationship building skills include the following:

<b>Respect</b>
Showing respect means having consideration for the rights and feelings of the person. It means communicating without expectations or judgment.
<b>Genuineness</b>
Genuineness refers to responding to the person as a human being and being comfortable and open about the counselling process without pretence. Being genuine means being authentic and honest in responses while respecting the person's sensitivities and personal issues.
<b>Positive regard</b>
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.

Here are some strategies to use at the beginning of the session:

- Introduce yourself and explain what you like to be called.
- Ask the person how they wish to be addressed and check the pronunciation of their name if you are unsure.
- Invite the person to sit down and direct them to their chair.
- Check that the person is comfortable and ask whether they need anything, such as a drink of water.
- Show respect by addressing the person by name.



- Make small talk while the person gets settled, such as asking whether they got to the meeting okay.
- Invite the person to ask questions at any time.
- Allow plenty of time for the person to answer the questions.

## Effective communication

To communicate effectively you must meet the communication needs of each person. Counsellors can draw on a range of communication techniques to engage the person and encourage them to talk about their issues.

Different communication strategies can elicit different information from people. For example, face-to-face communication, such as in an interview, can still involve variations and different methods of communication, as described in the examples below.

Three types of face-to-face communication	Explanation
Visual	Physical appearance, manner of dress, eye contact, facial expression, body movements, touch and proximity (distance between speakers)
Vocal	Pitch and tone of voice, intonation (where speech rises and falls in pitch and tone), rate of speech, accent and pauses – vocal mannerisms communicate emotion, attitude and more
Verbal	The actual words chosen and spoken

## Nonverbal communication and body language

We communicate a lot of information using our bodies and through other nonverbal means. Research indicates that much, and sometimes most, of our interpersonal communication is done this way.

Identifying and matching a person's communication needs requires good observation skills. One way to assess whether communication is successful is to observe the person's responses, in particular their nonverbal responses and body language. Blank looks, puzzled expressions, muscle tension, looking away, sighing and fidgeting are all clues that an attempt to communicate may not be succeeding.



Here are examples of functions that nonverbal communication can perform.

**Body language and nonverbal communication can:**

- communicate attitudes and feelings
- support the verbal message by repeating or reinforcing it
- replace verbal communication
- regulate the flow of conversation
- contradict the verbal message.

Nonverbal messages often reflect feelings more authentically than do verbal messages. For example, one way to communicate a feeling of safety for the person in the counselling session is to display open, relaxed body language.

Here are other examples:

- **Facial expressions:** the look on your face is often the first thing the client will see, even before they hear what you have to say. While nonverbal communication can be interpreted very differently between cultures, facial expressions for happiness, sadness, anger and fear are similar throughout the world.
- **Gestures** are deliberate actions used as an important way to communicate meaning without words. Common gestures include waving, pointing and using fingers to indicate numeric amounts. Like facial expressions, some gestures can be related to an individual's culture, and a seemingly innocent gesture can be misinterpreted as offensive.
- **Paralinguistics** (e.g. tone of voice, loudness, emphasis, clarity and pitch) are vocal communication separate from actual language.

Here are links to several sites that provide communication tips for communicating with people with different communication needs.

The Queensland Government has published a fact sheet with tips on communicating with hearing impaired clients: [aspirelr.link/working-with-hearing-impaired](https://aspirelr.link/working-with-hearing-impaired)

Vision Australia has created tips for communicating effectively with visually impaired clients: [aspirelr.link/communicating-effectively](https://aspirelr.link/communicating-effectively)



## Types of questioning

There are two main types of questions to use depending on the type of response that you require:

### Open questions

Open-ended questions require an explanatory answer rather than a 'yes' or 'no' response. They are designed to encourage the responder to give a full, detailed expression of their knowledge and feelings on the subject matter. Open questions should be used to gather information and give the speaker the opportunity to fill in any missing details.

Examples:

- "John, how would you like me to do this?"
- "Sarah, can you explain what is happening?"
- "Please tell me more about what is happening."
- "Why do you think you feel that way?"

### Closed questions

Sometimes the people you support may have limited ability to communicate beyond single-step responses. Asking a series of closed yes/no questions may help clarify what the person wants and needs.

For example:

- "It looks like that makes you sad; is that right?"
- "Would you like to talk about that or not?"
- "Are you uncomfortable?"

### Probing questions

Probing questions ask for additional details or information. They can help provide a deeper understanding of something the person has said.

For example:

- "Can you tell me a bit more about...?"
- "Please explain what you mean when you say..."

Sometimes, the depth of questioning during a counselling interview may appear overly personal to the person, who may be reluctant to provide the depth of detail because the questioning may not seem relevant to their current issues.

The person must not feel like they are being interrogated. Some questions may be postponed until future sessions when the individual feels more comfortable. The counsellor can explain to the person that they may ask about the rationale behind certain questions or decline to answer questions in the first session if they feel too uncomfortable.



## Reflect feelings

Identifying, acknowledging and reflecting feelings are important basic skills. This means reflecting to the person the essence of the information that was communicated. It is learning to choose the most important details of the conversation that focus on the person’s feelings and emotions, not the words they have used. Reflecting feelings demonstrates empathy because it shows the person that you understand how they are feeling.

There are several related skills and techniques, including the following:

The importance of using ‘feeling’ words
<p>Some feelings are expressed verbally using words that indicate particular feelings; for example:</p> <p>“I do enjoy my job. I get a lot of fun from things outside work, too. I love being busy – I really get a buzz out of it. But when I am home alone, I get very tense and uptight”.</p>
Interpret the overall content
<p>Some people have difficulty expressing emotions openly and publicly, so it is sometimes necessary to look for clues in the general content of what a person is saying; for example:</p> <p>“That guy really led me down the garden path. I spent hours writing my CV, and he called me back for a second interview; he practically offered me the job. Then I find out he had already given it to Fred! He was just going through the motions with me, and now he won’t even return my calls!”.</p> <p>There is no direct verbal expression of feelings, but it would be fair to assume this person is feeling angry, hurt and poorly treated.</p> <p>You can offer an observation that reflects both the content and the feeling; for example, “That sounds frustrating; it sounds like that made you annoyed”.</p>
Observe body language
<p>Observing and interpreting body language supplements the information we receive from verbal messages and often gives a more accurate reading of feelings.</p>
Empathise
<p>To empathise means to put yourself in the other person’s place and to use your imagination and ask yourself how you would feel. However, remember not to assume that your responses to a situation are the only correct ones, and avoid imposing your own feelings on the other person.</p>

## Paraphrasing

Paraphrasing is clarifying information by explaining it back to the person in your own words. The information you paraphrase comes from what the person has said but also includes your own interpretation, without changing the meaning of what was said.



When the person hears this, they can comment or confirm whether the counsellor has correctly understood what they said and meant. This is a useful tool to reduce misunderstanding as well as express empathy and genuine interest in what the speaker is saying.

Phrases that can be used to paraphrase information and understanding include the following.

Clarifying phrases include the following:

- "Do you mean...?"
- "Let me see if I understand..."
- "Correct me if I am wrong..."
- "As I hear it..."
- "From your point of view..."
- "I wonder if..."

## Summarising

Summarising is a form of reflective listening where the listener condenses the main points of the communication to ensure they have not missed any important information. This technique can be used to ensure information is interpreted accurately and also to close off one topic and lead into the next.

A summary of a session is a brief statement of the lengthier information taken from the session. It includes taking note of the key information as well as the person's verbal and nonverbal communication and restating them. It is also a way of checking the accuracy of the information, where you repeat to the person, in a few words, the overall ideas raised in the exchange. This is usually the final step that confirms to the person that you understand what they are communicating. They can also tell you if you have not summarised what they have tried to communicate correctly.

### Video: Basic Counselling Skills – Encouraging, Paraphrasing, Summarising

Watch the following video on paraphrasing and summarising: [aspirelr.link/yt-para-summ](https://aspirelr.link/yt-para-summ)





## Example Summarising

Blair works as a counsellor for an organisation that specialises in helping people with disabilities and mental health issues. Blair sees Toby, who has been recently diagnosed with multiple sclerosis. Toby outlines to Blair how devastating it was to receive his diagnosis. The session ends, and Blair summarises the session for Toby: “Toby, thank you for coming in to see me today and sharing your experience about your diagnosis. It really sounds like it took you by surprise, despite you having had symptoms for a long time. It’s great to hear that you have the support of your partner, family and friends and that your work is helping you with reasonable adjustments for you to keep working”.

## Reframing

Through reframing, the person is encouraged to perceive their experience in a more positive light. The worker encourages this shift by offering the person alternative ways of viewing their experience. This strategy neither changes the facts of a situation, nor does it trivialise the pain the person may be experiencing. For example, a person who is upset about having to move away from home is likely to focus on the loss of their support network and the familiarity of their community. The counsellor, while acknowledging the person’s loss, could reframe the event to be perceived as an opportunity to experience new places, people and things – or an opportunity for growth.

Reframing encourages the person to view life situations from an alternative frame of reference. People take meaning from how they perceive things from their beliefs and values. Reframing requires the person to look at an issue another way.

Examples of reframing could be to identify:

- a problem as an opportunity
- a weakness as a strength
- an impossibility as a possibility
- unkindness as lack of understanding
- the potential of a solution that has not been considered.



## Example

### Use communication techniques to support the initial counselling session

#### Use summarising and body language to enhance communication

Rachel is having a counselling session with Mrs Rogers.

Mrs Rogers says to Rachel, "It's just so terrible to lose your memory, and I hate not being able to remember what certain words are or where I left the paper."

Rachel actively listens by rephrasing what Mrs Rogers said: "Yes, it must be very frustrating to forget things."

Rachel made sure she used neutral words in her response, leaned slightly forward to show that she was listening intently and used a tone of voice that encouraged Mrs Rogers to fully express her thoughts and feelings.

#### Select the appropriate communication techniques

Jonathon is recovering from brain surgery. As a result of the surgery, Jonathon has limited ability to communicate beyond single-step responses. Amelia is a support worker who is providing Jonathon with emotional support. She understands that Jonathon finds it difficult to communicate his needs, so she takes extra time and asks closed questions to help clarify the messages he is trying to get across.

Jonathon is pointing at the table in the interview room. Rather than guessing what he wants, Amelia asks:

"Do you want to move closer to the table?"

"No."

"Do you want something on the table?"

"Yes."

"Would you like a drink of water?"

"Yes."

By clarifying the meaning of Jonathon's gesture, Amelia can provide exactly what Jonathon wants.



## Practice Task 3

### Question 1

Give two examples of how body language can be used to ensure a message has been understood by the receiver.

### Question 2

List three statements to use to ensure that you have understood/heard the client's message clearly.

**Question 3**

Which of the following statements related to effective communication strategies are correct? Select yes or no for each one.

a. Reflecting feelings is choosing the most important feelings and emotions from the details of the conversation, which is similar to paraphrasing.	Yes / No
b. An open-ended question is one that requires an explanatory answer rather than a 'Yes' or 'No' response.	Yes / No
c. Closed questions are the easiest way to get a full understanding of the client's feelings.	Yes / No
d. Paraphrasing does not change the meaning of what was said.	Yes / No
e. Summarising is a way of checking the accuracy of the information, where you repeat to the person, in a few words, the overall ideas raised in the exchange.	Yes / No
f. Reframing could be defined as changing the facts of a situation.	Yes / No

# 1D

## Follow a structured approach to counselling based on client needs and expectations

**Prior to the initial session, contact needs to be initiated and appointment session times confirmed. This task may be performed by an intake worker depending on the procedure used in the organisation.**

An initial phone contact requires the person calling to introduce themselves and the organisation they represent. They should outline the reason for the call and negotiate a suitable time to meet. Any questions the person may have about arrangements can be answered now. Other details can be provided in the initial contact, such as:

- duration of the appointment
- cost
- location for the session, including information on parking or public transport as required.

### Arrange the counselling space

Once an appointment is confirmed, the space or room needs to be booked. This may be a designated space used for counselling sessions or a room that is available.

Here are some other things to consider:

#### Privacy

The space needs to be private. It should not be possible for anyone to overhear what is said. If you are familiar with the space, think about whether or not it is quiet and free from interruptions. Use an 'Interview in progress' sign on the door to make sure you are not interrupted during the interview.

#### Seating

Where possible, sit in reasonably close proximity to the person. If there are safety risks, consider positioning yourself close to the door. Make sure there are no barriers between you and the person; for example, a large desk between you may intimidate the person. Make sure the chairs are the same height, so you do not look down on the person.

Chairs should also be positioned to ensure eye contact can be made comfortably. There should be enough room for several people to sit comfortably, which is important in cases when the person requires a support person present, such as an interpreter, another advocate or a family member.



### Recording the session

Notes need to be taken of the session. Your supervisor can give you guidance on the accepted practice of how and when to take notes. A clipboard or notepad can be used and balanced on your lap if a small table is not available. Alternatively, and with the person's permission, you may choose to record the session and write up the case notes after the person has left.

Visit the following website to learn about what to do prior to the first session: [aspirelr.link/good-therapy-navigating-intake](https://aspirelr.link/good-therapy-navigating-intake)

## Special needs

In preparation for the initial counselling interview, the person's special needs should have been identified. This may relate to physical access to the building or the need for an interpreter or assistive technologies where communication support is required.

**Assistive technologies**, also referred to as communication and assistive technologies, may include speech-generating devices, mobile devices with specialised applications such as text-to-speech software, touchscreens, headsticks, magnifiers, closed captions and adapted pencil grips.

During the initial interview, the counsellor/support worker may observe or identify 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, therapeutic and educational needs. Some examples include the following:

#### Special needs may include:

- chronic illness or medical conditions, such as asthma, diabetes, arthritis or epilepsy
- intellectual disability
- physical disability
- mental illness, including anxiety, depression or other severe mental health disorders
- sensory disability, including visual or hearing loss
- speech and language disorders
- developmental disorders, including autism spectrum disorder or developmental delay
- educational needs, such as gifted and talented children or children with learning disabilities/difficulties.

#### Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.



A person’s special needs and personal situation can influence their communication. Here are some important factors that may act as barriers to communicating with a person with special needs:

Impairment	Effective communication strategies
Visual impairment	<ul style="list-style-type: none"><li>• Greet the person and ensure you identify yourself.</li><li>• 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”.</li><li>• Always announce when a conversation is over and when you are leaving.</li><li>• The person may be more alert to spoken messages and use of touch.</li></ul>
Hearing impairment	<ul style="list-style-type: none"><li>• Face the person directly and speak clearly and slowly using a natural tone.</li><li>• Check the person is wearing their hearing aids (if applicable) and that they are in working order.</li><li>• Use written communication when appropriate.</li><li>• Provide actions and visual cues when appropriate.</li><li>• Raise your voice when necessary, but never shout because this can distort sound.</li></ul>
Speech impairment	<p>Speech impairments may be due to a physical disability such as a stroke, an acquired brain injury, cerebral palsy or a congenital disorder. A speech impairment such as stuttering may also be due to an emotional or psychological disturbance.</p> <p>Strategies to address speech impairments:</p> <ul style="list-style-type: none"><li>• When speaking to someone who has difficulty speaking, it is important to take an encouraging and non-corrective approach.</li><li>• Be patient and allow time for reflection and confirmation of the person’s message.</li><li>• Never pretend to understand if you do not. Instead, repeat questions and break them down into short questions.</li><li>• Pay careful attention to body language and reactions to help your understanding.</li><li>• Do not attempt to complete the verbal communication.</li><li>• Use clarification and paraphrasing to ensure understanding of the verbal message.</li><li>• Attempt to use any communication devices the client may have, such as a communication book, picture book or iPad.</li></ul>



Impairment	Effective communication strategies
<p><b>Mental health disorders</b></p>	<p>Mental health disorders include depression, anxiety, psychotic disorders, mood disorders and other conditions that affect how a person regulates their emotions, socialises and works.</p> <p>Strategies to address mental health issues:</p> <ul style="list-style-type: none"> <li>• Watch the person’s body language and make sure they feel safe, comfortable and unhurried in their attempt to communicate with you.</li> <li>• Ask the person how they are and tailor your time with them accordingly.</li> <li>• Do not use <b>pathologising</b> language with the client. For example, “You are so OCD”, or “You have ADHD because you cannot sit still”.</li> <li>• You do not have the qualifications to diagnose mental health disorders, so never offer what may be considered a diagnosis because this is highly unethical. Always refer clients to a doctor, psychologist or psychiatrist for clinical assessment and treatment of mental health issues.</li> </ul>
<p><b>Mobility impairment</b></p>	<p>When communicating 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.</p> <p>Offer the person a seat, sit in a way that matches their body language, and talk to them at eye level.</p> <p>Ensure you meet in a space that can accommodate clients’ wheelchairs, walkers, walking sticks, etc.</p>
<p><b>Behavioural barriers</b></p>	<p>A person’s behaviour may be influenced by medications, drugs, mental illness, stress or cognitive impairments. Sometimes, a person’s behaviour will negatively affect their ability to comprehend information and make important health-related decisions.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• A person living with dementia may forget important health instructions.</li> <li>• A person living with autism may not understand the context of the health information provided to them.</li> <li>• A person who is very stressed may not be able to focus or process and retain information due to competing demands for their attention.</li> </ul> <p>Other behavioural barriers can be the presence of challenging behaviours or behaviours of concern. An organisation should have policies and procedures that address behaviours of concern from clients.</p>

**Pathologising**  
 Attributing what may be normal behaviour to a mental health disorder.



Impairment	Effective communication strategies
<b>Physical barriers</b>	<p>People who rely on communication aids such as 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.</p> <p>Strategies to address physical barriers:</p> <ul style="list-style-type: none"><li>• Use pictures to represent words or an electronic device that speaks for them.</li><li>• Select an accessible location for a person with limited mobility.</li><li>• Include a carer, interpreter or support person in the discussion.</li></ul>
<b>Language or cultural barriers</b>	<p>Australia has a diverse multicultural community, and many people accessing health and community services speak English as a second language.</p> <p>Sometimes a person may have functional English but be unable to understand the complexity of health or community services information. Some cultures have rules around the use of eye contact, communicating with someone older than yourself, communication between men and women and the need to facilitate communication within a family or community.</p> <p>Strategies to address language or cultural barriers:</p> <ul style="list-style-type: none"><li>• Use an interpreter or direct the person to a member of staff who can communicate in their preferred language, if appropriate.</li><li>• Explain clearly – avoid using terminology or jargon.</li><li>• Learn a few words of the person’s first language.</li><li>• Use pictures to convey meaning.</li><li>• Prepare information in the person’s preferred language.</li><li>• Be up front about what you do not know and ask them to educate you about their culture.</li><li>• Find out what language is appropriate for you to use with them.</li><li>• Invite family members or cultural workers or leaders to attend sessions with clients if they feel that can support their needs.</li></ul>



Impairment	Effective communication strategies
<p><b>Psychological barriers</b></p>	<p>A person may be challenged emotionally and unable to 'hear' or understand what you are saying. It may be necessary to postpone the interview to another time, or you may need to focus on a different topic until they are ready to face the issue.</p> <p>Strategies to address psychological barriers:</p> <ul style="list-style-type: none"> <li>• Reassure a person who is sad, angry, upset, confused or fearful of the results of discussions.</li> <li>• Give the person time to adjust.</li> <li>• Speak slowly and clearly.</li> <li>• Arrange to have someone attend with them as a support person.</li> <li>• Check on the person's wellbeing following discussions.</li> <li>• Tell the individual to let you know if they need a break or end the session before the end of the set time.</li> <li>• Spend more time listening to the issue as opposed to talking or attempting to 'fix' the issue.</li> </ul>
<p><b>Environmental barriers</b></p>	<p>The place you choose to hold the counselling session may not be ideal because it is inaccessible or uncomfortable or it has background noise, distractions, other people, flickering lights or excessive heating or cooling.</p> <p>Strategies to address environmental barriers:</p> <ul style="list-style-type: none"> <li>• Survey the environment before beginning to communicate and think about what factors may affect communication.</li> <li>• Ask the person if a specific factor is a problem for them and find a location that is more appropriate.</li> </ul>
<p><b>Age-related Issues</b></p>	<p>Age-related issues that can cause a breakdown in communication include but are not limited to:</p> <ul style="list-style-type: none"> <li>• hearing impairments</li> <li>• visual impairments</li> <li>• memory loss</li> <li>• loss/lack of ability to read</li> <li>• loss/lack of comprehension.</li> </ul> <p>It is also important to be aware of misunderstanding and prejudice. Many younger/older people feel patronised and disrespected by the way others communicate with them; therefore:</p> <ul style="list-style-type: none"> <li>• avoid pet names such as 'darling' and 'dear'</li> <li>• present information in a clear, concise way</li> <li>• present the available options and allow the person to make choices</li> <li>• do not patronise the client.</li> </ul>



Impairment	Effective communication strategies
<b>Health-related issues</b>	<p>A person's health can influence their ability to convey or receive information or affect the relevance and meaning of the messages they are receiving.</p> <p>Consider the following health-related communication factors:</p> <ul style="list-style-type: none"><li>• Is the person on any medications that can cause altered cognition, drowsiness and/or confusion?</li><li>• Does the condition affect the person more at a certain time of day?</li><li>• How quickly does the person fatigue from interactions?</li></ul>
<b>Cognitive impairment</b>	<p>Cognitive impairments may be congenital (present at birth) (e.g. intellectual disabilities or genetic conditions such as Fragile X syndrome or Down syndrome), acquired (e.g. an acquired brain injury that occurred after birth) or developmental (e.g. autism). Clients with cognitive impairments may have difficulties with managing emotions, socialising, planning, learning, organising, remembering and working.</p> <p>It is important to remember that people with cognitive impairments will not necessarily be able to tell you what they need or that they do not understand.</p> <p>Strategies to assist clients with cognitive impairments:</p> <ul style="list-style-type: none"><li>• Write details down so they have a written record to which they can refer.</li><li>• Offer strategies to manage emotions if applicable.</li><li>• Use simple words, not heavy terminology.</li><li>• Break strategies down into simple steps/tasks.</li></ul>
<b>Trauma barriers</b>	<p>Many clients have experienced trauma. This may be from a single event such as a car accident or from ongoing trauma such as child abuse or neglect, family violence or abusive relationships with different people. They may have a diagnosis of post-traumatic stress disorder (PTSD) or complex PTSD, or they may experience issues with stress and anxiety. These clients may struggle with managing emotions, anxiety and stress, have nightmares and flashbacks, display a range of signs of trauma and/or have relationship difficulties.</p> <p>Strategies to assist clients who have experienced trauma:</p> <ul style="list-style-type: none"><li>• Never force them to disclose the details of the trauma because this can cause emotional and psychological harm and potentially retraumatise them.</li><li>• If a client discloses trauma, use active listening strategies to understand them.</li><li>• Refer them to a doctor, psychologist or psychiatrist if their symptoms are severe and they are not coping well. Clients with severe trauma symptoms often need a combination of medication and psychological treatment to assist with managing symptoms.</li></ul>



## Goal setting and priorities

Clarifying goals may mean prioritising and categorising them into those that the person can achieve in the short term and those that can be achieved in the long term. With clear priorities, the person is more likely to be motivated to work towards achieving their goals. Also, when goals are clearly stated and priority decisions made, both the counsellor or support worker and the client have a better understanding of what needs to be accomplished. It is also a good way to recognise progress through the achievement of goals.

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

To help clarify and refine goals, the SMART acronym can be useful. It can be used as a guide to ensure goals are clear, detailed and tangible.

<b><u>S</u>pecific</b>	Objectives should be clear and precise: Who, what, where and when?
<b><u>M</u>easurable</b>	Objectives should be quantifiable: How many, how much?
<b><u>A</u>chievable</b>	Objectives should be achievable: How will you accomplish it? What steps need to be taken to accomplish the objective?
<b><u>R</u>ealistic</b>	Objectives should be practical: Is there the budget to do this? Is there enough time to do this? Do you (or your team) have the knowledge and skills to do this?
<b><u>T</u>ime bound</b>	Objectives should have a deadline: What needs to be achieved and by when?

Articulating a personal goal means identifying what things could look like in the future or the changes required to achieve a goal. Some goals can be achieved in the short term, while other goals may be more long term. Prioritising goals means placing goals in some sort of order and a possible time frame.

The end result is that the person has identified an outcome they can work towards, and, with the help of the counsellor, they can set actions in place to help them achieve that outcome. In other words, what do they need to do to meet that defined goal?

This is done with consideration of the individual needs and objectives of the person and considers the resources available to meet those goals. The person is in the best position to understand 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.

## Observations of the client's requirements

Useful information about a person's emotional, physical and psychological state can come from careful, accurate observations.

A person's emotional and physical needs are important to their wellbeing. Your observations of a person's behaviour can help you decide whether to seek advice or determine if someone is in an unsafe position. By observing a person's body language, appearance and other cues, you may gain some insights into their requirements, and these can be suggested to the person as required.

While it is important to look for all the verbal and nonverbal signs during the initial interview, avoid making assumptions, labelling the person's behaviours or making judgments based on your own values.

Information can be added to the person's profile and can provide further information about how best to help them.

## Involvement of other agencies 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 the counselling environment when expert intervention would better suit the needs of the client. It is important to recognise these situations and seek assistance from a supervisor regarding the suitability and process for referral according to organisational procedures.

The person may be referred to another area within the same organisation or to another organisation. The person should always be consulted and provided an explanation of why a referral is required.

### Example

#### Refer to an appropriate professional

Tenshi works as a counsellor for a service that supports families. Today she is seeing Aarush, a single father who is finding it difficult to care for his toddler. Aarush explains that he is not coping with the grief of losing his wife or having to look after his toddler without any support. Aarush outlines a range of trauma symptoms that he is finding particularly distressing. Tenshi explains that it would be a good idea for him to be seen by the organisation's clinical psychologist, Dr Linda, for a clinical assessment. Tenshi explains that she can still see him for counselling while he sees the clinical psychologist. They both go out to the reception desk and make a time to see Dr Linda and another time for them to continue their sessions.



## Example

### Refer to an outside organisation

Indie works as a support worker at a youth drop-in service. The organisation she works for provides support to the local youth and young people in the local area. They provide access to a range of recreational activities, social programs and a nurse two days per week. Jasper, who is 17 years of age, comes to the drop-in service and explains that he has run away from home. He tells Indie he is looking for a bed for the night because he has been sleeping rough in the park for a few days. Indie explains to Jasper that they do not provide emergency accommodation, but they do work with a shelter on the other side of town. Indie offers to call the intake worker from the shelter to see if they have a bed for Jasper for that night. Jasper says he would like Indie to do that for him.

## Prepare a counselling plan

A counselling plan is a map developed jointly by the counsellor and the client that is used during the counselling process. The plan needs to provide for the scope of the initial counselling interview.

The person being interviewed will provide information about their issues and answers to the counsellor's questions. The counselling plan directs the initial intake and interview process and is based on the person's needs, priorities and goals.

The counselling plan will differ according to organisational requirements. Here is an example of a structured counselling plan that indicates the key areas where information will need to be collected and recorded in the initial session.

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:



Items to be discussed	
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 reassessed:	Evaluation strategies:
Further referral:	
Review date:	

## Evaluation strategies

Evaluations should occur on a regular basis with a supervisor and according to the organisation's policies and procedures. Some organisations also have a designated review session in which the counsellor or support worker and client revisit their original counselling plan to mark progress and plan future steps.

The aim of an evaluation is to understand what is and is not working and what may assist in improving the person's progress. The evaluation process involves reviewing the progress made so far and reviewing and updating the person's goals and priorities. This clarification confirms that they are still valid in relation to the issues that have been identified and agreed upon.

It is recommended to review and evaluate the counselling and support sessions with your supervisor before or after they occur, or both, as required. A supervisor can offer advice on other options or actions and perhaps an approach that may not have been considered. The benefit of evaluating the progress with a supervisor is that their expertise and experience can benefit the person seeking help through the counselling service.



## Records management

Information collected during the counselling session must be recorded according to organisational procedures and guidelines.

Policies and procedures relate to maintaining accurate and up-to-date case history notes so your organisation can be accountable for the services they provide. In some cases, courts can request documentation to resolve legal matters related to service provision.

Further information for general guidelines on documentation can be found below:

Responsibility	Explanation
Accuracy and clarity	Records must be accurate and written in a way that can be clearly understood and read by others. Always check what has been written to make sure it is clear and that the report includes the name, signature and 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, 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. Tentative language also presents information in a less biased format.
Completeness	Plans and associated documents should only contain relevant information. This may include both positive and negative information and notes about behavioural changes or observed indicators of risk.
Timeliness	You should write your documents as soon as possible after contact with the person to ensure accuracy and that the person's records are as up-to-date as possible.
Alterations	Any alterations made to your records should be done neatly and initialled. White-out is usually not legally permitted. Never change what someone else has written.

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

## Example

### Follow a structured approach to counselling based on client needs and expectations

Aidan, a teenager, is part of a diversionary program aimed at redirecting young people involved in drug-related offences to AOD services rather than them going through the legal system. He has been referred to a community AOD service to participate in counselling aimed at raising his awareness of issues associated with drug abuse.

For his first appointment, Aidan meets with Tina, his allocated AOD support worker. At this first session, Aidan is disinterested and distracted. He struggles to answer Tina's questions. Tina notes down these observations in Aidan's plan/file. The next time they meet, the interview session is finished early because Aidan arrives intoxicated and is unable to answer any questions.

Tina asks the organisation's nurse to come and see Aidan. The nurse says he is not able to go home by himself safely. Tina arranges for his father to come and collect him.

Tina notes down these events in his file.

## Practice Task 4

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

### Case study

Aroha is the 42-year-old mother of an eight-year-old boy, Makoa. She is using the services of a women's refuge after fleeing her home because of family violence perpetrated by her ex-husband, who has failed to comply with a restraining order. English is Aroha's second language, and she prefers to speak Maori. She works full time but has taken her five days of unpaid family and domestic violence leave because she is fearful her ex-husband will show up at her workplace looking for her. Aroha is generally very quiet but appears agitated at times.

Makoa has started stuttering and is distrustful of strangers. He has not been to school for two weeks and wants to go home.

Aroha has money set aside and is planning to move interstate to be closer to her family, who are supportive of her situation. Aroha has developed a counselling plan with her counsellor, Margie.

**Question 1**

Which of the following statements related to counselling are correct? Select yes or no for each one.

a. Margie is an experienced counsellor, so she can tell Aroha what her goals should be to make the counselling more effective.	Yes / No
b. A counselling plan is the 'map' that Margie and Aroha will follow during the counselling process.	Yes / No
c. Part of the counselling plan includes a referral for services to help Aroha address her anxiety and depression.	Yes / No
d. Margie has referred Aroha to a GP so does not need to document Aroha's anxiety and depression in the plan.	Yes / No
e. When the session is over, Margie should arrange to meet with her supervisor to review the plan to ensure the goals are attainable, agreed upon and appropriate.	Yes / No

**Question 2**

Suggest three things Margie can do to accommodate Aroha's special communication needs.



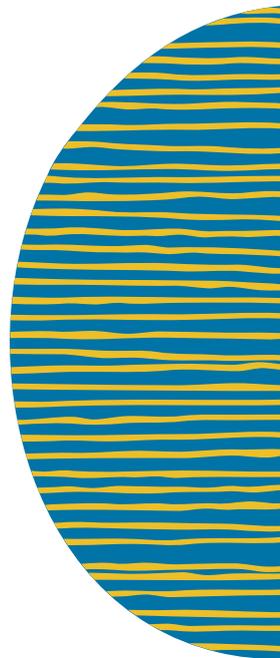
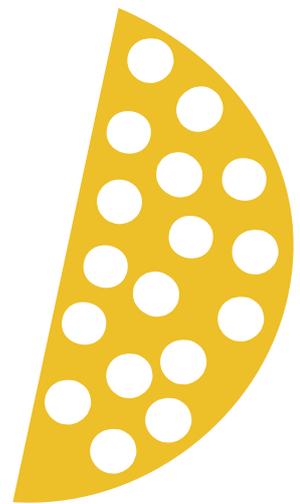
**Question 3**

List four observations Margie could have made during her initial interview with Aroha and Makoa.



## Summary

- Existing case history documentation forms the basis for the initial counselling session.
- Case history information may be provided by the organisation, or the person may be referred by another community sector agency or self-refer.
- The initial session can be used to identify the person's reasons for seeking help and what they would like to achieve from the counselling service.
- Legal and ethical considerations for the delivery of counselling services include codes of conduct, privacy, confidentiality, duty of care, disclosure and informed consent, work health and safety, anti-discrimination and mandatory reporting requirements.
- Communication skills and establishing rapport and a relationship based on trust are important to the counselling process.
- A counselling plan is the map the counsellor and the person will follow during the counselling process. The plan needs to be structured to include key items that provide for the scope of the initial counselling interview.
- When goals are clearly stated, both the counsellor and the person have a good understanding of what is to be accomplished. It is also a good way to recognise progress through the achievement of goals.
- Policies and procedures for maintaining accurate and up-to-date case history notes are based on legislative requirements for counselling and community organisations to ensure they are accountable for the services they provide.





# Learning Checkpoint 1

## Use a structured approach to counselling

### Part A

1. Provide four benefits/reasons for analysing existing client information prior to the first initial intake session or interview.

2. Which of the following information should be communicated in the initial counselling session? Tick all that apply.
  - Identifying the person's reasons for seeking help and prioritising what they would like to achieve from the session.
  - Explaining how personal information is stored and managed to protect the person's privacy and confidentiality.
  - Stating that violence against workers is against WHS laws and any safety concerns will be reported to a manager.
  - Developing a counselling plan with clearly defined goals.
  - Arranging for a referral where communication support is required.



**3. Match each legal and ethical term to its description.**

Duty of care	A set of principles, standards or rules of behaviour that guide the decisions, procedures and systems of work in a workplace.
Discrimination	A foundation for ongoing reflection about how to perform certain services and a guide for working with other community services agencies.
Code of conduct	The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.
Human rights	A requirement that individuals and organisations anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions.
Code of practice	Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

**4. Briefly outline how mandatory reporting applies to counselling services and practice.**

5. Which of the following statements are correct? Select yes or no for each one.

a. Referrals occur from within an organisation, such as from one area/department to another, or from an outside service organisation to another organisation.	Yes / No
b. WHS applies to all workplaces, including public places, the home of the person receiving the service, offices and residential facilities.	Yes / No
c. The evaluation process involves reviewing the progress made so far and reviewing the person’s goals and priorities after the client has left their initial session.	Yes / No
d. Once the person has presented for the interview, the counsellor may observe or identify through the discussion that there are additional needs not mentioned in the case history notes.	Yes / No

**Part B**

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

**Case study**

Petra is a 19-year-old mother of two and has sought counselling as part of her arrangement with child protection services following the birth of her second baby three months ago.

Petra has a four-year history with the child protection agency, beginning with when she was removed from her own family because of abuse. When she discovered she was pregnant with her second baby while addicted to opioids, she sought support from the maternity hospital’s Women’s Alcohol and Drug Service (WADS). Petra has since stopped taking opioids and is on a methadone program. She is trying very hard to “get her life together for the sake of the kids”.

The WADS notes state that Petra was supposed to be discharged to her mother’s house. However, her stepfather has just been released from prison, so she has been staying with friends instead to avoid exposing her children to the risk of violence.

Petra’s WADS referral states that she has been compliant with her methadone treatment and that she is deemed safe and appropriate with her interactions with her children.

Petra is currently couch surfing after removing herself and her children from an abusive partner.

Petra meets with Sandeep for her first counselling session, where they establish a counselling plan. Petra states that she wants a safe and happy home for her kids and support to stay off drugs.



1. Complete the following counselling plan according to the information in the scenario. Your plan should cover appropriate consideration of:

- legal and ethical responsibilities
- safety or reporting issues
- recording of client’s own identified priorities
- observations of client requirements
- involvement of other agencies/referral information
- special needs information
- evaluation strategies.

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 reassessed:	Evaluation strategies:
Further referral:	



## Part C

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

### Case study

Diego is a support worker offering support at an aged care facility. He has an appointment with Mrs Dalazzi, who arrives at his office on time. Diego makes sure the area is free from distractions, tells the office assistant to hold any phone calls for him and closes the door to his office. He sits facing Mrs Dalazzi, maintains eye contact and gives her his full attention.

Mrs Dalazzi begins to tell him why she has come to get some support. Diego does not interrupt but sits forward in his seat and nods to show he is listening. He makes encouraging sounds such as “Uh huh” and says “Yes” to acknowledge what Mrs Dalazzi is saying.

Diego is a little confused about the main issue, so he asks questions to clarify what Mrs Dalazzi means: “I understand you are not comfortable sharing a room at the centre. Can you tell me why?”. Mrs Dalazzi says she doesn't want to get into trouble nor be a troublemaker and is obviously hesitant about explaining her concerns to Diego. Diego reassures her that she has a right to voice her concerns and reminds her that he will not repeat anything they discuss without her consent. Mrs Dalazzi says she feels that her roommate is disrespectful and bossy. Diego asks Mrs Dalazzi, “What exactly do you mean when you say ‘disrespectful’ and ‘bossy’? Can you give me an example of when you experienced this?”.

Diego paraphrases what Mrs Dalazzi has explained. He says to her, “Your main concern is...”. Mrs Dalazzi agrees. Diego goes on to say to Mrs Dalazzi, “So, you don't like the way this happens, and you are angry because you feel there is no respect?” Mrs Dalazzi agrees that this is how she feels. Diego summarises the issues raised by Mrs Dalazzi. He then asks her for feedback about the way forward by saying, “What would you like to see happen now, Mrs Dalazzi?”

Diego suggests to Mrs Dalazzi that by bringing this issue out in the open the service can make improvements and that she has also contributed to the improvement of services for some of the other residents.



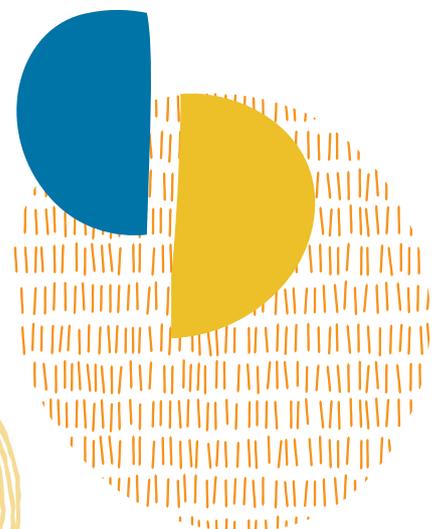
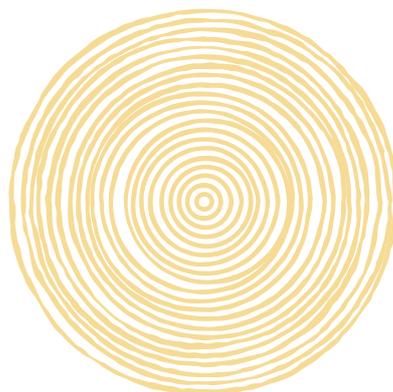
**1.** For each of the following communication techniques, identify the example in the case study where Diego was using the technique in his interview with Mrs Dalazzi. Give a brief overview of the benefit of each communication technique used:

- Use of body language
- Paraphrasing
- Reflecting feelings
- Open questioning or probing
- Summarising
- Reframing



## Topic 2: Establish the nature of the helping relationship

- 2A Provide information on the nature of the counselling service
- 2B Clarify and confirm client expectations of the counselling service
- 2C Identify client anxieties about the counselling process and respect their concerns
- 2D Identify and refer issues beyond the scope of your role



# 2A

## Provide information on the nature of the counselling service

**Understanding the nature of the helping relationship is part of the counselling process.**

The person seeking counselling needs to be informed about the scope, purpose and benefits of the sessions they will be undertaking.

Information provided in the initial session includes:

- the purpose of counselling and how it can assist
- the role of counselling and its scope of practice as a helping service
- what clients can expect to happen
- the rights of clients, the counsellor and the service provider
- the role of other health professionals as support for the person as required.

The client can be offered hard copies or links to the above information that they can access and read in their own time after the session.

### The purpose of counselling

Counselling encourages the person to increase their awareness of their thinking, feelings and behaviours and develop alternative coping strategies for difficult situations.

The Better Health Channel describes the benefits of counselling:

Counselling is a process of talking about and working through your personal problems with a counsellor. The counsellor helps you to address your problems in a positive way by helping you to clarify the issues, explore options, develop strategies and increase self-awareness. For some people, just the process of telling their story to a counsellor, and being listened to, is helpful.

It is a process that encourages the person to consider their emotions, experiences and behaviours with a goal to facilitating positive change. A counsellor guides a person to resolve problems and difficulties by setting goals and priorities. Being able to speak freely and openly enables the person to see things more clearly, possibly from a different viewpoint.



## A humanistic approach

Counselling in all its different forms has existed for hundreds of years in various cultures around the world. People have always experienced emotional or psychological distress and have required help to resolve problems.

During the 1950s, the American psychologist Carl Rogers (1902–1987) first introduced the idea of humanistic theory. He believed that humans want to achieve higher functioning and explore personal growth and development. He proposed that the role of the counsellor is to provide the necessary conducive climate to enable people to solve their own problems. A humanistic approach uses client-centred therapy, where the counsellor provides opportunities for the person to determine their own direction.

Humanistic counselling recognises the uniqueness of every person and empowers the person to seek their own answers. This approach leads the person to see that it is not their life experiences that have led them to problems, but that their negative responses to life events can lead to emotional discomfort. The aims are for the person to accept both the positive and negative aspects of themselves.

### Humanistic counselling depends on the following:

- People should have the freedom to explore their experiences.
- People should be made aware of their emotions, strengths, resources and areas of resilience.
- People have the capacity to make their own decisions and solve their own problems because they are the experts on themselves.

## Counselling as a helping relationship

During the 1970s, Gerard Egan (1930–) used the term *skilled helper* to describe the role of a counsellor. In his view, the counsellor acts as a ‘silent guide’ or helper. The counsellor guides the person, who will eventually determine the best way forward for themselves.

The focus of the counselling process is on the person and not the problem. This person-centred approach focuses on improving the individual as a person by fostering self-empowerment and a belief that they can navigate themselves through difficult circumstances.

Through the counselling process, a helping therapeutic relationship develops between the person and their counsellor to encourage the person to identify and reflect on their feelings and behaviours. Counselling does not involve the counsellor taking over or giving advice but enables and empowers the person to reach their own decisions and act upon them accordingly.

## Place of counselling within helping services

Counselling is just one of many helping and support services available. There are many allied health professionals and specialists who offer services for people with issues beyond the scope of a support worker with counselling skills. Examples of other health professionals include dietitians, physiotherapists, neurologists, psychologists, psychiatrists, mental health nurses, GPs, nurses, occupational therapists, podiatrists, social workers and speech pathologists.

One important role of a counsellor is to identify when they do not have the expertise or competence to provide the assistance the person requires. The best way to confirm or clarify this is to seek assistance from a supervisor. They will clarify the suitability and process for referral according to the person's needs and the organisation's procedures.

## Person-centred approach

### Person-centred approach

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

The **person-centred approach** is a principle underpinning service provision across the counselling and community services.

Person-centred practice (PCP) is an approach that places the person at the centre of their own care. PCP responds to the whole person and focuses on a social model of care that considers all factors (social, psychological, physical, cognitive, cultural, etc.) affecting or influencing a person's life; that is, it takes a holistic view.

PCP embraces the person making decisions about their own needs, goals and desires. This is a tailored approach that places the person at the centre, where their opinions and preferences are taken into account and the focus is on meeting their individual needs.

Person-centred approach
• Focuses on the whole person
• Uses empowering language that promotes dignity
• Includes people in decision-making related to the services they are receiving
• Involves people in discussions about service delivery options and issues
• Focuses on individual strengths, resources and areas of resilience
• Listens to and addresses complaints

### Video: Person-centred approach

Watch this video that explains the person-centred approach to supporting people: [aspirelr.link/yt-person-centred-care](https://www.youtube.com/watch?v=aspirelr.link/yt-person-centred-care)

Take some notes on the points covered in the video that relate to your role as a counsellor.





## Respect different values

**Values** are the rules and beliefs that guide our behaviour and by which each of us live.

Personal values are influenced by many aspects of our lives and experiences, including our culture, religion, positive and negative experiences, family, friends, teachers, government and media. A person's values also influence the expectations they have of the counselling service.

During a counselling relationship, it is critical that the personal values, ideas and opinions of the counsellor are removed from the process.

People who require counselling will have diverse values, and it is important that the counsellor suspends all personal judgments and assumptions about the values of others. The values considered important to the counsellor may influence the expectations they have of the person. Each person needs to be considered as an individual with their own unique values, needs and preferences. Everyone has the right to be treated with respect and not be judged according to another's beliefs or expectations arising from their values.

A counsellor must be aware of and reflect on their own values and attitudes. Being able to reflect on your own values helps you to understand where your opinions and judgements are. It is important to keep the focus on a professional relationship and not on a relationship that meets your personal needs.

A values-free approach to counselling means to listen and not manipulate or control the conversation or relationship. Questions and discussions must centre on the person and their needs, goals, preferences and desires. Responses must come from the individual, rather than the counsellor providing their own ideas and suggestions based on their own values.

### Values

The degree of importance of an idea or principle to a person.

### Tips for keeping your own values aside

- Use curiosity in lieu of judgment.
- Ensure questions do not include assumptions, judgments or your own values.
- Allow others to express their feelings without offering solutions or 'fix it' approaches.
- Shift your own ideas to take into account new information.
- Focus on empowering the individual.
- Make an active choice to keep your values, opinions and judgments out of the conversation.



## Example

### Medical model versus person-centred approach

This table compares two different approaches to support taken from the person-centred approach and the medical model for disability support. Notice how the medical model is based on the goal of absence of disease and the use of medical intervention to treat disease.

You can find more information about exploring and implementing person-centred approaches at: [aspirelr.link/nsw-dss-person-centred-approach](https://aspirelr.link/nsw-dss-person-centred-approach)

Person-centred approach	Medical model approach
<ul style="list-style-type: none"> <li>• Focuses on the individual's unique interests and preferences</li> </ul>	<ul style="list-style-type: none"> <li>• Focuses on the individual and their disability or issues that 'need fixing'</li> </ul>
<ul style="list-style-type: none"> <li>• Builds on strengths and high expectations that everyone can and should enjoy the 'good life'</li> </ul>	<ul style="list-style-type: none"> <li>• Commences from a deficit and needs basis with low expectations</li> </ul>
<ul style="list-style-type: none"> <li>• Offers beyond what is currently available and works towards the future</li> </ul>	<ul style="list-style-type: none"> <li>• Looks to what is currently available from a service</li> </ul>
<ul style="list-style-type: none"> <li>• Focuses on organising individualised, natural and creative supports and reduces reliance on the service system</li> </ul>	<ul style="list-style-type: none"> <li>• Planning assumes the person will spend most of their time grouped with other people with disabilities or the same issues</li> </ul>
<ul style="list-style-type: none"> <li>• Situates power and control with the person and their allies</li> </ul>	<ul style="list-style-type: none"> <li>• Situates power and expertise with the professionals</li> </ul>
<ul style="list-style-type: none"> <li>• Tailors supports to achieve the person's future goals</li> </ul>	<ul style="list-style-type: none"> <li>• Fits the person into the service</li> </ul>
<ul style="list-style-type: none"> <li>• Aims for social inclusion, valued roles and community participation</li> </ul>	<ul style="list-style-type: none"> <li>• Largely limits the person to disability or specialist programs and centres</li> </ul>



## Practice Task 5

### Question 1

Which of the following statements relate to information provided to the client about the counselling process? Tick all that apply.

- The counselling process encourages the person to consider their feelings, emotions, experiences and behaviours.
- Counselling is a helping process that guides a person to resolving problems and bringing about positive change.
- The counselling process is based on the medical model of care.
- Counselling uses a person-centred approach that places the person at the centre of the decision-making.
- Person-centred principles focus on the 'whole' person to meet their individual needs.

### Question 2

Briefly outline what is meant by a counsellor having a 'helping relationship' with their client.



**Question 3**

List three health professionals that also provide 'helping' services and support to clients.

**Question 4**

Identify two possible impacts of a counsellor's values influencing the counselling relationship.

# 2B

## Clarify and confirm client expectations of the counselling service

### **Expectations of the counselling process may require clarification or modification.**

A person's expectations of what they may gain from a counselling session should be clarified and confirmed in the initial session. 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. A discussion should clarify the person's expectations, and further questions can be provided in future sessions.

Unrealistic expectations or misunderstanding the plan or outcomes of the counselling process can result in the client being disappointment and disillusioned. This is counterproductive and demotivating for the person. Having a clear understanding of the process is important to avoid situations where a person is disappointed because they perceive a support worker or counsellor as failing to live up to promises and expectations. Information about the counselling process needs to be explained to the person before they agree to receive services.

### **Rights and responsibilities**

Explaining the rights and responsibilities of each of the people involved in the counselling process clarifies expectations. This information will be documented in service standards, professional practice standards and organisational policies and procedures. The person receiving counselling has a set of rights that need to be respected and reinforced, but they also have responsibilities for their role in the process. These responsibilities will help ensure they get the most from the counselling process.

The person must be informed of their rights and responsibilities, and the counsellor must ensure clients understand their rights and responsibilities.



Here are some examples of the rights and responsibilities of a service user receiving counselling and support services.

<b>Rights</b>
<ul style="list-style-type: none"><li>• To be treated with respect and dignity</li><li>• To have their values and beliefs respected</li><li>• To be consulted</li><li>• To be involved in the decision-making process</li><li>• To have privacy and confidentiality respected</li><li>• To have the right to a complaints process</li><li>• To have access to advocacy services</li></ul>

Clients receiving services also have the right to:

- choose any counsellor or practitioner that may be available to them
- choose the therapeutic intervention that they feel will help them
- choose goals that the therapeutic relationship will focus on
- change a practitioner without notice
- withdraw any informed consent they have given for the counselling process at any stage of therapy.

Clients also have the right to work with a counselling professional who has a suitable level of training to meet their needs in the professional therapeutic space. If a person does not have the training to meet their needs, this must be stated and a referral to an appropriate professional offered. This meets your duty of care responsibilities and ensures the client can get the most out of the service you are providing them.

The following are examples of the responsibilities a client has in the counselling process:

<b>Providing information</b>
The person has a responsibility to provide correct and necessary information to the best of their ability. If the worker believes that the person has not revealed adequate or complete information, it should be explained to them why the information is required, and they should continue to ask questions until they are confident (to the best of their ability) that accurate information has been obtained.
<b>Keeping appointments</b>
A person using a service has a responsibility to keep appointments made by them or by the service on their behalf or to notify the service of their inability to attend, where relevant. The person should be provided with information about who to contact if they cannot attend appointments and about any financial penalties or other consequences that may result from missing scheduled appointments.



### Following safety procedures

Clients must observe safety procedures in order to ensure the safety of themselves, workers, other people accessing the service and visitors to the organisation. This includes following emergency evacuation procedures and observing 'No smoking' signs.

## Responsibilities of service providers

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 workers.

Below is a list of examples of organisational or service provider responsibilities to their clients. The organisation must adhere to each of these principles in the delivery of the service they provide to all people.

### Responsibilities of service providers

- Respect the individual's values and beliefs
- Foster the person's participation in treatment and support planning
- Provide access to complaints procedures
- Provide access to advocacy services
- Respect the person's privacy and confidentiality
- Provide access and equity for all individuals who are eligible to use the service
- Provide information about the services of the organisation
- Provide information about internal and external referral processes
- Provide information about the range of staff at the service and how they can assist clients

Here are some examples of organisational rights and responsibilities:

### Organisational rights

- Organisations have the right to expect their information to be kept confidential.
- Organisations have the right to expect workers to meet all reasonable and legal requests.
- Organisations have the right to expect workers to safely carry out their job functions within the scope of their role and work boundaries.
- Any person within an organisation, including managers and board members, has a right to work in an environment free from discrimination and harassment.
- Organisations have a right to expect that workers will follow their policies and procedures. This can include organisational codes of practice, ethics and conduct.
- Organisations have a right to expect that workers will attend staff meetings and compulsory staff training so they can perform their roles at an acceptable level.



**Organisational responsibilities**

- Organisations have the responsibility to provide a safe and healthy workplace. This includes providing workers with the correct PPE and access to safe and functioning equipment.
- Organisations should not discriminate against workers and should promote freedom from discrimination and harassment.
- Organisations have a responsibility to conduct operations and manage staff in accordance with legislation.
- Organisations have a responsibility to provide clear and accessible policies and procedures to workers, so all staff understand their obligations.
- Organisations must provide clear information about employment conditions and regular payment advice to staff.
- Organisations must provide access to training and staff meetings to inform workers about new working practices/standards, emerging trends and WHS.

## Clarify commitment to the counselling relationship and confirm with clients

Establishing role expectations and relationship guidelines is an essential foundation for developing and maintaining a sound working and therapeutic relationship.

They keep workers and the people they support safe and operating within an ethical framework. Boundaries also help maintain respect and ensure that the worker understands their role as a professional.

Counsellors develop a therapeutic relationship and hold considerable power over a client. Counsellors must never take advantage of this unequal power dynamic by manipulating, confronting or coercing the client to do things they do not want to do.

Here is some more information on defining **professional boundaries**:

**Professional boundaries**  
Guidelines, rules or limits between professionals and the people being supported.

Strategies	Explanation
<b>Maintain professional boundaries</b>	<p>Maintaining professional or work role boundaries means keeping to the specifications of the job role and organisational policies and procedures.</p> <p>Counsellors should not attempt to carry out work that:</p> <ul style="list-style-type: none"> <li>• is not specified in their job description</li> <li>• cannot be performed safely due to lack of training or practical experience</li> <li>• is unethical, illegal or outside the policies and procedures of the organisation.</li> </ul>



Strategies	Explanation
<b>Maintain personal boundaries</b>	<p>If workers allow the people receiving counselling or support to think of them as a friend, they may confuse the person and risk the client disengaging in the service. People receiving counselling who consider themselves a friend of a worker may develop unrealistic expectations about what the worker can do for them and may become disappointed and disillusioned with the service when this does not occur.</p> <p>This can be difficult for new workers, who can feel overwhelmed by the problems faced by the people they support. They can want to take on the role of rescuer or 'fixer'. This is not the role of a support worker or counsellor.</p> <p>The goal of all effective counsellors should be to act as a facilitator rather than a rescuer. In this way, the worker helps people to learn skills to help themselves.</p>

Examples of ways to maintain a professional boundary with clients are listed below:

Ways to maintain professional boundaries
• Do not share personal information with other service users.
• Use friendly but polite language when setting boundaries.
• Maintain appropriate physical contact; do not touch people inappropriately.
• Do not share home phone numbers, addresses or personal details.
• Do not treat clients as friends; be friendly but not too familiar.
• Be friendly, but do not overshare about your life with clients.
• Work according to the organisation's code of conduct and practice guidelines.
• Do not accept gifts from clients.
• Do not accept requests to connect on social media platforms.

## 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. Conflicts of interest may arise from emotional, sexual, personal, family, social, religious, financial, business, political, professional or organisational issues.

Every service organisation will have a policy regarding conflicts of interest. If you become aware of a possible conflict of interest, you must report it to a supervisor or manager. 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.



- Some examples of conflict of interest include when a worker:
- has a personal relationship with a client outside of work
  - accepts money or gifts, which may or may not influence their work
  - misuses confidential client information
  - uses work equipment or property for private purposes
  - does not inform management that they have a personal association with a client or client's family
  - knows friends or family of the client.

## Practice Task 6

### Question 1

List five rights that clients can expect to receive during the counselling process.



**Question 2**

Give two examples of rights and two examples of responsibilities of employers (service providers).

**Question 3**

Explain the three major responsibilities of people accessing counselling support.



**Question 4**

Briefly outline why it is important to confirm the expectations of the counselling relationship.

# 2C

## Identify client anxieties about the counselling process and respect their concerns

### **Identify myths or misunderstandings the person may have regarding the counselling process.**

A person may feel anxious about counselling because they have misconceptions about the process and the role of the counsellor. They may not understand what will be expected of them. A person may feel reluctant to share private and personal information or confront aspects of their life they are uncomfortable talking about. The person may need confirmation early in the session that it is common to feel fear, anger, guilt or resentment as part of the counselling process.

There may be external factors contributing to anxieties about attending counselling, including transport to and from a session, getting time off work to attend sessions, childcare arrangements, the cost of the service and the number of sessions needed to address their issues or concerns. The counsellor can offer support for many of these and can arrange appointments (as much as possible) to enable the person to work or not have childcare or family arrangements disrupted.

### **Myths associated with the counselling process**

Here are some examples of common myths surrounding the counselling process:

- Counselling is only for people with a mental illness.
- 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.
- Counselling is a painful, unpleasant and scary process.
- Information discussed will be shared among the staff.
- Counsellors will tell you what to do.
- Counsellors will tell your friends and family about what you have spoken about.



Here are some facts about the counsellor's role in the process. They will not:

- give advice
- be judgmental
- expect a person to behave in a certain way
- get emotionally involved
- look at the person's problem from their own set of values
- force the person to answer anything they do not want to.

## **Anxiety from mandatory attendance at counselling**

Some people are highly motivated to change their behaviour, while others are ambivalent or unwilling to do so. Some people may not recognise they have a problem and have poor insight into their issues or what they have done or are doing. Some people have agreed to counselling because they have to, not because they have identified an issue for which they need help and support.

This may be the case for people who are required by the court to participate in mandatory counselling because of issues with AOD, drink driving or gambling.

Mandatory attendance at a counselling service may also cause anxiety because of the consequences of the counselling process. If a report or recommendation needs to be made as a result of counselling, 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 and may result in a return to court.

### **Example**

#### **Identify client anxieties about the counselling process**

Rachel is a 14-year-old girl who has recently been caught shoplifting. The police became involved, and Rachel was given a caution at the police station. Her father and stepmother arranged for Rachel to attend counselling.

Rachel tells the counsellor that she knows stealing is wrong and explains she fears the involvement of the police. Rachel does not understand why she is being made to attend counselling and hopes her friends don't find out and make fun of her.



Siobhan, the counsellor, spends time with Rachel explaining the process as well as Rachel's rights and responsibilities. She encourages Rachel to ask questions to determine her understanding of counselling and clarifies the misconceptions Rachel has regarding counselling and the service she will receive.

At the end of the first session, Rachel feels better about meeting with Siobhan and is no longer anxious about the process; in fact, she is looking forward to their next appointment, where she can continue to talk freely about her concerns and issues.

## Show respect for the client's concerns

**Once a person has voiced their anxieties, it is important to acknowledge these concerns.**

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.

Encouraging the person to explore their concerns is an important aspect of the counselling process. If this is done in the initial stages, it will help establish trust in the counsellor and the counselling process. Never say to a client, "Why do you feel that way?". Feelings should never be questioned but rather acknowledged and validated, no matter what they are.

Encourage discussion	The counsellor should encourage the individual to talk about their concerns because the process of talking and having someone listen helps with the development of trust and rapport.
Talk about immediate concerns	Assist the person to talk about their concerns by: <ul style="list-style-type: none"> <li>• showing concern for the person's wellbeing and listening attentively</li> <li>• encouraging the person to talk by offering encouragers such as, "I see" or "Go on", and asking for clarification when you are not sure what they mean, such as, "Do you mean...?".</li> <li>• being non-judgmental and avoiding giving advice.</li> </ul>



<b>Convey care and positive regard</b>	<p>Throughout the process, convey to the person that you acknowledge and value their sharing of their feelings and anxieties. Having another person listen attentively and acknowledge feelings can establish an open relationship and encourage a person to continue to share in an atmosphere where they are not judged and their concerns are considered important.</p> <p>Positive regard means showing that the person is valued and respected no matter what their circumstances. This means accepting them as a person and that what they have to say is important and valued.</p>
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## Example

### Acknowledge and show respect for the client's immediate concerns

Karl is 85 years old and has been referred to counselling. Since his hip replacement, he has been less mobile, and he is worried about his ability to take care of his wife, whom he doesn't want to be placed in a nursing home.

Karl is not familiar with counselling services and is reluctant to attend his first session. He thinks the information he discusses will be used as evidence to separate him from his wife.

Karl attends the appointment, and the counsellor, Ron, spends the first 15 minutes of the appointment listening to Karl's concerns and answering each of his questions clearly and honestly. Ron explains to Karl that it is not his role to take his wife away from him, nor to tell him how he has to live his life.

Ron explains that he uses specific therapies to assist clients to come up with their own solutions to their problems and concerns. Ron explains exactly how he uses these therapies to assist clients to make their own decisions about issues and problems in their lives.



## Practice Task 7

### Question 1

Suggest three reasons why a person may feel anxious about the counselling process and what may be expected of them.

### Question 2

Provide at least three examples of myths some people may have about the counselling process.

# 2D

## Identify and refer issues beyond the scope of your role

Many counsellors and support workers are trained and develop experience in delivering support and intervention across a wide variety of issues, including:

- disability management and support
- AOD management and support
- case management
- mental health management and support
- family violence, including abuse and neglect in children and young people
- specific supports for children, youth, young adults, adults, older people, families, foster carers, carers, etc.
- problem gambling and associated financial difficulties
- social, community and social inclusion programs
- financial difficulties
- homelessness intervention and support.

### Issues beyond the scope of your role

Understanding the limitations of your job role and the extent or level of your authority to make decisions is a part of your duty of care responsibilities.

After an initial discussion, it may become clear that the client has needs beyond the scope of practice of the counsellor or support worker. It may be that the person has several coexisting issues that require the support of other professionals from within or outside the organisation.

These circumstances must be reported to a supervisor, who will provide advice if a referral is required or another person within the organisation has the appropriate skills and training to meet the person's needs.

Here are some examples of issues that can fall outside the scope of expertise of a counsellor and/or should be reported to a supervisor and/or referred as required.



### Issues or services outside the scope of your role

- Legal advice
- Financial advice
- Health advice
- Personal advice or opinions
- Psychological assessments, which can only be provided by a psychologist or psychiatrist
- Behavioural assessments, which can only be provided by a psychologist or a behavioural specialist
- Psychosocial assessments, which can only be performed by trained case managers and social workers

## Coexisting issues

**Coexisting issues** add complexity to the counselling and support service.

Coexisting issues cover a broad range of situations, including physical, mental or psychiatric disorders, financial distress, unemployment, poor living situations and destructive relationships. Counselling should not be viewed in isolation; the person must be viewed holistically because certain issues may either be caused by or exacerbate the person's situation.

Some of the complex needs that a client presents with can overlap with each other. For example, a person experiencing homelessness may have voluntarily left their home due to family violence, or unemployment may have come about due to low levels of education and lack of an appropriate support network.

### Coexisting issues

Issues that arise when the person is affected by more than one type of disability; or issues that relate to environmental, societal or financial circumstances.

## Example

### Addressing a situation that arises outside of the scope of your role

Glenis works as a counsellor for children, teens and adults. She only uses interventions for which she has had training and has received approval from her supervisor.

A new client, Isla, has her first appointment with Glenis. Isla explains that she is wanting help for herself and her son, who has autism. Isla would like help to manage her debts and admits she has a gambling problem, which is getting out of control.



Glenis explains she can provide counselling to address the issues that Isla is experiencing as a parent of a child with autism as well as her gambling problem. Glenis explains that she does not have the expertise to discuss strategies for autism or debt management but can refer her to an organisation for support. Isla says she is interested in a referral, and they set up appointments for Isla and her son.

## Arranging a referral

**The extent to which issues fall within the counselling scope of practice will depend on the skills and qualifications of the counsellor and the advice from a supervisor or team leader.**

You must understand 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.

Ways to find out about referral information
• 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.

Many organisations, particularly specialist organisations, do not have all the resources required to meet the needs of people requiring further support. 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.

There are several state and territory organisations providing support and services in rural and local communities and cities across Australia.

## Example

### Identify indicators of client issues beyond the scope of your own role and report or refer appropriately

Greta works at a community mental health support service and is meeting with a new client, Ruby, for her first interview. Ruby states that she has obsessive-compulsive disorder and depression and has come to counselling on the insistence of her family.

Ruby explains that she is very proud of her career and that she has sacrificed a lot and worked harder than those around her in her male-dominated industry to get where she is today. She describes herself as a perfectionist and is aware that she never feels “good enough” at work. Her social life has been one of her sacrifices – she only has a few close friends left, and she doesn't feel as though she relates well with most people.

Ruby describes her family's concerns about her weight loss and admits she has always been fastidious about her diet.



Greta identifies that Ruby's behaviours, particularly around food, may require the assistance of a specialist health professional. After the initial appointment, Greta speaks with her supervisor, and they decide to ask Ruby if Greta's supervisor can join them in the next interview.

After the next interview, Greta's supervisor agrees that according to the information Greta has gathered, Ruby may need to be referred to a specialist given the complexity of her case. Greta explains to Ruby that she can continue to meet with Greta while she sees the specialist for further assessment. Ruby agrees to the referral and agrees to continue to have sessions with Greta.

## Practice Task 8

### Question 1

Which of the following statements are correct? Select yes or no for each one.

a. Counsellors must not work outside of the level of authority outlined in their job description.	Yes / No
b. Counsellors can practise advanced counselling skills with clients as long as it is safe to do so.	Yes / No
c. When the level of expertise is beyond that of the counsellor, it must be reported to a supervisor, who will provide advice.	Yes / No
d. A conflict of interest is when the counsellor gives the same advice to different clients.	Yes / No
e. The relationship between counsellor and client is personal, and it's okay if it develops into a personal friendship or relationship.	Yes / No

### Question 2

What is the relationship between duty of care and the limitations of a counsellor's work role?



**Question 3**

Provide three examples of services that may be outside the scope of your practice.

**Question 4**

List three ways you can access information for referrals within your organisation.



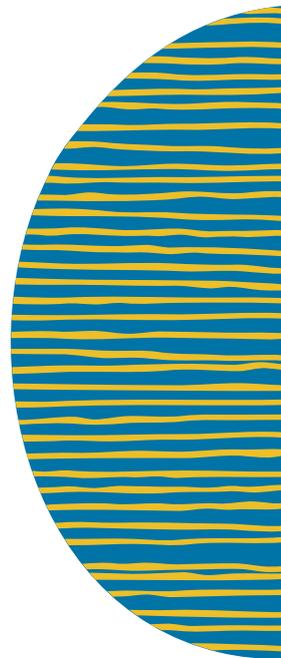
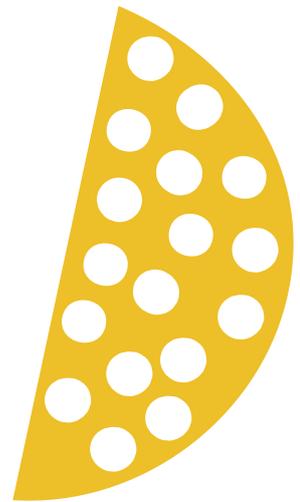
**Question 5**

List four examples of organisations that a counsellor may access to find information on referral services.



## Summary

- The person seeking counselling needs to be informed about the scope, purpose and benefits of the sessions they will be undertaking.
- Counselling encourages the person to become more aware of their thinking, feelings and behaviour and develop more positive coping strategies for difficult situations.
- Humanistic psychology, developed by Carl Rogers in the 1950s, is based on the person-centred approach, where the counsellor provides opportunities for the person to determine their own direction.
- Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship.
- Person-centred practice is a service model that places the person at the centre of their own care.
- The person and the counsellor should have a shared understanding of the counselling service and the rights and responsibilities of all people involved.
- It is important to explore with the person receiving counselling any anxieties they may have about the counselling service.
- If a person does not have the skills, knowledge, qualifications and authorisation to conduct a task, then they are in breach of their duty of care.
- After discussion with the person being counselled, it may become clear that they have needs beyond the scope of practice of the organisation, counsellor or support worker.





## Learning Checkpoint 2

### Establish the nature of the helping relationship

#### Part A

1. Briefly explain the principle of person-centred practice and how counselling has evolved as a helping relationship.

2. List three purposes of counselling.



- 3.** Provide three examples of other 'helping' services to which a client may be referred when their needs are outside the counsellor's skill set.

- 4.** List three client rights and three client responsibilities when accessing a counselling service.



- 5.** List three responsibilities of counsellors and their employers (service providers) towards their clients.

- 6.** Provide an example of a client issue that must be reported to a supervisor or referred to another professional or specialist.

- 7.** Identify at least three issues that clients may present with that may be beyond the scope of a counsellor's job role.



**8.** Which of the following statements are correct? Select yes or no for each one.

a. The counsellor must explain their role and relationship guidelines at the beginning of the professional relationship.	Yes / No
b. The counsellor can provide counselling to friends and family as long as they inform their supervisor and document the relationship.	Yes / No
c. A counsellor must suspend their own judgments and assumptions about the person's values.	Yes / No
d. The focus of the counselling process is on 'fixing' the client's problems.	Yes / No

**9.** List at least four misconceptions about counselling that may cause anxiety and discourage a client from getting the most from their sessions.

**10.** Suggest two strategies used to acknowledge and show respect for a client's immediate concerns.



## Part B

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

### Case study

Brett, a counsellor in a youth detention centre, has developed a strong rapport over several months with a young man named Garth. Garth is 14 years old and is anxious about his upcoming court case for stealing a car while under the influence of methamphetamines. He was referred to counselling for his antisocial behaviour, which has at times resulted in violence, and to emotionally prepare for his upcoming court case.

Brett is concerned that Garth is accessing drugs while living in the detention centre because his mood swings are extreme, swinging from cheerful and chatty to sullen. Brett suspects he is displaying the signs and symptoms of withdrawal. When Brett asks Garth if he is getting drugs at the centre, Garth becomes defensive and angry.

In a recent session, Garth presented Brett with a box he made in his woodwork class. Garth explained how much Brett was helping him and that he felt he had a friend in Brett. In response to Brett saying he could not accept the gift, Brett threw the box against the wall and started screaming angrily about wanting to hurt Brett.

1. List at least three responsibilities that Brett has towards Garth and that Garth has towards Brett as part of the counselling process.



- 2.** Briefly describe why Brett did not take the gift offered by Garth and what he can say to Garth to set the professional boundaries of the counsellor–client relationship.

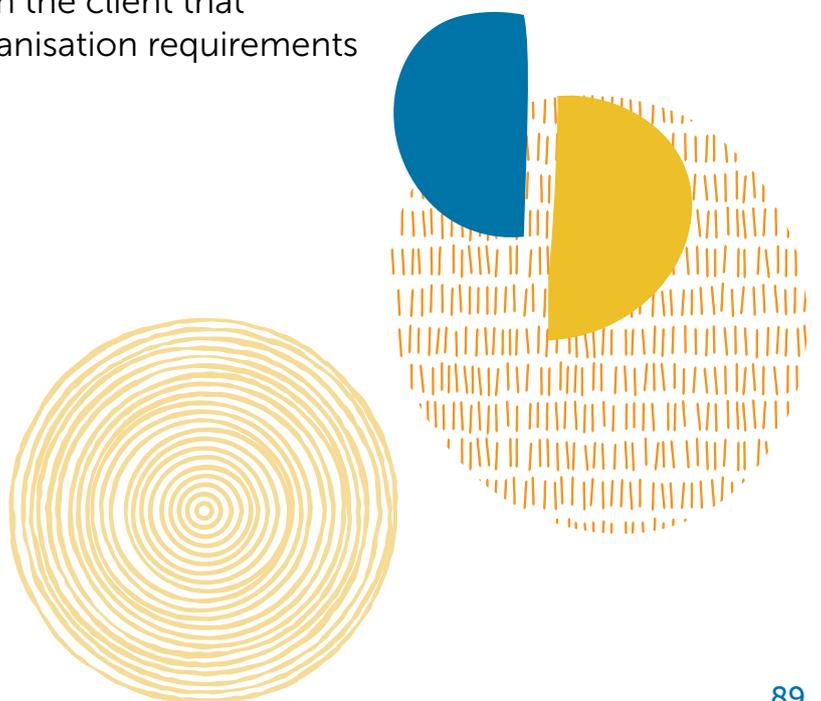
- 3.** Why is it important that Brett shows respect for Garth’s anxiety and concerns about his upcoming court case?





## Topic 3: Confirm the helping relationship

- 3A Explore options according to individual need and agree on priorities for the plan
- 3B Document an agreement with the client that addresses disclosure and organisation requirements



# 3A

## Explore options according to individual need and agree on priorities for the plan

### **The specific needs of the person must be part of the counselling plan.**

Now that the person has been provided with information about the counselling process, they can work in partnership with the counsellor to document the issues and agree on a plan. The plan must be tailored to the person's individual needs, with approaches and options agreed to by both parties.

There may be issues that act as a barrier to the person setting goals and priorities and exploring their issues. The counsellor can explore various options with the person that consider the person's situation and individual needs. Here are some examples of options that can be offered to the client:

- If the client has any specific communication needs, low levels of literacy or a cognitive impairment, hard copies of documents may be supplied, or additional time may be provided to the client to read and comprehend the counselling plan.
- If the client has particular cultural needs, these can be addressed by sending a link to information in their language of origin or adjusting the setting, such as arranging for a private space, a male counsellor or another person to be present.
- If the client is anxious about the session, they may prefer that the session take place in a specific physical environment to control their anxiety level.
- If a client has no support network or family to rely on, sessions could be scheduled closer together, or, with the client's consent, a case manager or support person who knows the person could be present in the room.
- If a client has young children but no childcare, then appointment times could be changed to suit them, or childcare could be arranged.

### **Approaches that meet individual cultural needs**

People who seek counselling come from all aspects of society and represent different cultural backgrounds and life stages. Culture is a filter through which everyone experiences life. People from the same cultural background share a common language, knowledge and traditions. Culture provides First Nations Australians and culturally and linguistically diverse (CALD) communities with rules for living, which are reflected in the values, attitudes and beliefs of each member of these groups.

If the person seeking counselling perceives any cultural barriers in the delivery of services, this will reduce the likelihood of them setting priorities and achieving their goals.



Counsellors must be culturally sensitive to First Nations Australians who have been traumatised by English and Australian Government interventions. The issues arising from these experiences mean that First Nations Australians often experience the effects of intergenerational trauma. This can mean that they do not trust services offered by non-Indigenous workers.

First Nations and CALD Australians may prefer to access culturally specific services. This may involve an interpreter or Elder but can also require a referral to a specific service that considers a range of personal and cultural needs and culturally appropriate community interventions.

Read about the services provided by Aboriginal counselling for people in NSW:

[aspirelr.link/acs-about](https://aspirelr.link/acs-about)

Cultural barriers may relate to:

- body language and ways of communicating (e.g. avoiding eye contact)
- appropriate conversations between men and women
- beliefs (e.g. “no” being considered rude or offensive)
- protocols, including dress conventions (e.g. women being covered)
- feelings of shame, fear or distrust of counselling interventions, which can cause distress.

### Video: Interpreters

Watch this video, which outlines the roles of interpreters and ways to prepare for an interpreter to be included as part of the counselling session:

[aspirelr.link/yt-interpreters](https://aspirelr.link/yt-interpreters)



## Explore communication options

Issues can be discussed in several ways using a variety of questioning and communication techniques to gain the information required. A counsellor has a range of communication ‘tools’ and approaches they can use to encourage the person to share their issues and difficulties (discussed in Topic 1). These include ‘tuning in’ to body language and tone of voice and constantly monitoring the effectiveness of communication. A counsellor can identify and address potential communication barriers, find ways to reduce any anxiety the person may be feeling and develop rapport and respect.

The person should now know they are likely to be required to share personal information and that the counsellor will ask probing questions to establish the issues. You can reiterate that they have the right to refuse to answer questions they consider too personal. You can also explain that not obtaining this type of information may affect the support that can be offered.



Some people may have developed communication barriers over time to avoid confronting their personal issues.

Here are some examples of reasons why some people find it hard to focus and listen attentively during the counselling session. A lack of concentration could be because they are:

- only hearing what they want to hear
- not paying attention
- too busy thinking of a reply
- overwhelmed by emotions
- focused on what they want
- in denial about their issues and needs
- being confrontational
- sick or unwell
- under the effects of drugs or alcohol.

The counsellor will need to refocus and keep the conversation on track. This requires using a person-centred approach and communication techniques to ensure the person takes ownership and understands what their priorities are.

Using forceful or directive language to try to influence a person to see that they ‘need to change’ is not helpful. This is likely to deter the person, who may not be ready to communicate freely, causing them to disengage from the counselling process. Alternatively, some people may simply agree to please the counsellor without being committed to working together to achieve their goals.

Here are some options and approaches to focus on developing rapport with the person and focusing on their individual needs.

**Self-determination**  
 A person’s right to have control over their own life and make independent choices about decisions that affect them.

<b>Do not assume a ‘fixing’ attitude</b>	Offering solutions to a client undermines their <b>self-determination</b> and autonomy and is not person-centred.
<b>Do not offer unsolicited advice</b>	Offering advice does not enable the person to be at the centre of the decision-making.
<b>Be respectful</b>	The more a relationship of trust is developed, the better the experience the person has with you, and the more likely they are to stay engaged with you and the service.



<p><b>Be aware of personality clashes</b></p>	<p>Personality clashes can occur when two people misunderstand each other. Be wary of when your own values are being used to make judgments. This will not go unnoticed by the person.</p> <p>A counsellor can navigate personality clashes by 'checking in' and asking the person how they are feeling about the counselling relationship, what they can do to improve the relationship and how to move forward when progress is not being made.</p>
<p><b>Look for signs of learned helplessness</b></p>	<p>Learned helplessness can be a barrier to a helping or therapeutic relationship. This is when a person has accepted that they do not have the skills needed to navigate different aspects of their life. Clients will often have poor self-esteem and confidence and may be resistant to using strategies to help them navigate and improve their life situations.</p> <p>A counsellor can reframe the situation to point out the person's strengths. This is referred to as a <b>strengths-based approach</b>.</p>

**Strengths-based approach**

Recognises that all individuals are resourceful and resilient experts in their lives and can progress in a way that enhances their quality of life.

## Check the person's understanding

To confirm the counselling relationship, the client should be encouraged to ask any final questions to clarify their understanding, so that they are fully informed about the counselling process.

A checklist provides a list of the information that has been provided at the initial interview, and the client can confirm that they have received and understood what has been provided to them. They may want to take the checklist home and read it carefully in their own time before being asked to formally agree to services.

A checklist can include specific references to:

- how the counselling or support service works
- confidentiality policies and procedures
- the purpose and process of the counselling or support service
- expectations about client behaviour
- rights and responsibilities of all parties, including the person, the counsellor and the service provider/organisation
- information about how much the service may cost and any funding provided.



## Example

### Client agreement

Here is a simple intake record/agreement with a checklist listing the information provided to the client at their initial meeting.

Intake record/agreement
<p>Worker:</p> <p>I have explained the following information to:</p> <p>Signed by worker:</p> <p>Date:</p>
<p>Information to cover in induction/initial interview:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Information on the rights and responsibilities of the client</li><li><input type="checkbox"/> Information on the rights and responsibilities of the organisation</li><li><input type="checkbox"/> Information on complaint and advocacy procedures</li><li><input type="checkbox"/> Information and support that can be offered to assist individuals using the service</li><li><input type="checkbox"/> A description of how the service works</li><li><input type="checkbox"/> Support that will be provided; how the support will be delivered</li><li><input type="checkbox"/> Privacy and confidentiality policy and procedures in relation to the use of and access to personal information held about the individual accessing the service</li><li><input type="checkbox"/> Procedures for release of personal information to another party and the requirement for informed consent for release</li><li><input type="checkbox"/> How the individual accessing the service can participate in decision-making processes to assist the service to improve</li></ul>
<p>The above information has been explained to me.</p> <p>Signed by individual:</p> <p>Date:</p> <p>Signed by nominated support person:</p> <p>Date:</p>



## Agree on priorities and finalise the counselling plan

### **The counselling plan is the road map for future counselling sessions.**

The counselling plan is a document that formalises the agreement between the counsellor, the client and the organisation. It outlines the priorities discussed in the initial meeting and forms the basis of their work together. The plan will document the person's priorities and sets the approach for future sessions. For example, a person may have a list of personal priorities that has led them to counselling. Too many competing priorities can lead to some becoming unachievable. It is better for the client to rank them in order from most important to least important. Prioritising what the client wants to achieve provides a clear road map by which to start working towards goals and finding resources to meet those priorities. For example, the person may want to reconnect with family, but before this can happen, they may need to secure housing and find employment.

Goals and priorities can change or require modification from one appointment to the next. This may be due to changing circumstances and resources. Part of the evaluation process in the plan is to use evaluation strategies to assess the degree to which the person's goals have been reached and whether they require adjusting.

The plan will be added into future counselling sessions and stored as part of the person's case management notes, along with any other confidential documents stored in the person's file.

## Example

### Develop a counselling plan

Here is a completed counselling plan from Topic 1.

Initial Counselling Plan	
<b>Background information</b>	
Name and personal details of client: Rebecca Wise, 35 years, two children (female, ages 10 and 12 years), living with de facto partner. See file re. contact details: Mobile phone only	
Start date: 9/3/23	Start time/finish time: 9.15–11.00
Referral notes: See attached letter Reviewed by supervisor 7/3/23. Community Housing Services (CHS) – accommodation wait list	
Special needs: <ul style="list-style-type: none"> <li>Slight hearing disability on LH side</li> <li>Provide quiet office and sit opposite in conversation</li> </ul>	Safety or reporting issues assessed: None
<b>Interview items to be covered</b>	
Informed consent and boundaries: Explained and confirmed	Current status: Living in temporary rental accommodation with children and de facto partner. History of alcohol abuse 5 years previous. Abstinence until 2 months ago. Drinking daily 6+
Client's goals: <ul style="list-style-type: none"> <li>To reduce drinking with the aim of stopping altogether within one month</li> <li>To be a better parent to her daughters</li> <li>To find a stable place to live</li> <li>To move away and not mix with friends who drink</li> </ul>	Client's priorities: <ul style="list-style-type: none"> <li>Short-term: Reduce and then stop drinking alcohol</li> </ul> Long term: <ul style="list-style-type: none"> <li>Improve relationship with daughters</li> <li>Obtain stable rental accommodation</li> <li>Change social group</li> </ul>
Observations of client requirements: Rebecca doesn't want to return to her circumstances of 5 years ago	Client behaviours/comments: Agitated and nervous body language; shifting in her seat, looking to exit



### Assessment summary

#### Primary issue:

- Alcohol abuse: 6+ drinks per day (white wine)
- Escalating issues related to AOD may result in the same situation as 5 years ago, when her children lived with their grandmother
- Health concerns from alcohol abuse
- Partner and friends drink every night in Rebecca's home
- Children fearful and get disturbed sleep

#### Secondary issue:

Temporary housing and living with de facto makes it difficult to avoid alcohol

#### Coexisting issues:

Rental housing is temporary – 3 months. On wait list for more permanent accommodation. Rebecca doesn't want to move back home with mother.

#### Plan for reaching goals (Objectives/ interventions):

- Need to stop drinking – use strategies that have been successful in the past (refer to plan attached)
- Follow up on housing wait list
- Contact AA and return to meetings

#### Actions to be taken:

- Rebecca will tell partner, friends and family she will not be drinking anymore and ask for their support.
- Ask her mother to mind her children on nights of AA meetings.

#### Safety or reporting issues reassessed:

None

#### Evaluation strategies:

Refer AOD plan

#### Further referral:

- Investigate – adolescent parenting classes
- Contact community housing service (see referral) re. wait list and availability of housing

Review date: 2 weeks – 23/3/23



## Practice Task 9

### Question 1

Provide at least two examples of different options or approaches that could be offered to a client with specific cultural needs.

### Question 2

Briefly outline why it is important for the person to agree on their priorities before developing a counselling plan.

# 3B

## Document an agreement with the client that addresses disclosure and organisation requirements

**A variety of documents are used in counselling and community services organisations.**

The organisation or service provider will require that certain types of information be included in the counselling contract. A supervisor or manager will be able to provide a template or sample of the documentation format that is used for counselling contracts in their organisation.

When a person signs a contract or **agreement** for counselling, they are confirming they have information about the service they will be receiving and understand the terms and limitations placed on them, such as their rights and responsibilities. This also includes the organisation's rights and responsibilities in the delivery of services.

It is the responsibility of the counsellor to check that the person understands what will occur and the rights and responsibilities of each party during the process. A clearly explained contract provides a framework for the expectations of the client. A contract signed by both the counsellor and the person confirms their commitment to the counselling relationship and provides a framework for the expectations of the person requiring support. It means that both parties agree they will work together to explore personal issues.

The point at which a person is asked to sign a contract will vary depending on the service, program or organisation's procedures. It could be during the initial interview or soon after.

### Organisational requirements in an agreement

Contracts will vary between organisations, but some basic organisational requirements required in a contract include the following:

#### Information requirements for contracts:

- Details of who the agreement is between, such as the person receiving services, the counsellor providing services and the service organisation
- Personal information requirements: name, contact details, referring organisation, etc.
- Fees for services, private health insurance, concessions available and evidence required (e.g. Centrelink Health Care card)
- Funding source (such as NDIS or from the person directly)
- Methods of payment accepted by the organisation, such as EFTPOS only (no cash)

#### Agreement

A formal contract used to formalise the legislative and organisational arrangements that will be adhered to in the counselling sessions.



Information requirements for contracts:
<ul style="list-style-type: none"> <li>• Timing of payments: after each session</li> </ul>
<ul style="list-style-type: none"> <li>• Session details: duration of the support (hours or dates to begin and end), length of time for an appointment, overtime procedures</li> </ul>
<ul style="list-style-type: none"> <li>• Cancellation policy: rules for non-attendance and notification required (e.g. 24 hours' notice), rescheduling appointments and methods for cancellation such as phone messages</li> </ul>
<ul style="list-style-type: none"> <li>• Signatures confirming consent to participate in the program or service and that the person understands and agrees to the rights and responsibilities outlined</li> <li>• Signatures by the person, counsellor and perhaps a supervisor/manager</li> <li>• Dates of signatures</li> </ul>
<ul style="list-style-type: none"> <li>• Exit policies and procedures: outline how and when counselling and support is either phased out or finishes. For example, a person is only entitled to six counselling support sessions, and in the sixth session, the counsellor goes over options for support outside the organisation to ensure the person is still supported.</li> </ul>
<ul style="list-style-type: none"> <li>• Complaints policy and procedures for clients who want to provide feedback or are unhappy with the service they received.</li> </ul>

## Key information in an agreement

Key information on a counselling contract can also include the following:

Information	Explanation
<b>Aims</b>	The aims of the counselling service briefly describe the purpose of counselling. They can outline the setting of goals and what is required of the person in the process.
<b>Code of ethics</b>	The contract may detail professional associations aligned with the organisation or list statements from the organisation's code of ethics, such as: <ul style="list-style-type: none"> <li>• references to unconditional regard, empathy and respect</li> <li>• duty of care responsibilities</li> <li>• person-centred principles for the delivery of services.</li> </ul> It should also include a note that the person can review their involvement in the counselling process at any time.
<b>Confidentiality (with exceptions)</b>	Confidentiality may refer to privacy legislation with reference to confidentiality. It may provide some detail on ways the organisation ensures confidentiality through record keeping and security of data. It may also give information concerning the person's right of access to his or her records.  There is also usually a statement about the exceptions to confidentiality, such as when a person may harm themselves or others, a child is at risk, or the court instructs information to be provided.



<b>Disclosure</b>	The contract may outline that personal information will not be disclosed, except as described in the organisation’s privacy statement, where the service user consents to a particular disclosure or where identifying data is removed. It may also mention the principle of informed consent and obtaining permission from a person to disclose.
<b>Case records</b>	If case notes of counselling sessions are kept, people requiring support should be made aware of this. A note should provide information about disclosure and privacy regarding access to the records, their availability to other people and the degree of security with which they are kept.
<b>Boundaries</b>	Information about boundaries may include details about contact outside of the counselling relationship, the scope of the role and the need to refer beyond the scope of the counsellor’s or community service worker’s role.
<b>Complaints procedure</b>	This refers the person to the organisation’s procedure for lodging a complaint and may include details of how to complain and to whom.
<b>Referral</b>	Referral information may include a statement that the person will be involved in any decision-making about referral and possible reasons for referral, such as the concerns being beyond the scope of a counsellor; for example, housing or financial support. Disclosure rules should be referred to.

## Example

### Documenting the nature of the counselling relationship

Here is an example of a completed template for a counselling contract.

Counselling contract form	
Client details	
Name:	
Address:	
Phone no:	Date of birth:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Other partnership	
Background: Aboriginal and Torres Strait Islander <input type="checkbox"/> Other, please specify:	
Next of kin or contact person:	
Address:	
Phone:	



### Fees and session details

Fees: \$120.00 per hour

Methods of payment: We accept all cards. We do not accept cash. Payment is required at the time of the appointment.

Session details: Sessions will run for approximately 60 minutes.

Appointments will occur weekly unless otherwise negotiated. Sessions that start late due to your late arrival cannot be extended beyond the agreed finish time. If the arrival time is beyond 15 minutes, this will be considered a cancellation.

Cancellation policy: 24 hours' notice for non-attendance is required for no charges to apply. Rescheduling will be done to the best of our ability. Appointments cancelled less than 24 hours before the appointment due to illness will require a medical certificate, and a charge of 50% of the full session fee will apply.

Reminders: Appointment time reminders will be sent via text message. Please let the administration staff know if you do not wish to receive a text message.

### Service details

Aims of the counselling service: The aim of counselling is to provide a confidential opportunity to explore personal and relationship issues in safety. The role of the counsellor is to help you through this process without judgment or telling you what to do. During the counselling process, set goals are agreed between the person and the counsellor, and the person will work towards those agreed goals. If at any time the counsellor feels they can no longer help the person, they will refer them to someone who can.

Code of ethics: All of our counsellors belong to the <insert relevant professional association> and participate in ongoing professional development to maintain their skills. All employers work within the organisation's code of ethics that can be found here: <insert details>. In particular, they will offer unconditional positive regard, empathy, genuineness and respect for the people they work with. In addition, they will respect the values and belief systems of others. A person can review their involvement in the counselling process at any time.

Confidentiality: Respecting confidentiality is of utmost importance to us, and we are bound to and abide by the *Privacy Act 1988* (Cth). Exceptions to maintaining confidentiality include when there may be a threat of harm to themselves or others, a child is at risk, or the court instructs information to be provided.

Disclosure: Information will not be disclosed to any other person, except as described in the organisation's privacy statement, where the person consents to a particular disclosure or where identifying data is removed. We must obtain informed consent and written permission to disclose or share information.

Case notes: All case notes (short summaries of what happens each session) will be stored following the organisation's confidentiality policies and procedures, code of ethics and the *Privacy Act 1988* (Cth).



### Service details

**Boundaries:** We do not permit contact with clients outside of the counselling room. Physical contact is inappropriate at any time. Counsellors are not skilled in assisting people with practical aspects of their issues such as parenting, housing, Commonwealth financial support or legal advice. Information on additional services can be provided if required.

**Complaint procedures:** You have a right to make a complaint about the service. Please refer to the <insert website> for information about the complaint procedure and a link to our form for written complaints. This refers the person to the organisation's procedure for lodging a complaint.

**Referral information:** Any decisions made about a referral must be discussed with the person to gain consent and provide explanations and suggestions. This is usually because the concerns are beyond the scope of a counsellor.

#### Client signature:

Name:

Signature:

Date:

#### Counsellor signature:

Name:

Signature:

Date:

## Practice Task 10

### Question 1

Briefly outline the purpose of a documented agreement such as a contract used in counselling.



**Question 2**

List four examples of organisational requirements that would be found in a counselling agreement.

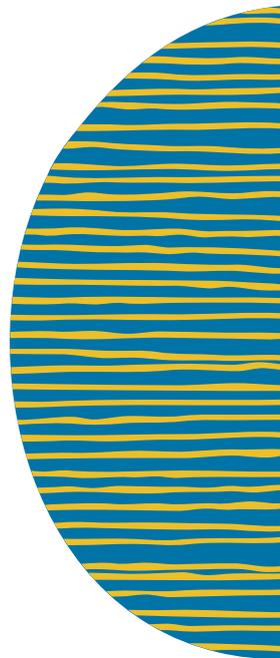
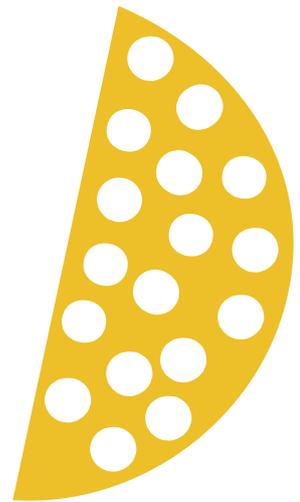
**Question 3**

Briefly explain why disclosure is addressed in a counselling agreement.



## Summary

- The person's needs must be at the centre of the counselling relationship, and they should be offered options and approaches that will meet their individual needs.
- Before agreeing to the counselling or support plan, the person should be encouraged to ask questions to clarify their understanding.
- The counselling plan is the road map for future counselling sessions.
- Contracts confirm that the goals and priorities in the plan reflect the person's needs and that they are prepared to continue working with the counsellor to achieve those goals.
- An agreement, when explained clearly, provides a framework for the expectations of the person requiring support.
- The organisation or service provider will require that certain key information be included in the counselling contract.





# Learning Checkpoint 3

## Confirm the helping relationship

### Part A

1. Briefly explain why a documented agreement is used to confirm the helping relationship between a client and counsellor.

2. List four organisational requirements that should be outlined about counselling services in a contract or counselling plan.



3. Why is it important that information on disclosure be included in an agreement with a client?

## Part B

Read the case study and answer the questions that follow.

### Case study

Sam is a First Nations counsellor assigned to Kaawa, who was referred for counselling by the women's refuge she has been staying at after experiencing family violence.

When Sam and Kaawa meet for the first time, Sam asks if Kaawa would be more comfortable sitting in the garden. On the way to the garden, Sam asks Kaawa about her mob. Kaawa is surprised by Sam's approach and appears to relax.

After explaining the process of counselling, Sam asks Kaawa what she needs and why she agreed to come to counselling. Kaawa replies that she wants to find her own place, she needs "help with her head problems", and she needs to stay away from the guy that was bashing her and taking all her money. Kaawa states that she has a job working as a childcare worker at the Koori Community Centre and has two weeks leave before having to return to work.

When asked what her priorities are, Kaawa states that she wants a safe place to live. When they discuss her health, Kaawa states that she doesn't trust "white medicine", that they just want her to take drugs and go away and that "they don't like us black folks hanging around their posh offices". Sam says, "So, you felt that they were acting negatively towards you because you are First Nations and wanted you to leave."



Sam and Kaawa agree that Kaawa's priority is to keep safe, so she will stay at the refuge while she waits for accommodation. They agree that a Koori mental health service would be more appropriate than the service to which she had previously been referred.

Kaawa agrees that counselling would be good to help her understand why she keeps getting into abusive relationships.

The session closes with a counselling plan. Sam explains that she will find some information on possible referral options and that they can meet again the next day if Kaawa agrees.

1. Identify two options and approaches Sam used in her initial meeting with Kaawa to address her individual needs.

2. Identify the benefits of Sam and Kaawa agreeing on her priorities in the initial counselling session.



3. Complete the following counselling plan according to the information in the scenario. Your plan should cover appropriate consideration of:

- legal and ethical responsibilities
- safety or reporting issues
- recording of client's own identified priorities
- observations of client requirements
- involvement of other agencies/referral information
- special needs information
- evaluation strategies

Initial Counselling Plan	
<b>Background information</b>	
Name and personal details of client: Kaawa	
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:



Initial Counselling Plan	
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:	



# Glossary

## Agreement

A formal contract used to formalise the legislative and organisational arrangements that will be adhered to in the counselling sessions.

## Assistive technology

Technology that enables a person to maintain or improve their capability of performing a task.

## Code of practice

A document providing practical guidance on how to comply with duties in a workplace.

## Coexisting issues

Issues that arise when the person is affected by more than one type of disability; or issues that relate to environmental, societal or financial circumstances.

## Confidentiality

The principle of keeping personal information private unless the person consents to sharing the information with other parties.

## Consent

When a person gives permission or agrees to something.

## Counselling

To give or offer advice to a person.

## Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

## Disclosure

The act of sharing or releasing private or personal information.

## Discrimination

The act of excluding or treating a person differently based solely on an attribute such as disability, age, gender, race or sexual orientation.

## Duty of care

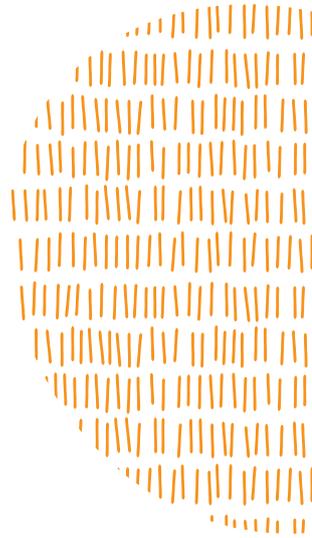
A moral or legal obligation to ensure the safety and wellbeing of other persons.

## Holistic approach

A way of looking at human needs that suggests we have different types of needs that are all interconnected.

## Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.



**Informed consent**

Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

**Mandatory reporting**

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

**Pathologising**

Attributing what may be normal behaviour to a mental health disorder.

**Person-centred approach**

Providing tailored support for each person and taking time to learn about their individual preferences, needs and goals.

**Privacy**

A fundamental human right designed to protect people from intrusion and to selectively express themselves.

**Professional boundaries**

Guidelines, rules or limits between professionals and the people being supported.

**Rapport**

A close relationship between two entities that promotes mutual understanding

**Self-determination**

A person's right to have control over their own life and make independent choices about decisions that affect them.

**Strengths-based approach**

Recognises that all individuals are resourceful and resilient experts in their lives and can progress in a way that enhances their quality of life.

**Values**

The degree of importance of an idea or principle to a person.