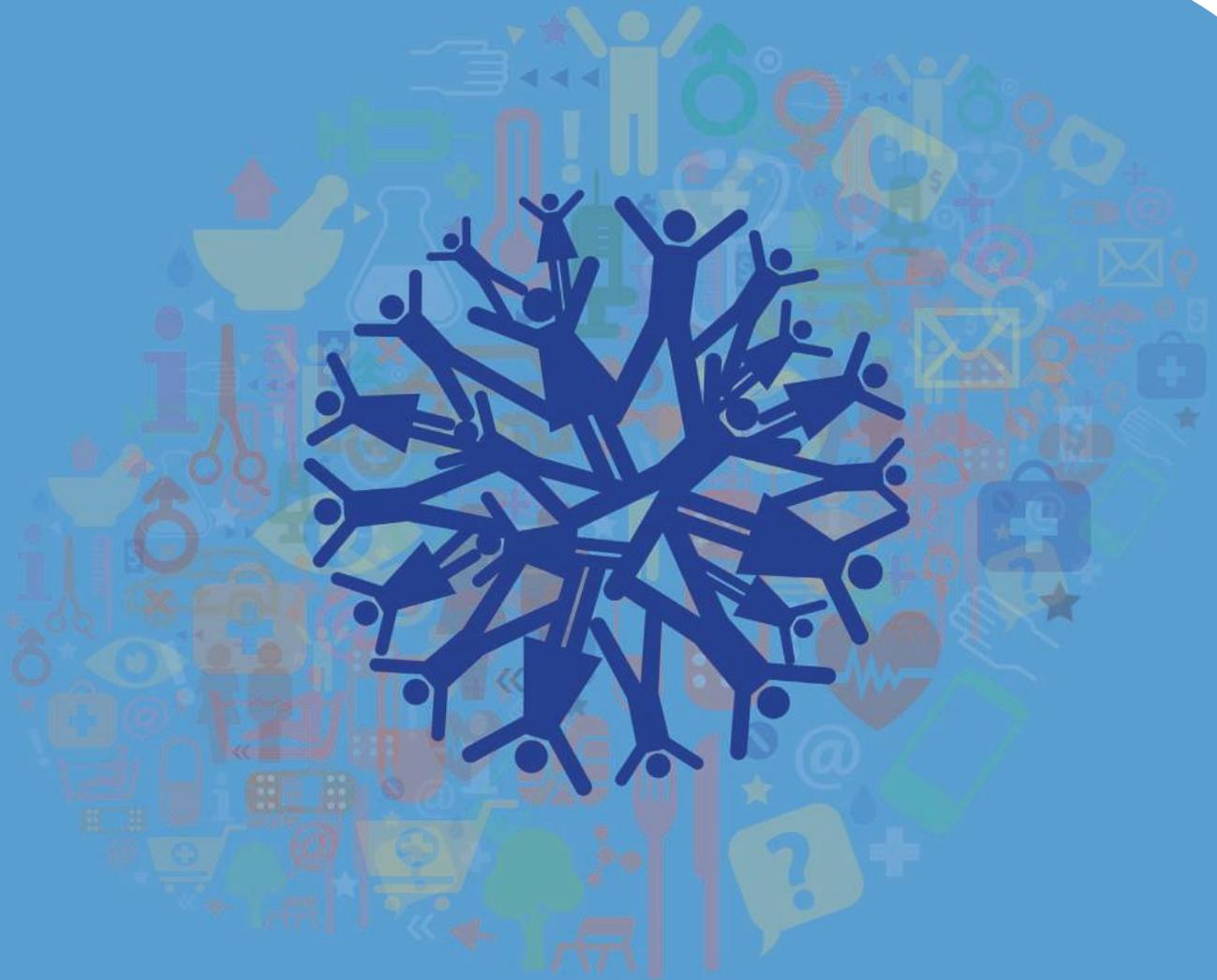# CHCCSL001
Establish and confirm the counselling relationship

Release 1

Learner guide

CHCCSL001

Establish and confirm the counselling relationship

Release 1

Learner guide

Aspire Version 1.2

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Version control and modification history

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

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Contact details

Participant

Name: ....

Start date: ....

Phone number: ....

Email: ....

Work location

Name: ....

Address: ....

Postal address: ....

Workplace supervisor name: ....

Phone number: ....

Fax: ....

Email: ....

Registered Training Organisation (RTO)

Name: ....

Address: ....

Postal address (if different): ....

Phone number: ....

Fax: ....

RTO contact name: ....

Mobile: ....

Email: ....

Contents

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. You can access the unit of competency and assessment requirements at: www.training.gov.au.

How to work through this learner guide

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

Feature of the learner guide	How you can use each feature
Learning content	▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples and case studies	▶ Examples of completed documents that may be used in a workplace are included in this learner guide. You can use these examples as models to help you complete practice tasks and learning checkpoints. ▶ Case studies highlight learning points and provide realistic examples of workplace situations.
Practice tasks	▶ Practice tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which practice tasks to complete.
Video clips	▶ Where QR codes appear, learners can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help
Summary	▶ Key learning points are provided at the end of each topic.
Learning checkpoints	▶ There is a learning checkpoint at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.

Foundation skills

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

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

Foundation skill area	Foundation skill description
Learning	▶ Understanding your job role, organisational procedures and legal responsibilities ▶ Managing your work and seeing how well you are going and making goals for yourself at work ▶ Seeking professional development opportunities for continuous improvement
Reading	▶ Understanding how documents are presented and being able to navigate through documents ▶ Understanding industry- and job-specific terminology ▶ Interpreting key information in relevant documents ▶ Understanding routine workplace checklists and documentation
Writing	▶ Planning, drafting and writing reports and documents ▶ Communicating through written letters, email and online ▶ Recording progress; reporting incidents
Oral communication	▶ Clarifying instructions ▶ Providing information ▶ Supporting others through encouragement, negotiation and conflict resolution ▶ Using body language to model desired behaviour and responding to others' body language
Numeracy	▶ Calculating costs, weights, measurements of height and distance ▶ Interpreting measurements
Teamwork	▶ Working well with other people by cooperating, collaborating, encouraging and building rapport
Planning and organising	▶ Planning your workload and commitments ▶ Implementing tasks ▶ Completing work on time ▶ Knowing how to deal with hazards and risks
Making decisions	▶ Understanding and applying decision-making processes ▶ Reviewing the impact of your decisions
Problem-solving	▶ Identifying problems ▶ Working out how to fix a problem using problem-solving processes and reviewing the outcome
Innovation and creation	▶ Recognising opportunities to develop and apply new ideas ▶ Generating ideas by thinking of new ways to do something ▶ Making suggestions to improve work

Foundation skill area	Foundation skill description
Technology and digital literacy	▶ Efficiently using digitally based technologies and systems correctly and safely ▶ Accessing, organising and presenting information ▶ Using equipment correctly and safely

What do you already know?

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

Topic	Key outcomes	Rate your confidence in each section
Topic 1 Use a structured approach to counselling	1A Analyse existing client information prior to commencement of the counselling session	☐ Confident ☐ Basic understanding ☐ Not confident
	1B Use the initial session to gather additional client information as a foundation for the counselling process	☐ Confident ☐ Basic understanding ☐ Not confident
	1C Select and use communication techniques that support the initial counselling session objectives	☐ Confident ☐ Basic understanding ☐ Not confident
	1D Follow a structured approach to counselling based on client needs and expectations	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 2 Establish the nature of the helping relationship	2A Provide information that assists clients to understand the nature of the counselling service on offer	☐ Confident ☐ Basic understanding ☐ Not confident
	2B Clarify, confirm or modify client expectations of the counselling service	☐ Confident ☐ Basic understanding ☐ Not confident
	2C Identify client anxieties about the counselling process and explore them with clients	☐ Confident ☐ Basic understanding ☐ Not confident
	2D Acknowledge and show respect for the client's immediate concerns	☐ Confident ☐ Basic understanding ☐ Not confident

Topic	Key outcomes	Rate your confidence in each section
	2E Clarify both expectations and commitment to the counselling relationship and confirm with clients	☐ Confident ☐ Basic understanding ☐ Not confident
	2F Identify indicators of client issues beyond the scope of your own role and report or refer appropriately	☐ Confident ☐ Basic understanding ☐ Not confident
Topic 3 Confirm the helping relationship	3A Explore options and approaches for the relationship with clients according to individual need	☐ Confident ☐ Basic understanding ☐ Not confident
	3B Agree on priorities and develop a plan for counselling in collaboration with the client	☐ Confident ☐ Basic understanding ☐ Not confident
	3C Make a documented agreement with the client that addresses disclosure and organisation requirements	☐ Confident ☐ Basic understanding ☐ Not confident

Topic 1

In this topic you will learn how to:

1A Analyse existing client information prior to commencement of the counselling session

1B Use the initial session to gather additional client information as a foundation for the counselling process

1C Select and use communication techniques that support the initial counselling session objectives

1D Follow a structured approach to counselling based on client needs and expectations

Use a structured approach to counselling

People who seek counselling come from a wide range of backgrounds and different stages in life. As a result, their issues will stem from a variety of factors and circumstances, and there may be a number of other aspects of the person's life that they need support and assistance with.

A support worker requires a particular set of skills for collecting and analysing appropriate information to prepare a counselling plan. To accurately determine a person's needs, information from a variety of sources must be collected and interpreted, including case history documents. Health information that is shared must be obtained following legal and ethical guidelines regarding consent, privacy and confidentiality considerations, and supervision needs to occur during various stages of the counselling preparation and planning process.

Gathering information and developing a counselling plan based on the person's needs and expectations, requires high-level communication skills. There needs to be a relationship of trust established where the person feels they can speak freely and be listened to without judgment. There needs to be a structured approach, with a plan that establishes the scope of the counselling process, and confirms and documents the counselling interview.

1A Analyse existing client information prior to commencement of the counselling session

A structured approach to counselling requires the collection and analysis of background information. Existing case history documentation will form the basis of this information and need to be collected and interpreted in readiness for the initial counselling session. Case history information may have been provided from within the organisation, from the person themselves if they self-refer or the person may have been referred from another community sector agency.

Accurate analysis of a case history requires that the counsellor gathers as much detail as possible to gain a holistic view of the person. They need to consider all aspects of their personal history to gain a comprehensive summary of the person's past and current circumstances. This includes reading and analysing information available on the physical, emotional, psychological, social, economic, environmental and spiritual needs of the person. This holistic approach ensures the needs of the whole person are considered.

Collect existing information

After analysing the available information, the broad reasons why the person is seeking help should be clear. The person may also provide a reason themselves if self-referring. There may be one particular issue that may have led the person to seek counselling or there may be several coexisting issues. The information available in the person's case history record will include personal details, past services, strategies and referrals, and may include a note on why the person has been recommended to seek counselling services.

Information provided in a case history report may include:

▶ personal details such as name, age, sex, marital status, family relationships, ethnic background and other demographic information such as language requirements and contact details

▶ medical history and their symptoms, if applicable

▶ particular needs such as physical disabilities, mental health issues, or issues relating to cognitive impairment

▶ reasons for contacting the service

▶ strategies/interventions used

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

▶ previous or current issues

▶ coexisting issues such as AOD issues or housing issues

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

▶ referral information.

Referral information

People can be referred to counselling from within an organisation such as from one area to another, or from an outside service organisation to another organisation. A supervisor, intake clinician or manager is likely to have reviewed the case to determine the level of expertise required in the counselling process based on the complexity of the need. They would then likely match this with the skills and knowledge of staff and refer to a professional as required.

Depending on the organisational structure and protocols, a supervisor will often arrange for a meeting or provide information (to discuss the case history details) to the support worker who will offer the counselling service. The information provided by the supervisor, along with the case notes, forms the basis of the client information used for the preparation of the counselling sessions.

A multidisciplinary approach

The sharing of information and combining the skills and knowledge of many different workers from different disciplines is referred to as a multidisciplinary approach. It can include the sharing of knowledge from a variety of services organisations. The aim is to combine resources and skills to meet the holistic needs of the person. This team approach identifies that each person may have several service needs and by working together the best possible outcomes can be achieved for the person.

A multidisciplinary approach acknowledges that the holistic needs of the complete person are considered and that the person may benefit from a variety of interventions. The aim is to develop and provide a streamlined and coordinated approach to support.

In order to function well, the multidisciplinary team requires:

▶ a culture of trust, respect and understanding of roles

▶ acknowledgment of skills and utilisation of the best skill mix within the team

▶ a formalised governance structure for reporting and prioritising workload

▶ formalised systems for sharing communication, documentation and reporting between organisations.

Handling personal information

Any existing personal information must remain confidential and private and the person must give consent for their personal information to be shared between organisations. If consent is provided and the files are to be shared, the organisation's privacy and confidentiality policies and procedures must be adhered to.

Consent is usually given for access to particular information for a particular purpose; often the specific workers within the agency receiving the information are also named. Most organisations require that consent is obtained using a specific form. Consent forms may vary in name and format between agencies but require the signature of the person who owns the information agreeing to the sharing of their information.

Personal information handling practices also vary depending on the organisation but should address the following aspects.

Types of information

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

Collection methods

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

Recording information

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

Maintaining records

Organisational processes should be in place to ensure that records of personal information remain accurate, complete and up to date, including by verifying the information with the service user each time they use the services, or from other sources. The records are retained for up to 25 years. The specific length of time varies across organisations and is usually determined by the funding body.

Using personal information

Personal information is collected, stored, used and disclosed:

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

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

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

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

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

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

▶ for compliance with legal obligations.

Sharing personal information

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

Personal information may also be used to make follow-up calls to service users for feedback on their satisfaction with service delivery if the client has given consent.

Disclosing personal information

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

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

Protecting personal information

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

Confidentiality and privacy

It is important to maintain the confidentiality of the person seeking counselling services and ensure systems are in place to protect their personal information. In some organisations, all employees sign a confidentiality agreement at the time of employment. In this signed contract an employee agrees not to divulge any information acquired during or after involvement with service users unless legally required to do so. They also agree to follow the organisation's policies and procedures regarding privacy, storage and access of client information. Confidentiality agreements can be referred to in the initial counselling session, as required, to confirm confidentiality and disclosure guidelines to the person seeking counselling services.

Organisations or agencies 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. In addition, files must be stored securely and permission from a manager or supervisor may be required for access. In some circumstances, service users may request that certain information is not to be shared with particular people, such as family, and it is essential that such a request is recorded in case notes and followed.

Tips for maintaining the confidentiality of information

▸ Keep personal information safe to prevent unauthorised access, loss, modification, disclosure or other misuse.

▸ Ensure only authorised personnel have access to personal information.

▸ Do not pass on information read in reports, or entrusted to you, to people, 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 without prior permission.

▸ Take care not to discuss service users with anyone else unless it is in the person's best interests.

▸ Take all reasonable steps when transmitting personal information by email or fax, including information using data encryption, to ensure its safety, integrity and confidentiality.

▸ Ensure 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.

▸ If you are using service user examples in your studies, ensure you do not reveal the person's name or other identifying information.

Prepare for the initial interview

To prepare for the initial counselling session, the existing available information must be analysed and interpreted. This information may reveal or state explicitly what the person's issues are or the reason for the referral. It is important to fully understand the information available and to seek clarification with a supervisor or colleague. This could include speaking with someone outside of the organisation to seek information about a particular service without mentioning any specific names or cases. For example, a support worker may not feel prepared with up-to-date information on housing options for homeless youth in their area, so they speak with the housing support worker within an organisation who specialises in this area of service. Additional research may be required by searching the internet for local agencies or programs that may be useful resources or supports.

Set up the session

Prior to the commencement of the counselling session, contact needs to be initiated and appointment session times confirmed. This task may be performed by an intake clinician. In the initial phone contact, the counsellor needs to introduce themselves and the organisation they represent. They should outline the reason for the call and negotiate a suitable time to meet. Other details can be provided in the initial contact such as the duration of the appointment, cost and the location for the session including information on parking or public transport as required. The person should be encouraged to ask any questions about the upcoming session.

On initial contact, a support worker should ensure that:

▶ the person can easily get to the appointment and meet the cost of fees

▶ they make a suitable time for the appointment that fits in with the person's other obligations

▶ specific requirements of the person are known beforehand; for example, wheelchair access

▶ the space you have chosen is available for conducting the interview.

Availability of space

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

Arrange the space

Once a location has been confirmed, the space itself needs to be conducive to a positive experience. This could simply mean that the space is comfortable or may include choosing a room that allows quick access to support; for example, near the reception area if there are concerns that a client may be violent. When discussing private matters, the environment should allow for the person's individual needs and for all parties to feel comfortable. There are also a number of other important elements relevant to a counselling session to consider about the space, including privacy and seating arrangements.

Privacy

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

Seating

Where possible, try to sit in reasonably close proximity to the person if the referral information indicates this is safe. If there are risk issues, 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 or other advocate.

Recording the session

Notes need to be taken of the session, and your supervisor can give you guidance on the accepted practice of how and when to take notes. A clipboard or notepad can be used and balanced on your lap if a small table it 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.

Example

Analyse existing client information prior to commencement of the counselling session

Sally is preparing to meet a person who has been referred to her service for counselling. Sally is a support worker in the disability sector and part of her role is to provide counselling services to people with disabilities and their families.

Two days before the appointment, Sally reviews the records that have been sent from a service that specialises in housing support for people with disabilities. Sally is unfamiliar with the current practice of funding arrangements for housing mentioned in the report, so she speaks to a colleague and he suggests a particular website that may be useful to read about current funding details. Sally finds the information she wants on the internet and feels well prepared for the counselling session booked for the following day.

Practice task 1

1. What is an example of the type of information that would be reviewed prior to a counselling session?

2. What types of information can be found in a case history report?

3. What considerations should be made when dealing with personal information?

4. What information needs to be considered when making arrangements for a counselling session?

Click to complete Practice task 1

1B Use the initial session to gather additional client information as a foundation for the counselling process

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. It is also about focusing on engaging the person to explore the issues affecting them and laying the groundwork for any future appointments.

It is vital to begin building a relationship with the person where they feel they can speak freely in an atmosphere of trust and mutual purpose. Counselling is a collaborative process where both parties work together to develop ways to deal with and overcome personal issues.

Legal responsibilities underpin much of the work in community services. Workers involved in supporting people with counselling need to have a working knowledge of these principles and operate within these legal parameters in all aspects of their work. They need to follow their organisation's guidelines and procedures for all legal and ethical aspects of their work.

Build a relationship and rapport

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

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

Rapport can be maximised through communication strategies such as:

▶ using warm and open body language; making frequent eye contact, smiling and nodding to demonstrate genuine care

▶ using active listening skills

▶ explaining the person's rights to have their information kept private and outlining the limits of confidentiality

▶ explaining the purpose of collecting information and asking personal questions

▶ showing respect and empathy to demonstrate to the person that they are understood and that the support worker empathises with their feelings and situation

▶ maintaining a non-judgmental attitude and demonstrating positive regard by treating all people equally, regardless of their issues and presentation.

Empathy

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

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

Other conditions that enhance relationship building skills include the following.

Respect

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

Genuineness

Genuineness refers to responding to the person as a human being and being comfortable and open about the counselling process without pretences. Being genuine means being authentic and honest in responses while respecting the person's sensitivities and personal issues.

Positive regard

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

Legal and ethical considerations

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

Ethical guidelines must influence and underpin decisions made in all work undertaken. One main ethical practice in the community services sector is the principle of 'do no harm'. Community services associations and organisations have codes of ethics and codes of practice that outline conduct that reflects this principle, and guides workers in making decisions that always consider the safety and wellbeing of the people they support.

Here are some examples of guidelines for ethical practice in an interview setting such as a counselling session. There is a duty of care to ensure interviews are held in a safe environment and that there is no unreasonable physical or emotional risk for the participants.

Conduct interviews in an ethical manner by:

- ▶ acting within the bounds of legislation
- ▶ acting within the bounds of the organisation's policies and procedures
- ▶ acting within the bounds of duty of care
- ▶ supporting the rights of the person being interviewed
- ▶ declaring any conflict of interest
- ▶ providing an advocate or independent third person, where appropriate.

Legal and ethical guidelines

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

Workers should also be familiar with ethical guidelines and codes of practice and how they impact on areas of work such as communication, confidentiality and work role boundaries. Any uncertainty related to ethical practice should be clarified with your supervisor before proceeding.
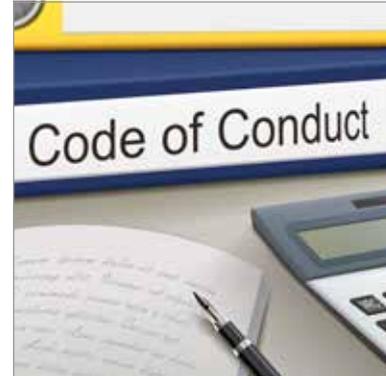
You can read an example of a code of ethics developed by the Australian Community Workers Association at:

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

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

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

Legislation, policies, guidelines and responsibilities

Legal responsibilities underpin much of the work in community services. Some legislation is relevant to all services and other legislation may be specific to particular settings and may vary between states and territories. Organisational policies are developed to ensure community services workers and supervisors provide services according to legislative and regulatory obligations. These obligations exist to protect the rights of people accessing services and are a minimum standard of operating.

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

Codes of conduct and practice

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

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

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

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

Your workplace code of conduct may include:

▶ a statement of purpose

▶ related legislation

▶ disciplinary action for breaches of the code

▶ a summary of the workplace values

▶ roles and responsibilities of accountable persons named in the code

▶ worker rights and treatment under the code

▶ general applications of the code

▶ application of the code to specific work circumstances.

Privacy and confidentiality

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

Confidentiality is about data or information, not people, and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to occur. There are exceptional circumstances that do enable disclosure of private information but this is generally only when someone is at risk of harm. A person's informed consent must always be obtained before disclosing confidential information to a third party.

The applicable Commonwealth Act is the *Privacy Act 1988* (Cth), which protects all personal information handled by businesses. Most states and territories have laws designed to regulate how information is managed in both the private and public health systems. Some states have also incorporated information privacy principles and human rights principles into law.

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

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

Informed consent and disclosure

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

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

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

The following considerations should be made regarding informed consent.

Informed consent considerations:

▶ What information is required

▶ Should consent be obtained in writing

▶ The difference between implied and explicit consent

▶ The use of decision-making processes

▶ Is the adult capable of making their own healthcare decisions

▶ Who is responsible for obtaining consent

▶ How long does consent last and when should it be renewed

▶ What to do when consent capabilities of the person are in doubt

▶ How to recognise and enable someone to withdraw consent

Duty of care

Duty of care describes the legal obligation that individuals and organisations have to anticipate and act on possible causes of injury and illness that may exist in their work environment or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible cause of harm. Injury, illness or harm encompasses physical aspects of the person but also psychological harm or injury.

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

Here is more information about duty of care.

Duty of care

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

Negligence

▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any community worker, supervisor 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 dignity of risk, which means that a person has the right to make their own choices and to take risks.

Work health and safety

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

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

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

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

Human rights

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

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

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

Relevant rights in the Universal Declaration of Human Rights:

▶ All people are equal.

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

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

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

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

Discrimination

Discrimination occurs when an individual is treated less favourably than others because they belong to or identify with a particular group, or are perceived to have certain traits or attitudes. People may also be discriminated against due to their association with others who have attributes that may be discriminated against. These are outlined below.

People may be discriminated against because of their:

▶ disability
▶ sex
▶ pregnancy
▶ politics
▶ sexual preference

▶ age
▶ ethnic origin
▶ religion
▶ marital, parental or carer status
▶ physical features.

Discrimination legislation

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

▶ *Disability Discrimination Act 1992*

▶ *Equal Opportunity for Women in the Workplace Act 1999*

▶ *Racial Discrimination Act 1975*

▶ *Sex Discrimination Act 1984*

▶ *Racial Hatred Act 1995.*

Additional legislation exists in each state and territory.

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

▶   http://aspirelr.link/austlii

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

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

Mandatory reporting legislation

Mandatory reporting describes the legislative requirement imposed on certain people to report suspected cases of child abuse and neglect to government authorities. These people interact with children and young people in the course of their work and include doctors, dentists, nurses, midwives, teachers, police officers, counsellors, coordinators of home-based care for children and public servants who deal directly with children.

In the case of counsellors in the community services sector, it is the supervisor's responsibility to report, but workers need to report their concerns to their supervisor. If the person being counselled communicates concerns regarding any abuse or neglect, then it must be reported to a supervisor or manager. In such circumstances the duty to report overrides any legal obligations to maintain confidentiality. It is important to explain this to the individual in the first session and to answer any questions or concerns they may have about this issue.

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

Mandatory reporting requirements

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

Mandatory reporting for suspected abuse or neglect of a child

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

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

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

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

Compulsory reporting for providers of residential aged care

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

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

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

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

Reporting requirements for disability services providers

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

In certain circumstances disability services organisations are required to report on individual plans. With the future rollout of the NDIS there will be provision made for mandatory reporting as a part of registration and standards auditing.

Example

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

Franca is a support worker in the area of AOD. Patricia is attending her first counselling session and has a history of cocaine use. Patricia is already receiving support and treatment to reduce her dependence on the drug.

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

The state laws require that Franca reports this information to her supervisor, who will report to the appropriate authorities, and she explains her obligation to Patricia. Patricia becomes very upset, but listens as Franca outlines the steps she will take to help her work through the problem.

Practice task 2

1. Explain rapport in a relationship and why it is important in building a relationship.

2. What conditions other than rapport are likely to enhance relationship building?

3. How do ethical codes and guidelines assist a support worker in their daily tasks and work role?

4. Provide an example of two laws that underpin community services work.

Click to complete Practice task 2

1C Select and use communication techniques that support the initial counselling session objectives

The objectives of the initial counselling session are for the counsellor to build a relationship with the person and engage them in exploring their issues. 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 counsellor can increase rapport by explaining that the individual is welcome to ask about the rationale behind certain questions, or to decline answering specific questions in the first session if they feel too uncomfortable.

It is important that the individual does not feel interrogated. It may be necessary to postpone some questions for subsequent sessions when rapport has been established and the individual feels more comfortable. This is why communication skills, establishing rapport and a relationship of trust are important in the counselling process.

Working in a community services environment can lead to many conversations where the information discussed is difficult for the person to face or perhaps hard to understand. Regardless of the reason for the difficulty, it is important for all community support workers to work to improve and develop their communication skills.

Communicate for relationship building

Counsellors can draw on a range of communication techniques to assist them to meet the needs of the person they are helping. Communication techniques can be used to engage the person and encourage them to talk about their issues and assist in building a helping relationship.

Communication techniques for relationship building

▶ Always introduce yourself and explain what you like to be called.

▶ Ask the individual how they wish to be addressed and check pronunciation of their name if you are not sure.

▶ Invite the person to sit down and direct them to their chair.

▶ Check the person is comfortable and see if they need anything, such as a drink of water.

▶ Always show respect by addressing the person by name.

▶ Make small talk while the person gets settled, such as asking about if they got to the meeting okay.

▶ Monitor nonverbal body language for emotional status.

▶ Invite the person to ask questions at any time.

▶ Allow plenty of time for the person to answer the questions.

▶ Indicate with your body language and position on the chair that you are interested in what the person is saying.

Successful communication

People communicate every day in a range of different situations and in a variety of ways – it is a vital and constant element of every job. Communication involves the sending of information (often referred to as a message) to at least one person. Successful communication means the message is understood by the receiver.

Communication involves a range of strategies and techniques, all of which are aimed at understanding the message. Here are some examples:

Communication strategies and techniques include:

▶ listening to what others are saying

▶ reading what someone has written

▶ asking questions to clarify something you don't understand

▶ rephrasing sentences to make information easier to understand

▶ using facial expressions, gestures or eye contact to emphasise a point or express your understanding

▶ using variations in speech such as tone, volume, pauses and emphasis.

Effective communication

Effective communication occurs when the message one person sends is received and interpreted accurately by another person. Many factors must be in place for this to happen; important ones include the other person's frame of reference, which includes elements such as their preferred language, underlying concepts and beliefs that influence how they understand and interpret the world; and what they have learnt from their personal experience and history. To take all these factors into account, you need to know quite a bit about a person so you can adjust the way you communicate to match their needs and their understanding of life and of their experiences.

By listening actively when you were working together and by developing a shared understanding, you are in a good position to communicate in a way that the person understands and finds reaffirming.

Elements in the communication process

All these factors influence how communication takes place and how effective it is.

Factors influencing how communication occurs
Participants The sender encodes and sends a message The receiver receives and decodes or interprets the message
Message Content – facts, feelings, opinions, attitudes
Environment Physical – quiet and calm setting with no disturbances Social setting – occasion, relationships, cultural factors
Participants' characteristics Age, sex physical status, emotional state, prior experience of services (positive or negative)
Purpose The purpose of the communication influences what is communicated and how it is communicated

Communication techniques

To communicate effectively in the community services environment you may need to use a range of communication techniques. These can be used to optimise the exchange of information by meeting the communication needs of each person and by expressing empathy and respect.

Different communication strategies can elicit different information from people. It is important to be aware of the different strategies and to practise them in order to elicit the information required from a person. For example, face-to-face communication, like 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
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

Techniques available

A variety of communication techniques can be used to encourage the person to talk and reveal their experiences, which will assist in the counselling process and help the person clarify and resolve their issues. Always give the individual sufficient time to reflect on and answer questions.

Elements of effective communication include:

▶ using body language and nonverbal communication

▶ using open and closed questioning (probing)

▶ using active and reflective listening

▶ reflecting feelings

▶ summarising, paraphrasing and reframing.

Body language

Identifying and matching a person's communication needs to how you communicate is a fundamental skill in effective communication. It requires good observation skills, and one way to assess if the way we communicate with someone is successful, is to observe their 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.

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

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 communication

Nonverbal messages often reflect feelings more authentically than verbal messages. At all times the aim should be to use nonverbal communication to build a relationship of trust and safety. For example, one way to communicate a feeling of safety for the person in the counselling session is to display open, relaxed body language. Consider the complexity of nonverbal communication.

Complex aspects of nonverbal communication
▶ Nonverbal cues are often ambiguous and may be interpreted in several ways.
▶ The same feeling can be expressed nonverbally in different ways.
▶ The same nonverbal cue can be open to different interpretations in different contexts and situations.

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

▶ Verbal messages and nonverbal messages may contradict each other.

Open and closed questioning

Clarification is a communication process where the listener repeats what they have understood, back to the speaker, to check they have correctly understood what was said. Clarification is a useful tool to reduce misunderstanding and also to express empathy and genuine interest in what the speaker is saying.

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

Open questions

Open questions should be used to gather information and give the speaker the opportunity to fill in any missing details. An open-ended question is one that requires an explanatory answer rather than a 'Yes' or 'No' response. It is designed to encourage the responder to give a full, detailed expression of their knowledge and feelings on the subject matter.

Examples:

▶ 'John, how you would 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:

▶ 'Do you want me to do this?'

▶ 'Would you like to go there?'

▶ 'Would you like something to eat?'

▶ 'Are you uncomfortable?'

Active and reflective listening

Active and reflective listening skills can be used to maintain a respectful relationship and empower the person by valuing what they say.

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

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

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

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 …'

Reflect feelings

Identifying, acknowledging and reflecting feelings are important basic skills. That is, reflecting back to the person the essence of the information that was communicated. It is learning to choose the most important details of the conversation, which is similar to paraphrasing, except it is focused on the person's feelings and emotions not the words they have used. Reflecting feelings is used to demonstrate empathy as 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

▶ Some feelings are expressed verbally using words that indicate particular feelings; for example:

▶ '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.'

Interpret the overall content

▶ 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:

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

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

Observe body language

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

Empathise

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

Summarise

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 lengthier information taken from the session. It includes taking note of the person's verbal and nonverbal communication, taking the key information 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 of active listening 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.

By providing a forum where the person can talk without being interrupted, ask questions and have someone understand their issues, you often allow them to work towards their own solutions.

Reframing

Through reframing, the person is encouraged to perceive their experience in a more positive fashion. The counsellor encourages this shift by offering alternative ways of viewing their experience. This strategy neither changes the facts of a situation, nor does it trivialise the hurt or pain the person may be experiencing. For example, a person who is upset about having to move away from home is likely to be focusing 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 near possibility
▶ unkindness as lack of understanding.

Example

Select and use communication techniques that support the initial counselling session objectives

Use summarising and body language to enhance communication

Rachel is having a meeting 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 not be able to remember things'.

Rachel made sure she used neutral words in her response, leaned slightly forward, which meant 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 counselling 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

1. Give two examples of successful communication techniques that help ensure a message has been understood by the receiver.

2. Provide two examples of the complex nature of nonverbal communication.

3. What is an example of a closed question and when might closed questions be used in a counselling situation?

Click to complete Practice task 3

1D Follow a structured approach to counselling based on client needs and expectations

A counselling plan is the map the counsellor and the person will collaborate on and follow during the counselling process. The plan needs to be structured to include a number of key items that 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 counsellor will provide information to the person about the counselling process and its scope, and include an explanation of legal and ethical information that informs the person about the counselling process. Referral information already available will be referenced and used.

The counselling plan directs the interview process and is based on the person's needs, priorities and goals. The counsellor's communication skills are important at this time, to make observations, build rapport to encourage discussion about the issues affecting the person, and to clarify the reason why they are seeking counselling services.

The counselling plan template

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

Initial Counselling Plan	
Background information	
Name and personal details of client:	
Start date:	Start time/finish time:
Referral notes:	
Special needs:	Safety or reporting issues assessed:

Interview items to be covered	
Informed consent and boundaries:	Current status:
Client's goals:	Client's priorities:
Observations of client requirements:	Client behaviours/comments:

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

Special needs

In preparation for the counselling interview, the person's special needs should have been identified and considered. This may include physical disability access to the building, or the need for an interpreter. Once the person has presented for the interview, the counsellor may observe, or determine through discussion, that there are additional needs not mentioned in the case history notes. This may indicate that other supports are required, or that some of the issues being discussed are linked to special needs considerations.

The term 'special needs' covers a number of medical, disability, therapy and education needs. Some examples include the following.

Special needs may include:

▶ chronic illness or medical conditions like asthma, diabetes, arthritis or epilepsy

▶ intellectual disability

▶ physical disability

▶ mental Illness including anxiety or depression or post-traumatic stress disorder

▶ sensory disability including visual or hearing loss

▶ speech and language disorders

▶ developmental disorders including autism spectrum disorder or developmental delay

▶ educational needs like gifted and talented children or children with learning disabilities/difficulties.

Accommodate special needs

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.

Vision impairment

Always greet the person who has a visual impairment to ensure you identify yourself.

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

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

As discussed previously, nonverbal behaviour conveys messages. Nonverbal messages that may be affected are: eye contact or appearance. The person with a visual impairment may be more alert to the spoken messages that are conveyed and the use of touch.

Hearing impairment

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

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

Use written communication, when appropriate.

Provide actions and visual cues, when appropriate.

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

Speech impairment

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

Strategies to address speech impairment:

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

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

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

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

▶ Do not attempt to complete the verbal communication.

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

Mental health issues

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

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

Strategies to address mental health issues:

▶ Make sure you use consistent verbal and nonverbal communication.

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

▶ Due to the uneven nature of mental illness, ask the individual if this is a good or bad day for them to tailor your time with them accordingly.

Mobility impairment

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.

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

Behavioural barriers

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

For example:

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

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

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

Physical barriers

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

Strategies to address physical barriers:

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

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

▶ Include a carer, interpreter or support person in the discussion.

Language or cultural barriers

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

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

Strategies to address language or cultural barriers:

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

▶ Explain clearly – avoid using terminology or jargon.

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

▶ Use pictures to convey meaning.

▶ Prepare information in the person's preferred language.

▶ Be upfront about what you do not know, and ask them to educate you about their culture.

Psychological barriers

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

Strategies to address psychological barriers:

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

▶ Give the person time to adjust.

▶ Speak slowly and clearly.

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

▶ Check on the person's wellbeing following discussions.

▶ Tell the individual they can let you know if they need a break or end the session before the end of the set time.

Environmental barriers

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

Strategies to address environmental barriers:

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

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

Age-related issues

Age-related issues that can cause a breakdown in communication include, but are not limited to:

▶ hearing impairments

▶ visual impairments

▶ memory loss

▶ loss of ability to read

▶ loss of comprehension.

It is also important to be aware of misunderstanding and prejudice. Many older people feel patronised and disrespected by the way younger people communicate with them, so

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

▶ present information in a clear concise way

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

Health-related issues

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

Consider the following health-related communication factors:

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

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

▶ How quickly does the person fatigue from interactions?

Goal setting and priorities

Part of the role of the counsellor 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 discussions what the person's goals are, but they may require some assistance in the clarification and prioritising of their goals.

Clarifying goals may require that they are prioritised and divided into goals the person can work towards in the short term, and those 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 and the person have a better understanding of what needs to be accomplished. It is also a good way to recognise progress through the achievement of goals.

Goal setting may also help to identify and clarify issues relevant to the counselling service. Articulating a personal goal means identifying what things could look like in the future or what changes are required to achieve a goal. 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?

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

Observations of the client's requirements

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

Information from observation

As the first point of contact, you are often able to identify aspects of a person's emotional and physical needs. These may be things that are important to the person's wellbeing, but which they are not able to articulate. Your observations of a person's behaviour can help you to determine whether to seek advice, or if someone else is in an unsafe position. From 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.

Considerations for the observer

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

Under the *Privacy Act 1988* (Cth), a person has the right to access all personal information kept about them by your organisation, including any notes of observations about them made during a counselling session. For this reason observations you record need to be accurate and language may need to be tentative, such as 'appears to …', 'presented as …' or 'is possibly …'.

Safety or reporting issues

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

Consider the following information.

Limitations of the job role

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

Employer responsibilities

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

Record incidents

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

Mandatory reporting

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

Involvement of others, and referrals

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

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

Evaluation strategies

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

It is recommended to review and evaluate the counselling interviews 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 benefits of evaluating the progress of the counselling interview with a supervisor are that their expertise and experience can benefit the person seeking help through the counselling service. Evaluations should occur on a regular basis with a supervisor, and according to policy and procedure. Some organisations also have a designated review session in which the counsellor and client revisit their original counselling plan to mark progress and plan future steps.

Records management

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

A person's case notes and records can be used to show an organisation is being responsible for their actions and providing appropriate services. At various times, courts may request documentation to resolve legal matters related to service provision. Further information for general guidelines on documentation can be found below.

Accuracy and clarity

Records must be accurate and written in a way that can be clearly read and understood by others. Always check what has been written to make sure it is clear and that the report includes the name, signature, date and time it was written.

Objectivity

Write only facts about what is seen, heard or done. Avoid personal opinions and feelings, and illustrate points with factual descriptions of behaviour. If all the facts about a situation are not clear, then make sure this is stated and do not infer that more is known than really is. If reporting what someone else has said, use direct quotes as much as possible.

Language

Use bias-free language and a neutral tone as far as possible. Avoid using clichéd or emotive language and slang. Remember that the person may read the report. Tentative language also presents information in a less biased format.

Completeness

Reports should only contain relevant information. This may include both positive and negative information and include notes about behavioural changes or observed indicators of risk.

Timeliness

You should write your reports as soon as possible after contact with the person to ensure accuracy and to make sure the person's records are kept as up to date as possible.

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.

Keep information private and secure

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

Privacy and security considerations may include:

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

▶ protecting files and emails with passwords

▶ storing computer files appropriately

▶ limiting access to filing cabinets and computer storage facilities to only those who need to access client information as part of their work

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

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

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

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 going through the legal system. He has been referred to a community AOD service to participate in some counselling aimed at raising his awareness of issues associated with drug abuse.

Tina is Aidan's AOD worker, and when he misses an appointment, Tina should make a note in his case file. Aidan misses two appointments in a row, and Tina fails to note this in his file, as prior to him missing the appointment he had been progressing well. Tina is now off sick and no-one has access to the full details on Aidan's program. A case manager has made contact with the organisation to follow up on Aidan's attendance. From Tina's notes it is unclear if he has been attending as he should. The case manager may decide that Aidan is not meeting the attendance requirements of the program and he may need to go through the court system after all.

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Practice task 4

1. What is the purpose of a counselling plan?

2. Give two examples of strategies to use in the counselling interview to assist communication for a person with language barriers.

3. What are the employer's responsibilities regarding the personal safety of staff conducting counselling interviews?

Click to complete Practice task 4

Summary

1. Existing case history documentation and/or verbal information provided by self-referring clients forms the basis of the information for the initial counselling session.

2. Case history information may have been provided from within the organisation or the person may have been referred from another community sector agency or by themselves.

3. Prior to the commencement of the counselling session, contact needs to be initiated and times made for an appointment, and an appropriate, safe space found to conduct the session.

4. 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.

5. The initial session is also about focussing on engaging the person to explore the issues that are affecting them and lay the groundwork for any future work.

6. Communication skills, establishing rapport and a relationship of trust are important to the counselling process.

7. There are several legal and ethical considerations for the delivery of counselling services including codes of conduct; privacy; confidentiality; duty of care; disclosure and informed consent; work health and safety; anti-discrimination; and mandatory reporting requirements.

8. By listening actively when you were working together and by developing a shared understanding, you are in a good position to communicate in a way that the person understands and finds reaffirming.

9. 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 a number of key items that provide for the scope of the initial counselling interview.

10. 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.

11. While a certain level of risk can be found in any context, community services work sometimes involves a greater likelihood of encountering people whose issues may affect their behaviour.

12. Policies and procedures for maintaining accurate and up-to-date case history notes are based on legislative requirements for community organisations to ensure they are accountable for the services they provide.

Learning checkpoint 1
Use a structured approach to counselling

This learning checkpoint allows you to review your skills and knowledge in using a structured approach to counselling.

Part A

1. Explain why it is important to analyse existing client information before the counselling session.

2. What is the purpose of the initial counselling session?

3. How are the legal and ethical considerations of discrimination, privacy, confidentiality and disclosure applied in counselling practice?

4. How are the legal and ethical considerations of duty of care, work health and safety and human rights applied in counselling practice?

5. How are the legal and ethical considerations of mandatory reporting applied in counselling practice?

6. Why is it important to follow a structured approach using a counselling plan based on the person's needs and expectations?

7. Explain the information gathered from a counselling plan on the following topics:
   ▶ safety or reporting issues
   ▶ involvement of other agencies/referral information
   ▶ evaluation strategies
   ▶ special needs information.

8. Explain the legal and ethical requirements for records management as they apply to individual practices.

Part B

Read the case study, then complete the task that follows.

Diego is a support worker offering counselling 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 counselling. Diego does not interrupt but sits forward in his seat and nods to show he is listening. He makes encouraging sounds like, '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 and also doesn't want to 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 this is how she feels. Diego summarises the issues raised by Mrs Dalazzi. Then he asks her for feedback on the way forward by saying, 'What would you like to see happen now, Mrs Dalazzi?'

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:

▶ Effective use of body language

▶ Paraphrasing

▶ Reflecting feelings

▶ Open questioning or probing

▶ Summarising

Topic 2

In this topic you will learn how to:

2A Provide information that assists clients to understand the nature of the counselling service on offer

2B Clarify, confirm or modify client expectations of the counselling service

2C Identify client anxieties about the counselling process and explore them with clients

2D Acknowledge and show respect for the client's immediate concerns

2E Clarify both expectations and commitment to the counselling relationship and confirm with clients

2F Identify indicators of client issues beyond the scope of your own role and report or refer appropriately

Establish the nature of the helping relationship

Identifying certain important information before the counselling service begins is an important first step in the initial interview and establishes the nature of the counselling service. The counsellor needs to provide accurate information to the person to clarify the purpose of counselling and the rights and responsibilities of all parties. They also need to indicate how the counselling process will work and what is required of them.

The person's expectations of the process and its outcomes may require clarification or modification. Once expectations have been determined, the counsellor can clarify the nature of counselling services and then work with the person to identify any anxieties they may have. At this stage it is important that the counsellor acknowledges and shows respect for the person's concerns. This may require dispelling any myths or misunderstandings the person may have regarding counselling and the processes involved.

Confirming expectations and the commitment to the counselling relationship means that the nature of the counselling relationship has been clarified and understood by both parties. Complex or coexisting issues may become obvious in this early phase. Dealing with these may require the assistance of a supervisor, and they need to be reported. A referral may also be required, so an understanding of the requirements and process for referral is critical. As is an understanding of the counsellor's job role and scope of practice, so the person seeking counselling receives the best possible service to meet their needs.

2A Provide information that assists clients to understand the nature of the counselling service on offer

The person seeking counselling needs to be informed about the scope, purpose and benefits of the sessions they will be undertaking. Understanding the nature of the counselling service enables them to consider the plan that will be undertaken during the sessions. A brief explanation can be provided and then printed material can be taken home for further reading as required.

The basic information provided should include the purpose of counselling and how it can assist. The role of counselling can be explained in terms of its scope of practice as a helping service, and the potential role of other allied health and professional services as support for the person. Providing information in an open forum can assist in relationship building and contribute to the development of trust that is essential for establishing rapport.

The purpose of counselling

Counselling encourages the person to increase their awareness of their thinking, feelings and behaviour, and to develop alternative coping strategies for difficult situations. It is a process that encourages the person to consider their emotions, experiences and behaviours with a goal to facilitating positive change.

Counselling assists and guides a person to resolve problems and difficulties and requires talking and working through issues together. Being able to speak freely and openly enables the person to see things more clearly, possibly from a different viewpoint.

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

Counselling may have been recommended or mandated to the person or they may have suggested it for themselves. Some of the reasons people attend counselling include the following.

Reasons for attending counselling include that the person:

▶ feels overwhelmed or depressed

▶ needs someone to talk to outside of family and friends

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

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

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 1970s, the American psychologist Carl Rogers (1902–1987) first introduced the idea of humanistic theory. He believed that humans had a desire to achieve higher functioning, and that people want to explore their 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 his or her own direction.

Humanistic counselling recognises the uniqueness of the 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 inner feelings and emotions.

▶ People have the capacity to make their own decisions and solve their own problems because they are the expert on themselves.

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 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.

Person-centred practice

Nowadays, person-centred practice is used across the community services sector as a principle that underpins the service provided to people who need support. Person-centred practice (PCP) is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model. A social model of care considers all factors that

affect or influence a person's life (social, psychological, physical, cognitive, cultural, etc.); that is, a holistic view; whereas a medical model focuses on the problem or illness (not the person).

PCP philosophy embraces the person making decisions about their own care needs, which supports their human rights. The person-centred approach places the person at the centre of service delivery, where the services revolve around the person rather than around funding and/or health professionals. The person's opinions and preferences are taken into account and the focus is on meeting their individual needs. A person-centred approach seeks to uphold the rights, dignity, privacy and personal choice of the person accessing services, and provides a tailored approach to the delivery of care. It includes the following.

A person-centred approach:

▶ focuses on the whole of the person or the community, not just the service being accessed
▶ uses empowering language that promotes dignity
▶ includes people in decision-making relating to the services they are receiving
▶ involves people in discussions about service delivery options and issues
▶ obtains the person's consent to work with them
▶ listens to and addresses complaints.

Evolution of the helping relationship

The humanistic approach, developed by Carl Rogers during the 1970s, aimed to create a safe and supportive environment that encouraged a person to move towards a greater self-awareness. This is what we now call the person-centred principle that proposes that the person knows themselves better than anyone else. It states that counselling will ultimately be more successful if the focus of the sessions involves looking at the person as an individual, rather than just another person with a behavioural problem. This approach guides the person to seek their own understanding about their behaviour and to develop their own motivation to change. It recognises that it is the person's needs that should determine the type of help they require.

Using this approach requires careful listening and to take the person's level of motivation, opinions and preferences into account when asking questions and providing information. A person-centred approach means that the counsellor responds to the person with the aim of reflecting and clarifying what the person has been saying. It also relies on the building of rapport between the counsellor and the person.

This approach requires the counsellor to display:

▶ rapport – an understanding of each other's ideas and feelings, where both parties communicate well together; rapport involves a sense of understanding and trust
▶ empathy – demonstrating an accurate understanding of the person's experience
▶ unconditional positive regard – demonstrating that they are accepting and non-judgmental of the person
▶ congruence – demonstrating that they genuinely wish to help the person and that they are not hiding behind the facade of an expert or judge.

The place of counselling as a helping relationship

Counselling is just one of many helping services available to a person. There are many allied health professionals and specialists who offer services for people who have issues beyond the scope of a support worker with counselling skills. One of the important roles 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.

Seek advice and support

When working in an organisation that delivers services to people, the delivery of services is often based on a multidisciplinary approach. There are often many people within the organisation who can provide advice when clarifying the needs of the person in the counselling service. It is important to know who they are and how they may help.

Here are examples of people within your organisation you can go to for advice and support.

Supervisors

A supervisor is usually the first person to approach if any clarification is required or there are difficulties such as working with people who engage in behaviours of concern, or there is an incident that needs to be reported.

Other workers

Other workers in the support team and organisation can be valuable sources of advice and support. They are likely to have experienced similar problems and difficulties, so may be able to provide suggestions and encouragement.

Mentors

A mentor may be older or younger, but has a certain area of expertise. A mentoring relationship is a learning and development partnership between someone with vast experience and someone who wants to learn.

Health and safety representatives

Health and safety representatives provide advice on safety issues that staff have concerns about. For example, there may be a work practice that is unsafe, or a bullying and harassment issue that requires reporting.

Helping professionals

All community services organisations should have a database of health professionals and service providers that can offer helping services to people who need additional support. Some of these professionals may be employed by the organisation or the person may need to be referred. The list of health professionals may include a: speech therapist, dietitian, physiotherapist, neurologist, psychologist, psychiatrist, mental health service, general practitioner (GP) or nurse, occupational therapist, podiatrist, social worker or speech pathologist.

Many of these specialists require a referral from a GP. Always seek guidance from a supervisor, as additional authority may be required to deal directly with some healthcare professionals.

Here are some people who can offer advice or assistance, when appropriate.

Doctors

Doctors can provide information on general health and medications, and assist with a range of health concerns, such as sleep disturbances and agitated behaviours. They also provide referrals to other services.

Psychiatrists

Psychiatrists are medical specialists who specialise in mental health and psychiatric conditions. They can provide advice and information about mental health conditions and psychiatric medications.

Behaviour specialists

Behaviour management specialists are usually psychologists who can provide advice about managing behaviours of concern. Some organisations may employ behaviour management specialists to develop strategies for managing behaviours of concern.

Living skills consultants

Living skills consultants can provide information and advice about skill development for people with disabilities who want to live independently.

Dietitians

Dietitians can provide advice about meal planning and nutritional needs.

Physiotherapists

Physiotherapists provide functional assessments and advice and help develop strategies to assist with mobility, physical skills, strength and motor skills.

Occupational therapists

Occupational therapists provide functional assessments, assist with equipment and aids, and provide advice about lifestyle aids.

Financial counsellors

Financial counsellors provide advice and information about budgeting and sources of income for people who have financial difficulties. They may assist with developing budgets and reducing debt.

Other helping services

Here are some other services and agencies that can offer specialised support and help to people who require it.

Services and agencies that can offer support:

▶ Translation and culture-specific agencies

▶ Housing services

▶ Criminal justice services

▶ Employment services

▶ Mental health services

▶ AOD services

Example

Provide information that assists clients to understand the nature of the counselling service on offer

This table compares two different approaches to disability support taken from the person-centred approach and a traditional (medical) approach.

You can find more information about exploring and implementing person-centred approaches at:

▶ http://aspirelr.link/nsw-dss-person-centred-approach

Person-centred approaches	Traditional approaches
Focuses on individual's unique interests and preferences	Focuses on the individual and their disability or issues that 'need fixing'
Builds on strengths and high expectations that everyone can and should enjoy the 'good life'	Commences from a deficit and needs basis with low expectations
Offers beyond what is currently available and works towards the future	Looks to what is currently available from a service
Focuses on organising individualised, natural and creative supports and reduces reliance on the service system	Planning assumes the person will spend most of their time grouped with other people with disabilities or the same issues
Situates power and control with the person and their allies	Situates power with the professionals
Tailors supports to achieve the person's future goals	Fits the person into the service
Aims for social inclusion, valued roles and community participation	Largely limits the person to disability or specialist programs and centres

Practice task 5

1. Outline the basic purpose of counselling.

2. Outline the principle of a person-centred approach to service.

3. List two possible services or agencies that can offer support to people in the community services sector.

Click to complete Practice task 5

2B Clarify, confirm or modify client expectations of the counselling service

A person's expectations of what they expect to gain from a counselling session should be clarified and confirmed. During the initial meeting, a discussion should occur about the expectations of the counselling process. This should occur at the start of the first session and continue to be monitored throughout future appointments.

It is important that the person and the counsellor share meaning in regard to the counselling service and the rights and responsibilities of all people involved. The counsellor needs to outline the expectations the person has a right to have fulfilled by the service, and the individual rights and responsibilities as a service user. The rights and responsibilities of the counsellor should also be explained.

Clarify understanding

The person receiving counselling services needs to be given an outline of what to expect from the service. Having unrealistic expectations or misunderstanding the plan or outcomes of the counselling service can result in disappointment. This can be counterproductive and de-motivating for the person when expectations are not met. If the person is offered a range of service options, they may need these clarified and explained. Being given an informed choice is a principle of a person-centred approach.

Obtaining informed consent from the person to undertake a counselling service is not simply a matter of providing the information and hoping the person understands. It is the responsibility of the counsellor to check that the person understands what will occur and to confirm the rights and responsibilities of all parties during the process.

There are several communication methods and strategies that are useful when checking for understanding. These depend on the individual person, and their age, disability and language abilities should be taken into account. Questions should always be fully and openly explained. Communication skills that confirm understanding may include, active listening, asking questions and interpreting verbal and nonverbal signals.

Confirm understanding

Community services organisations have a variety of forms and documents that adhere to their policies and procedures for case management, and the point at which a person is asked to sign a contract or agreement will vary depending on the service, program or organisation's procedures.

An agreement is a document signed by the person, confirming they have received information about the service and that they understand it. The purpose of an agreement is to confirm that the person understands the terms and limitations placed on them, such as their rights and responsibilities. They also need to be made aware of the organisation's rights and responsibilities. A contract, when explained clearly, provides a framework for the expectations of the client.

Rights that services must address

Here is an example of the rights of a person using a service. The organisation must adhere to each of these principles in the delivery of the service they provide to all people.

Rights that service providers must address include:

- respect for the individual's values and beliefs
- fostering of person's participation in treatment and support planning
- access to complaint procedures
- access to advocacy services
- respect for the person's privacy and confidentiality
- access and equity for all individuals who are eligible to use the service.

Rights of workers and employers

Each community services environment should have policies and procedures that outline the rights and responsibilities of all workers. Knowledge of these policies helps workers comply with their legislative duties particularly in regard to work health and safety. Workers must have a clear understanding of their rights and responsibilities in the workplace and also understand what issues can impact upon them meeting those same rights and responsibilities.

The rights of employers and workers are often the same; however, there are also role-specific rights and responsibilities that apply individually to employers and others that to workers.

Employer rights and responsibilities

Here are some examples of employer rights and responsibilities.

Rights

Employer rights
- Organisations have the right to expect that their information is 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.
- Any person within an organisation, including managers and board members, has a right to work in an environment free from discrimination and harassment.

Responsibilities

Employer responsibilities

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

▶ Organisations should not discriminate against workers and 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.

Rights and responsibilities of support workers

In every organisation, whether it is public or private, small or large, everyone has rights and responsibilities. One of the most important ways to show a person they are respected and that the assistance is genuine is to meet the responsibilities owed to them. This can be done by working to the following principles.

Rights

Support workers have the right to:

▶ a safe workplace

▶ a workplace free from harassment and discrimination

▶ access a grievance (complaint) process

▶ wages in accordance with the award rates

▶ clear direction of their duties

▶ receive advice and training

▶ not be unfairly dismissed.

Responsibilities

Support workers have a responsibility to:

▶ maintain the rights of service users and report any breaches if the rights of the service users are not being upheld

▶ follow organisational policies and procedures

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

▶ not behave or act in any way that may negatively affect a service user, other workers, or visitors to the organisation

▶ comply with a duty of care

▶ be competent and work within their level of training

▶ maintain confidentiality of business information and privacy of personal information

▶ follow safety procedures and practices and work in a safe manner at all times

▶ be willing to learn and train in new skills

▶ respect cultural and social diversity.

Rights of individuals receiving support services

People seek counselling or other services because they have a need. The task of the support worker is to help them meet their needs and, in doing so, respect their rights as individuals. All workers should ensure they understand the person's rights and responsibilities and support them to exercise their rights.

The following outlines the individual's rights and how a worker can help uphold them.

Individuals' rights

- ▶ To be treated with respect and dignity
- ▶ To have their personal information maintained in a confidential and secure manner
- ▶ To receive effective, quality services in a safe environment
- ▶ To be able to access services that are equitable and free of discrimination
- ▶ To have their individual needs addressed including social, cultural and other issues such as mental health or disability taken into consideration
- ▶ To be fully informed of the available services and be provided with options
- ▶ To participate in making decisions that affect them
- ▶ To be informed about the process for making complaints and to be assisted in this process if necessary
- ▶ To use the services of an advocate if necessary

Respect the individual's rights

- ▶ Maintain and respect the independence, privacy and dignity of the person.
- ▶ Provide quality services.
- ▶ Deliver services to the person in a safe manner.
- ▶ Respond to the diverse social, cultural and physical experiences and needs of the person.
- ▶ Inform individuals about available services and options.
- ▶ Inform individuals about their right to make complaints and use advocacy services.
- ▶ Inform individuals about their responsibilities as a service user.

Client responsibilities

People in need of support from the service you provide have legal and ethical responsibilities they must adhere to in order to access and use services. They also have a responsibility to uphold the rights of workers and others in an organisation.

The following are examples of a client's responsibilities.

Providing information

- ▶ A person has a responsibility to provide correct and necessary information to the best of their ability. If the worker feels a 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.

Keeping appointments

▶ 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 their own safety, the safety of workers and other people accessing services, and visitors to the organisation. This includes following emergency evacuation procedures and observing 'No smoking' signs.

Human rights and principles

When providing community services, people have rights that underpin the delivery of all services and reflect the principles of human rights, as set out here in detail.

The right to dignity

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

People should be able to retain their personal, civic, legal and consumer rights and be assisted to achieve active control of their own lives within the community. Factors that contribute to a person's dignity include a sense of control over their own decisions.

The right to privacy

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

The right to confidentiality

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

People have the right to expect that their personal information will remain confidential and secure. They also have the right to access their own health and personal information. This includes all care records and personal information shared with you by the person and others, as well as communications from other agencies and medical information from health professionals.

The right to make an informed choice

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

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

The right to access services

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

An example being that according to the *Home and Community Care Act 1985* (Cth), special services to improve access and equity must be provided to:

▶ Aboriginal and Torres Strait Islander people

▶ people from culturally and linguistically diverse communities

▶ people who live in rural and remote communities

▶ people who are financially disadvantaged

▶ war veterans.

The right to have social needs met

People receiving counselling also have social needs. For example, in aged care, workers should:

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

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

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

The right to freedom of association

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

The right to freedom of expression

All service users, their carers, friends and family have the right to participate in decisions about the service they receive. For example, a person should be encouraged to collaborate in developing their counselling plan; they must be provided the opportunity to express their ideas, opinions, queries and concerns. Listen carefully to the needs and preferences of people to ensure their rights are upheld, and make sure they are allowed to express themselves without judgment.

The right to make a complaint

People using a service have the right to complain if they are dissatisfied with the way the service is provided or they have concerns regarding an aspect of the service.

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

The right to an agreed standard of care

People receiving counselling should be able to expect your organisation's service standards to:

▶ be reliable and dependable

▶ adhere to legislative requirements

▶ be inclusive of service user participation and collaboration

▶ be affordable and accessible

▶ be fair in regard to rights and responsibilities

▶ be individualised for each person and their particular needs.

Example

Clarify, confirm or modify client expectations of the counselling service

Here is an example of a case management record with required checklist and signatures to be completed on the initial meeting.

Case management record

Case worker: _____

I have explained the following information to: _____

Signed by case worker: _____

Date: _____

Information to cover in induction/initial interview:

☐ Information on the rights and responsibilities of the client

☐ Information on the rights and responsibilities of the organisation

☐ Information on complaint and advocacy procedures

☐ Information and support that can be offered to assist individuals using the service

☐ A description of how the service works

☐ Support that will be provided; how the support will be delivered

☐ Privacy and confidentiality policy and procedures in relation to the use of, and access to, personal information held about the individual accessing the service

☐ Procedures for release of personal information to another party and the requirement for informed consent for release

☐ How the individual accessing the service can participate in decision-making processes to assist the service to improve

The above information has been explained to me.

Signed by individual:_____

Date: _____

Signed by nominated support person: _____

Date:_____

Practice task 6

1. What is the purpose of having a signed agreement?

2. Give two examples of the rights and responsibilities of employers.

3. Explain the three major responsibilities of people accessing support in the community services sector.

Click to complete Practice task 6

2C Identify client anxieties about the counselling process and explore them with clients

It is important to explore with clients any anxieties they may have about the counselling service they are to participate in. By identifying anxieties and exploring these with the person, the counsellor can dispel any myths or misunderstandings the person may have regarding the counselling processes.

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

Anxiety regarding external factors

There may be external factors contributing to anxieties about attending counselling. The counsellor can offer support for many of these, and can arrange appointments, as much as possible, to allow the person to work or not have childcare or family arrangements disrupted.

External factors may include:

▶ transportation to and from the appointments

▶ childcare arrangements

▶ work responsibilities and shifts

▶ costs associated with counselling.

Common misconceptions

A person may feel anxious about counselling because they have misconceptions about the process and the role of the counsellor. They may also have fears about what is expected of them in terms of sharing private and personal information. Some people may have been hiding their issues and now they feel anxious because they are expected to share and discuss these. A person may feel reluctant because they are required to confront parts of their life they are uncomfortable talking about and would prefer to avoid this. The person may need confirmation early in the session that it is common to feel fear, anger, guilt or resentment as a part of the counselling process.

Here are some common misconceptions regarding the counselling process.

A counsellor 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 the counsellor's own set of values
- ▶ force the person to answer anything they don't want to.

Anxiety from consequences

Some people are highly motivated to change their behaviour and others are ambivalent or unwilling to do so. These people may not recognise they have a problem and have poor insight into their issue/s or what they have done or are doing. This may be the case with people who are required to participate in mandatory counselling due to a court-imposed requirement. They may have AOD issues, have been caught drink driving or have an issue regarding gambling. For some people, they have agreed to counselling because they have to, not because they identify an issue they need help and support with.

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

Explore concerns

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.

Here are some ways to encourage the person to explore their concerns.

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:
  - – showing concern for the person's wellbeing and listening attentively
  - – encouraging the person to talk by offering encouragers such as 'I see', 'Go on' and asking for clarification when you are not sure what they mean; for example, by saying, 'Do you mean … '
 - – being non-judgmental and avoiding giving advice.

Convey care

▶ 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.

Example

Identify client anxieties about the counselling process and explore them with clients

Rachel is a 14-year-old girl who has recently been caught shoplifting. She was reported to her school for stealing clothes by a shopkeeper who recognised her uniform. The police were informed and Rachel was given a caution at the police station. Her father and step-mother were appalled, so they felt she would benefit from attending counselling.
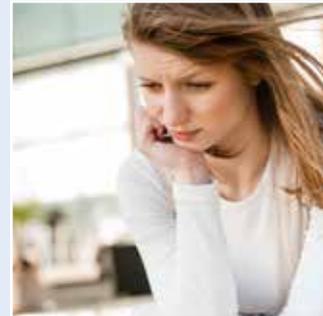
Rachel tells the counsellor that she knows stealing is wrong and her parents have told her this on many occasions. She explains she is really sorry and is scared of the involvement of the police. Rachel doesn't understand why she is being made to attend counselling, and she hopes her friends don't find out and make fun of her.

Siobhan, the counsellor, spends time with Rachel explaining the process and her 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 good 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 the concerns affecting her behaviour.

Practice task 7

1. Outline why a person may feel anxious about the counselling process and what may be expected of them.

2. Provide three examples of what a counsellor will not do during a counselling session.

3. Give three examples of possible myths regarding counselling.

Click to complete Practice task 7

2D Acknowledge and show respect for the client's immediate concerns

Once the person has voiced their anxieties and any other concerns they have about the counselling process, 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.

Showing respect and acknowledging a person's concerns is also important for building rapport and trust, which is central to the initial interview. By encouraging the person to voice and explain their concerns, there is acknowledgment that their issues need to be explored further.

Show respect for concerns

Maintaining respect means not talking down to the person and having regard for their concerns without expectation or judgment. Displaying respect and empathy demonstrates to the person that they are understood and that the support worker empathises with their feelings and situation. It means having consideration for their rights and feelings as a person.

The concerns and anxieties felt by the person are real to them and the counsellor must be genuine and authentic in response to the concerns. The counselling process can be intimidating, so an honest response to any concerns about the counselling process should be given, without pretence.

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. Communication techniques are useful for maintaining respect and acknowledging concerns; for example, active and reflective listening skills can be used to maintain a respectful relationship and empower the person by valuing what they say.

Here is a reminder of the how to demonstrate empathy and the benefits of working collaboratively to acknowledge and respect a person's concerns.

Demonstrate empathy

Show empathy by:

▶ listening attentively to the person

▶ trying to see things from the person's perspective

▶ avoiding being critical or judgmental

▶ avoiding imposing your own viewpoint or values on the person

▶ asking appropriate questions to ensure you understand their meaning.

Work collaboratively

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

Example

Acknowledge and show respect for the client's immediate concerns

Mr Saunders is 85 years old has been referred to counselling because he is worried about his wife. He is worried that he won't be able to take care of her much longer because since his hip replacement he is not very mobile. He states firmly that he doesn't want anyone to put his wife in a nursing home.

Mr Saunders is not familiar with counselling services and is reluctant to attend his first session. He tells his daughter that the information he discusses will be used as evidence to separate him from his wife, and that he believes the counselling will result in his wife being placed in a home.

Mr Saunders and his daughter attend the appointment and the counsellor spends the first 15 minutes of the appointment listening to Mr Saunders's concerns, and answers each of his questions clearly and honestly. Mr Saunders agrees to attend the following week and now understands a bit more about the nature of the counselling process.

Practice task 8

1. Why is it important to acknowledge a person's concerns regarding counselling?

2. Why is it important to show respect for a person's concerns regarding counselling?

3. Give two examples of how a counsellor can show empathy towards the people they are supporting.

Click to complete Practice task 8

2E Clarify both expectations and commitment to the counselling relationship and confirm with clients

Once the nature of the counselling process has been determined and clarified, the person may be ready to confirm their expectations and commitment to the counselling relationship. Initial discussions will have clarified expectations and the rights and responsibilities of each party, so they should now have a shared understanding of the counselling relationship.

Counselling is a collaborative process where parties work together to resolve problems and difficulties. The counselling relationship requires a shared understanding of needs, priorities and goals and the person should feel able to speak freely in an atmosphere of understanding, trust and mutual purpose.

At this point in the counselling process, a contract signed by both parties can be used to confirm a commitment to the counselling relationship, and that both parties agree they will work together to explore personal issues. This agreement is clarification that the person understands the service they are agreeing to be a part of.

Establish role expectations

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

Define roles and responsibilities

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

Boundaries in the counselling relationship can become blurred when dealing with people on a very personal level. By respectfully declining requests outside the job role, the counsellor prevents building unrealistic expectations.

A worker can find information about the boundaries of their role by:

▶ undertaking orientation when commencing a new role

▶ reading their position description

▶ reading their workplace policies and procedures

▶ reading the person's care plan or other documentation

▶ talking to their supervisor.

Duty-of-care responsibilities

Part of the duty of care that counsellors and other workers have to the people they support, is to ensure the work they do does not harm anyone and keeps the person safe. Understanding the limitations of your job role and the extent or level of authority is essential for this to occur. If a person does not have the skills, knowledge, qualifications and authorisation to complete a task, they are in breach of their duty of care if they do so.

Here are some strategies to help clearly define professional boundaries.

Maintain professional boundaries

▶ Maintaining professional boundaries in a work role means keeping to the specifications of the job role and organisational policies and procedures. It also means making sure to maintain adequate personal boundaries in professional relations with the people you are supporting.

▶ If workers allow the people receiving counselling to think of them as a friend, they may confuse the person and risk losing their respect. People receiving counselling who consider themselves a personal 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.

Know what not to do

▶ Community services workers should not attempt to carry out work that:

– is not specified in their job description

– cannot be performed safely due to lack of training or practical experience

– is unethical, illegal or outside the policies and procedures of the organisation.

Do not blur the distinction

▶ Workers must make sure they do not blur the distinction between being a professional and a friend when dealing with people and their families. This is often difficult for new workers, who may at times feel overwhelmed by the problems faced by the people they support and feel that they need to take on the role of rescuer. This is definitely not the role of a support worker.

Act as a facilitator

▶ The goal of all effective community services workers should be to act as a facilitator rather than rescuer. In this way, the worker helps people to learn skills to help themselves. New workers may find it a difficult balancing act providing the right amount of support while fostering the person's sense of empowerment and independence.

Professional boundaries

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

Sometimes, when working closely with people, these lines can be blurred. A worker may find themselves sharing personal information with the person they are supporting to assist in developing a relationship. However, when communicating with the people you support, professional boundaries need to be maintained.

Ways to maintain professional boundaries are shared below:

▶ Don't share personal information with other service users.

▶ Use friendly, but polite language when setting boundaries.

▶ Maintain appropriate physical contact; don't touch people inappropriately.

▶ Don't share home phone numbers or addresses.

Conflict of interest

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

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

Some examples of conflict of interest include when a worker:

▶ has a personal relationship with a client outside of work

▶ accepts money or gifts that 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.

Respect different values

Values are the rules and beliefs guide our behaviour, and by which each of us live. Values are influenced by culture, religion, experiences, family, friends and teachers. A person's values also influence the expectations they have of the counselling service.

People who require counselling will have diverse values, and it is important that the counsellor suspends all judgments and assumptions about the person's values. Each person needs to be considered as an individual with their own needs, requirements and communication 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.

The following explores the impact our own values can have and the importance of accepting the differences in other people's values.

Impact of values

▶ A person will have values that relate to many areas of their life; for example, acceptance, composure, faith, honour and honesty. Our own values can sometimes affect our efforts to understand a person's needs and provide the assistance they require; it is important to always maintain an awareness of this possibility so you can avoid it.

Acceptance of values

▶ Not everyone has similar values. The way you greet others should be consistently polite and pleasant regardless of whether their values contradict yours. For example, you may believe that a mother should stay with her baby for the first three months of its life. That value and should not impact the support you offer to a woman who wants to apply for a place in a childcare centre for her young baby.

Keep your own values aside

When developing a counselling relationship, it is critical that the personal values, ideas and opinions of the counsellor are removed from the process. The values considered important to the counsellor may influence the expectations they have of the person and must be put aside. Counselling requires the worker to reflect on and identify their beliefs, values and attitudes.

For the counsellor, adopting a value-free approach means to listen and not manipulate or control the conversation. Questions and discussion needs to centre on the person, their needs and goals. Responses to questions must come from the individual, rather than from the counsellor providing their own ideas and suggestions based on their own values.

Tips for keeping your own values aside

▶ Use curiosity in lieu of judgment.

▶ Make sure questions do not include assumptions.

▶ Allow others to express their feelings without offering solutions.

▶ Shift your own ideas to take into account new information.

▶ Empower the individual or group entering into self-advocacy.

Align values with work

When working in the community services sector, ethical guidelines must be reflected in decisions and work undertaken. Ethical practice is guided by codes of ethics and practice, which outline conduct that reflects the principles and expectations of the organisation.

Codes of ethics help workers align their own values with professional practice. For example, a worker may not agree with a person's lifestyle choices, but ethical practice requires that they adopt a non-judgmental stance in order to provide effective counselling services.

The counsellor–client relationship can be complex and requires the counsellor to identify a difference between offering support and maintaining the professional boundaries of the relationship. For example, ethical codes may state that it is not appropriate for a worker to engage in a relationship with a person outside of the service, to give and receive gifts or favours, or to be involved in any activity that may cause harm to a person receiving counselling.

Working in accord with ethical principles and values requires that workers consider how they address their workplace and legal obligations, as well as the person's rights and needs.

Examples where values need to be put aside:

▶ Working with people who are under the influence of drugs or alcohol and the consequences of their behaviour

▶ Dealing with interpersonal conflicts at work

▶ Balancing the rights of the individual with the rights of the community

▶ Working effectively with people who are involved in criminal activities, such as prostitution and theft, that may conflict with your own values

▶ Working in close contact with people who have poor hygiene habits and whose clothes are unclean

Example

Clarify both expectations and commitment to the counselling relationship and confirm with clients

Here is an extract from a code of ethics outlining standards of practice and client care from the Psychotherapy and Counselling Federation of Australia.

You can access this code of ethics at:

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

4.1.1 Standards of practice and client care

A. To ensure high standards of practice and care, practitioners are accountable for delivering competent services that meet the client's needs.

B. Practitioners give careful consideration to the limitations of their training and experience and work within these limits. Information on other services and referral options are provided when clients require the provision of additional services operating in parallel with or instead of Counselling or Psychotherapy. Failure to do so may constitute a failure in standards of care.

C. Practitioners engage in contracting with their clients in order to clarify and agree to the rights and responsibilities of both the practitioner and client at appropriate points in their working relationship. Where the client is a couple or family, changes to the contract to work with one member of the couple or family individually should be carefully considered for their potential impact on the therapeutic relationship and the individuals in the couple or family.

D. Practitioners work within a clearly contracted, principled relationship with their clients. The therapeutic relationship is to be respectful, confidential and as far as possible avoids Conflicts of Interest (see definition). Where there is a Conflict of Interest or potential conflict of interest, practitioners discuss the implications of this with their clients and seek guidance from their supervisors.

E. Practitioners are to be alert to the possibility of competing ethical principles and to balance the needs of clients, other parties, the profession, and society more generally. Consultation with a supervisor or experienced practitioner is strongly recommended to discuss practitioners' ethical decision-making.

Code of Ethics extract reproduced with permission of the Psychotherapy and Counselling Federation of Australia, www.pacfa.org.au

Practice task 9

1. Why is it important for a person to confirm the expectations and commitment to the counselling relationship?

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2. What is the relationship between duty of care and the limitations of a support worker's work role?

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3. Give two examples of ways to maintain professional boundaries.

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Click to complete Practice task 9

2F Identify indicators of client issues beyond the scope of your own role and report or refer appropriately

After an initial discussion with the person being counselled, it may become clear that they have needs beyond the scope of practice of the counsellor. It may be that the person has a number of issues and perhaps requires the support of other professionals from within the organisation or outside the organisation. Understanding the scope of a job role and confirming with a supervisor is an essential part of providing a counselling service. It ensures the best possible service is provided to support and meet the needs of the person seeking counselling.

Issues outside the scope of your role

Some people will present for a counselling session with a variety of issues that need to be addressed. Some issues require the skills and knowledge of specialised and experienced staff who are experts in particular areas of support, and may be beyond the expertise of support workers who provide counselling.

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

Issues or services outside the scope of your role
▶ Assisting clients to access welfare payments
▶ Assisting clients with AOD issues
▶ Giving advice to people who are at risk or are experiencing domestic and family violence
▶ Giving the client legal or financial advice
▶ Assisting with other lifestyle concerns such as gambling
▶ Addressing mental health concerns
▶ Providing health advice or health services
▶ Providing assistance to seek housing or address homelessness
▶ Treating clients who are aggressive or violent or have other behaviours on concern
▶ Offering employment or career advice

The scope of your job role

The scope of your job role refers to the responsibilities you are permitted to perform within the limits of your training, qualifications and job description. Scope of practice refers to what you are trained and authorised to do. For example, a community services worker does not diagnose conditions or provide physiotherapy treatment; these tasks belong to other trained professionals. Information about the scope of your role is available to you in various formats, including job descriptions and the organisation's policy and procedure documents.

It is also important to understand your legal and ethical responsibilities within the scope of your practice because may be in breach of duty of care if you don't responding to some situations in a responsible and reasonable manner.

Supervisors can provide advice on the limitations that are placed on a work role or position; for example, how to seek help for the person receiving counselling from an appropriate professional, either internal or external to the organisation.

Tasks outside the scope of your role:

▶ Administering or providing advice on medications

▶ Counselling a person who has depression or has admitted self-harm or suicidal intentions if this is not your area of speciality

▶ Giving legal or financial advice to people, regardless of how much experience you have in these areas outside your current work role

▶ Performing certain health and mental health screens that require specific training or qualifications, or attempting to diagnose medical or mental health conditions

▶ Lecturing or preaching about your own religious or moral beliefs in an attempt to solve the person's problems

▶ Helping people with cultural needs that are better addressed by culture-specific services, such as an Indigenous education support service

Coexisting issues

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

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

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

To consider whether a coexisting issue is beyond the scope of your role, ask these questions:

▶ Does this issue/s fall within my position description?

▶ Who else may have responsibility for this?

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

▶ What is in the best interests of the person?

▶ What legal and ethical considerations apply to this situation?

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

Referrals within your organisation

It is important to understand exactly what services are provided in your organisation and who is responsible for providing them. Your organisation will have guidelines in place to manage the referral process and links to the services it can offer. Work with the advice of a supervisor and always inform the person of their options and reasons for referral. This places the person at the centre of the decision-making. In most organisations referrals are made by appointment, unless the person's needs are urgent.

The best ways to find out about referral information is to:

▶ ask your supervisor

▶ read organisational information provided to service users (brochures, websites, published articles)

▶ talk to work colleagues to find out who is responsible for providing services, and their roles and responsibilities

▶ read the organisation's strategic and/or operational plans

▶ attend and contribute to staff meetings.

Referrals to external organisations

Many organisations, and particularly specialist organisations, may not always have all the resources required to meet the needs of people requiring further support. They may require a referral to a service that is better able to meet their needs.

Organisations will have procedures for referral. Always involve the person in decision-making about the suitability of the service and provide information on waiting periods and costs, etc. Remember, personal information is private and confidential, and the person's consent must be sought for that information to be shared with others.

Consider the following information.

Inform individuals

Informing people about their referral involves:

▶ providing details about the organisation and why you are referring them

▶ explaining what the other organisation will expect from them (for example, if any fees and charges are associated with the referral)

▶ explaining what personal information needs to be provided to the other organisation, including a signed consent form for the sharing of information.

Referrals

Methods for arranging a referral include:

▶ making a telephone call, with you logging details of the referral directly into your organisation's database or onto a paper form – in some cases the person will be present when this occurs to answer or confirm questions

▶ writing an email or completing an online form

▶ the person attending the new agency or service with a letter or other written document from the referring organisation.

Example

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

Greta is meeting with a new client, Ruby, for her first interview. Ruby explains she has come to counselling on the insistence of her family, as they say she is stressed out, doesn't socialise and works all the time. They want Ruby to learn how to relax and stop working as much. They say some stress management techniques would be helpful.

Ruby explains that she is very proud of her career and that she has worked harder than those around her in her male-dominated industry to get where she is today. She says has had to sacrifice a lot over the years, but is adamant that those sacrifices were worth it. She describes herself as a perfectionist and she is aware that she agonises over never feeling 'good enough' at work. Her social life is one of her sacrifices, as she only has a few close friends left, and she doesn't feel as though she relates well with most people.

Ruby says that her parents have commented and are concerned about her weight loss and describe her as looking 'ill'. Ruby also admits she has always been fastidious about her diet but that recently food has become an obsession, and that eating is starting to become abhorrent to her.

Greta identifies that Ruby's fastidious behaviours particularly about food, may require the assistance of a health professional more skilled in this area. After the appointment, Greta speaks with her supervisor and they decide to ask Ruby if Greta's supervisor can join them in the next interview. The supervisor agrees with Greta that from the information she has gathered so far, Ruby may need to be referred to a specialist, as the complexity of Ruby's case is beyond the scope of Greta and her team.

Practice task 10

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

2. Identify three tasks that are beyond the scope of your job role.

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

Click to complete Practice task 10

Summary

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

2. Counselling encourages the person to become more aware of their thinking, feelings and behaviour, and to develop alternative coping strategies for difficult situations.

3. The humanistic approach developed by Carl Rogers in the 1970s uses client-centred therapy where the counsellor provides opportunities for the person to determine his or her own direction.

4. Gerard Egan used the term 'skilled helper' to describe the role of a counsellor.

5. Person-centred practice (PCP) is a service model that places the person at the centre of their own care.

6. During the initial meeting it may become clear that the person requires clarification of their expectations or perhaps some expectations modified with additional information.

7. It is important that the person and the counsellor have a shared understanding of the counselling service and the rights and responsibilities of all people involved.

8. It is important to explore with the person receiving counselling any anxieties they may have about the counselling service.

9. Showing respect and acknowledging a person's concerns is important for building rapport and trust, which is a vital part of the initial interview.

10. Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship.

11. 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.

12. After discussion with the person being counselled, it may become clear that they have needs beyond the scope of practice.

13. Refer to organisational guidelines to manage the referral process.

14. Work with the advice of your supervisor and always inform the person of their options and reasons for referral.

Learning checkpoint 2
Establish the nature of the helping relationship

This learning checkpoint allows you to review your skills and knowledge in establishing the nature of the helping relationship.

Part A

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

2. Outline the main purpose of counselling.

3. What other helping services are there besides counselling?

4. What do people have the right to expect from their service provider?

5. Provide one example of the rights and one example of the responsibilities for each
    of the following groups:
    ▶ The worker
    ▶ The person receiving services
    ▶ The employer

6. Why is it important to identify issues that are beyond the scope of your own role
    and report or refer according to organisational requirements?

7. Give three examples of issues that a person may present with that are beyond the scope of a counsellor's job role.

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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. During this time, Brett has explored Garth's anxieties about counselling and his expectations of the service provided. In particular, Garth had an unrealistic expectation regarding the number of times he would meet with Brett in counselling sessions. He also underestimated how good he would feel being given the opportunity to talk freely about his issues. Brett has been encouraging Garth and spent several initial sessions acknowledging his concerns and developing a relationship of trust.

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. Brett accepted the gift gratefully but felt uneasy about the reference to 'friendship' and began to consider whether he had overstepped his professional boundaries with Garth. In addition, Brett has recently noticed that Garth's moods are quite varied, from very high and excited moods like when he presented his gift, to very low and sad the next time they meet. Brett wonders if Garth's mood swings may be signs of a mental illness, and considers what to do with this information.

1. What anxieties did Garth have about the counselling service he is part of? What was the benefit to Garth of Brett's acknowledgment of these concerns?

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2. Why was it important for Garth to reflect on his professional relationship with Brett?

3. What can you suggest Brett do to re-clarify and confirm the scope and nature of the counselling relationship with Garth?

4. What would be the likely impact if Brett allowed Garth to continue valuing him as a friend because he too valued the relationship of rapport that had developed between the two?

5. What should Brett do in regard to Garth's mood swings?

Topic 3

In this topic you will learn how to:

3A Explore options and approaches for the relationship with clients according to individual need

3B Agree on priorities and develop a plan for counselling in collaboration with the client

3C Make a documented agreement with the client that addresses disclosure and organisation requirements

Confirm the helping relationship

Confirming the helping relationship with the person is a necessary step in the initial stages of the counselling process. The person needs to have been provided with the information they require to be able to make an informed decision regarding the counselling service. They will have been provided with information about the nature of the counselling process and should now have an indication of what is required of them throughout the process.

The person should now feel more confident in identifying their priorities and be able to agree to the goals they wish to achieve. During counselling sessions, they will work in partnership with the counsellor to develop a plan to move forward and explore the issues in more detail.

A formal contract can be used to ratify personal goals and priorities, and formalise the legislative and organisational arrangements that will be adhered to in the counselling sessions that will follow.

3A Explore options and approaches for the relationship with clients according to individual need

It is important to consider the specific needs of the person before developing a counselling plan. For the counselling relationship to develop, be productive and meet the individual needs of the person, the counsellor need to consider the best options for the individual.

There are a number of factors to consider when tailoring a plan to the needs of the individual. For example, there may be barriers to communication based on the person's special needs and/or communication preferences. There may be cultural factors that influence the level of rapport and the helping relationship. Other considerations may be to consider the person's developmental life span stage and the psychosocial behaviours and attitudes that are significant for the person at this time.

Barriers to a helping relationship

Barriers to a helping relationship need to be considered and addressed when finalising priorities and goals. Barriers may be different for every person, but can all potentially impact the counselling relationship and the outcomes of the counselling service. Barriers may be as a result of the person's communication requirements based on factors such as language, the environment or special needs. Other factors to consider may be their cultural perspective or their stage in the human life span and what is important to them.

By being aware of barriers, openly discussing them and reducing their potential impact, counsellors have the best chance of working with the person to support them in meeting their goals and priorities and exploring the issues.

Barriers to reaching goals

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

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

Issues to consider include:

- communication barriers based on special needs
- cultural factors
- life span developmental factors
- complex or untreated mental health conditions
- poor cognition or cognitive impairment
- poor levels of literacy
- poor support and unstable living arrangements.

Identify communication barriers

A counsellor needs to be a good observer of human behaviour to be aware of and sensitive to barriers to communication. People may not always explain or be aware of their own barriers to communication. By tuning in to features such as body language and tone of voice, and monitoring the effectiveness of initial communication, a counsellor can learn to identify and address potential communication barriers.

There are a number of different barriers to communication, and when they are identified, the counsellor needs the skills to remove them. It may be necessary to consider the person's background, or how external factors may affect the communication between the counsellor and the person they are supporting.

Consider the following barriers to communication and some actions that could be taken to address them.

Language barriers

It may be difficult to discuss and negotiate with someone with limited English because you have trouble understanding each other.

Strategies to address language barriers include to:

- use an interpreter if appropriate
- explain clearly and avoid using terminology or jargon
- learn a few words of the person's language
- use pictures to convey meaning
- prepare information in the person's preferred language.

Cultural barriers

Cultural barriers may relate to:

- body language
- appropriate conversations between men and women
- protocols such as avoiding eye contact or not wearing shoes in a house.

Strategies to address cultural barriers include to:

- learn about cultural expectations and differences in relation to acceptable body language and conventions for resolving difficulties in other cultures
- clearly explain what you will do and why and how this may differ from their experiences.

Physical barriers

Barriers that may limit understanding or attendance may include:

▶ limited hearing or vision, or an inability to speak

▶ an age-related condition such as dementia

▶ an inability to access a location due to a physical disability.

Strategies to address physical barriers include to:

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

▶ select an accessible location for a person with limited mobility

▶ include a carer, interpreter or support person in the discussion if appropriate.

Psychological barriers

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

Strategies to address psychological barriers include to:

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

▶ give the person time to adjust

▶ speak slowly and clearly

▶ arrange to have someone with them to support them

▶ check on the person's wellbeing following discussions.

Environmental barriers

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

Strategies to address such environmental barriers include to:

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

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

Listening blocks

People may not listen carefully because they are:

▶ only hearing what they want to hear

▶ not paying attention

▶ too busy thinking of a reply

▶ distracted by emotions

▶ trying to speak over you.

Strategies to address listening blocks include to:

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

▶ concentrate on obtaining the person's attention

▶ speak concisely so the person doesn't lose their concentration and the flow of the discussion.

Consideration of special needs

The term 'special needs' refers to a number of medical, disability, therapy and education needs. When taking into account a person's special needs, there are a number of factors to consider that may act as barriers to communication. These were discussed in detail as communication techniques in a previous topic.

Some special needs may require discussion or an offer of other options in the way communication is conducted. In addition, the counsellor needs to be tuned into the communication requirements of the person based on feedback from the person, and questioning their understanding. The development of trust and mutual purpose in the counselling relationship is critical in enabling support for the person when discussing their issues.

Examples of special needs include:

▶ chronic illness or medical conditions like asthma, diabetes, arthritis or epilepsy

▶ intellectual disability

▶ physical disability that may or may not have mobility requirements

▶ mental Illness including anxiety or depression or post-traumatic stress disorder

▶ sensory disability including visual or hearing loss

▶ speech and language barriers

▶ culturally specific requirements

▶ behavioural barriers influenced by medication or stress

▶ developmental disorders including autism spectrum disorder or developmental delay

▶ educational needs like gifted and talented children or children with learning disabilities/difficulties.

Cultural factors and reaching goals

A person's culture is a filter through which they experience life. People from the same cultural background share language, knowledge and traditions in common. Culture provides the group with rules for living, and this is reflected in the values, attitudes and beliefs of each member of that group.

Cultural barriers can reduce the likelihood of people from Aboriginal, Torres Strait Islander and culturally and linguistically diverse communities achieving their goals. However, cultural differences should not provide a barrier to service delivery.

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

If there are no cultural-specific services available, it may be helpful to organise an interpreter or support person who can speak and interpret both languages. If a language barrier is present, the person's English skills may deteriorate when they are stressed or anxious. Ensure the person understands that the interpreter or third person will uphold confidentiality and not disclose any of their personal information.

Here are some cultural barriers that may affect the development of a relationship with the person.

Cultural barriers may include:

▶ feelings of shame, fear or distrust, which can cause distress

▶ beliefs such as that saying 'no' could be considered rude or offensive

▶ that counsellors have not researched, recognised and responded appropriately to individual and cultural differences in communication.

Human development stages

A study of life span development can provide insight into understanding the specific person based on their stage of life and considering the particular influences on them. This information can be used to better tailor information, communication techniques and improve the relationship with the counsellor, to best meet the person's needs.

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

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

Life stages
▶ Infancy – Birth to approximately one year of age
▶ Childhood (Toddler) – 1 to 3 years
▶ Childhood (Preschool) – 3 to 5 years
▶ Middle childhood – 5 to 12 years
▶ Adolescence – 12 to 20 years
▶ Early adulthood – 17 to 33 years
▶ Middle adulthood – 40 to 55 years
▶ Late adulthood – Over 65 years
▶ Elderly – Over 80 years

Psychosocial development

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

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

Key stages of psychosocial development

Here are some key stages of psychosocial development often seen in human development. It is likely you will meet many people who defy these descriptions, as well as some who fit neatly within each category. Always consider people as individuals who have a range of unique experiences that influence their behaviours and attitudes to life.

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

Childhood

▶ Play begins to occur with others.

▶ Play occurs with a wider range of people.

▶ Experiences are less-controlled by adults.

▶ Experiences occur in a wider range of settings.

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

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

Adolescence

▶ The peer group is of greater influence.

▶ Tendency to take risks and experiment with behaviours.

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

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

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

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

Adulthood

▶ There is a strong set of moral beliefs.

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

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

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

▶ Interactions should focus upon providing relevant and realistic choices and support to suit the person's current needs.

Elderly

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

▶ Greater time is available for their own activities.

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

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

▶ Interactions should support the person at times of significant or changing need, and be respectful to the persons' specific needs.

Intellectual development across the life stages

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

Intellectual development is a series of stages through which people make qualitative changes as they acquire new knowledge. Decision-making is a cognitive process resulting in the selection of a belief or course of action.

Characteristics of different stages

Infancy

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

Preschool children

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

Older children

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

Adolescence

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

Adulthood

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

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

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

Elderly

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

Common behaviours of life span development

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

Adolescence

Behaviours of adolescence:

▶ Search for identity: working out who they are and where they fit in the world

▶ Seek more independence: this is likely to influence the decisions your child makes

▶ Seek more responsibility both at home and at school

▶ Look for new experiences: seek out new experiences and engage in more risk-taking behaviour

▶ Thinking more about 'right' and 'wrong', with a stronger individual set of moral values and morals

▶ Influenced more by friends

▶ Develop and explore sexual identity

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

▶ Show strong feelings

Adulthood

Behaviours of adulthood:

▶ Vary significantly

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

▶ Focus not only on personal identity but also social identity

▶ Include an establishment phase where people focus on making satisfying life investments

▶ Leisure serves the purpose of relaxing and rejuvenating

Ageing

Behaviours of ageing:

▶ Relate to changes in relationships

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

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

▶ Memory issues: from taking longer to recall information to having serious memory problems; this can lead to changes in behaviour

▶ Loss of significant people in one's life can lead to changes in emotions affecting behaviour, such as grief, sadness, fear and anxiety

▶ Moving house or adjusting to new surroundings can be difficult

▶ Rigidity stubbornness: a way for people who feel out of control to try to regain control by taking 'my way or no way'

▶ Regression: going back to old behaviours or ways of coping to deal with life

▶ Reminiscence: dwelling on how things were, wishing they were how they were when they were young

Example

Explore options and approaches for the relationship with clients according to individual need

Simon is 16 years old and lives at home with his family. He attends school, although he is thinking about leaving at the end of Year 10 to do a building apprenticeship. Simon isn't a big fan of sport and he definitely does not like 'arty' things. He mainly likes hanging out with his mates. They spend most afternoons together listening to music or playing video games. They also spend every weekend together.
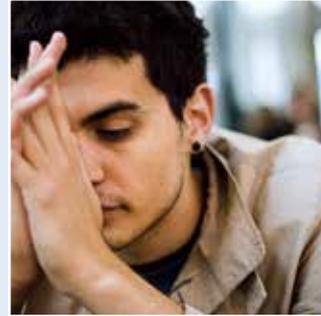
Simon's parents are concerned, because Simon has started staying out late and does not do his homework. One night, his father finds a half-empty bottle of vodka under Simon's bed. His parents try to talk to Simon to ask him what is going on, but he doesn't want to talk to them. They make an appointment for Simon to see the school counsellor, but Simon doesn't talk with her either.

Eventually, Simon asks his parents to back off. He says he only drinks occasionally for fun and he just wanted to see what it was like. Simon's parents decide to treat the incident as a one-off and accept that young people take risks occasionally. When they speak to the counsellor, she assures them that Simon's behaviour is consistent with adolescent development stages, such as seeking more independence and showing strong feelings.

Practice task 11

1. What issues may need to be considered when exploring options for the relationship with a person?

2. Explain how a person's culture may influence the way they experience life.

3. How can an awareness of human development across different life span stages assist in the development of a counselling relationship?

Click to complete Practice task 11

3B Agree on priorities and develop a plan for counselling in collaboration with the client

A counselling plan is built around the person's goals and priorities, and outlines the main issues as identified in the initial or early appointments. Once clear priorities have been established, the person is more likely to be motivated to work towards achieving their goals. When goals are clearly stated, and priority decisions made, both the counsellor and the person can agree that this forms the basis of their work together, and can be formalised in the person's counselling plan.

Before agreeing on the counselling plan, the person needs to be able to ask questions to clarify understanding and the counsellor should use their communication skills to confirm this. Remember, the counselling plan is the road map for the future counselling sessions.

The counselling plan template

Here is the sample counselling plan from topic 1. It includes the information gathered from the initial interview and allows for a list of priority goals, along with actions to be taken to achieve those goals. Goals and priorities may switch and change or require modification from one appointment to the next to accommodate changing circumstances and resources. Part of the evaluation process is to assess the degree to which the person's goals have been reached and whether they require adjusting.

Details of discussions from future counselling sessions will be recorded in the person's case management notes and be kept with other confidential documents in the person's file, which will be kept secured as per legislative and organisational policies and procedures.

Initial Counselling Plan	
Background information	
Name and personal details of client:	
Rebecca Wise, aged 35 years, 2 birth children (female ages 10 and 12 years), living with de facto partner	
See file re contact details: Mobile phone only	
Start date: 9/3/16	Start time/finish time: 9.15–11.00
Referral notes: See attached letter	
Reviewed by supervisor 7/3/16. Community Housing Services (CHS) – accommodation wait list	
Special needs: ▶ Slight hearing disability on LH side ▶ Provide quiet office and sit opposite in conversation	Safety or reporting issues assessed: ▶ None

Interview items to be covered	
Informed consent and boundaries: ▶ Explained and confirmed	Current status: ▶ Living in temporary rental accommodation with children and defacto. History of alcohol abuse 5 years previous. Abstinence until 2 months ago. Drinking daily 6+
Client's goals: ▶ To reduce drinking with the aim of stopping altogether within one month ▶ To be a better parent to her daughters ▶ To find a stable place to live ▶ To move away and not mix with friends who drink	Client's priorities: ▶ Short-term: Reduce and then stop drinking alcohol Long term: ▶ Improve relationship with daughters ▶ Obtain stable rental accommodation ▶ Change social group
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 same situation of 5 years previous where here 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 defacto 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 ▶ Make contact with AA and return to meetings	Actions to be taken: ▶ Rebecca will tell partner, friends and family she will not be drinking anymore. Ask for their support to assist her. ▶ Ask her mother to mind her children on nights of AA meetings.
Safety or reporting issues re-assessed: ▶ 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 – 23/3/16	

Agree to the plan

When determining priorities and developing a counselling plan, the person must be fully informed about the plan they are agreeing to. They need to confirm that the goals 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.

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.

Informed consent

Informed consent is an important legal process that helps to ensure people requiring support understand the reasons behind certain procedures. People need to know what to expect from the process before it takes place. Consent assumes an understanding of the benefits and limitations of the counselling service.

Personal questioning

The person needs to understand that they may be asked personal questions. You can prepare them for these sorts of questions by explaining that they have the right to refuse to answer questions they consider too personal. Not obtaining this type of information may affect the support the counsellor can offer, but issues can be revisited in several ways using a variety of questioning and communication techniques, to gain the information required.

Use a checklist

Show the person a copy of a checklist that indicates the information that is required to be provided at the induction or initial interview. A checklist may include specific references to:

▶ how the counselling service works

▶ important information about confidentiality policies and procedures

▶ the purpose and process of the counselling service

▶ expectations about client behaviour

▶ rights and responsibilities of all parties including the person, the counsellor and the service provider/organisation.

Example

Agree on priorities and develop a plan for counselling in collaboration with the client

When Steve and Mary married, they often spoke of having children but first wanted to ensure they were financially secure. In the years that followed, they established a home, enjoyed holidays together and both worked hard to develop successful careers. Steve and Mary wanted children, but they found that neither of them wanted to compromise their career to do so. Over a period of time they stopped talking, and began leading separate lives. Eventually, they moved into separate bedrooms.

Mary arranges for counselling to discuss the discontent she feels about her life and her relationship with Steve. Together, Mary and the counsellor identify the primary issue for Mary is that she would still love to have children. They discuss her goals and objectives and agree on a plan to work on together, and with Steve, to achieve Mary's goals.

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Practice task 12

1. Why is it important to clarify the plan before the person agrees to continue with the counselling process?

2. What useful information can be provided to the person in the form of a checklist before they agree to a counselling plan?

Click to complete Practice task 12

3C Make a documented agreement with the client that addresses disclosure and organisation requirements

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. The person needs to have demonstrated an understanding of, and agreed to, the terms and items referred to in the contract. The person also needs to be fully informed of the organisation's responsibilities in providing a counselling service.

A contract, when explained clearly, provides a framework for the expectations of the person requiring support. It is a documented agreement that formalises the counselling in the following ways.

A person requiring support is asked to sign a contract as an indication that they:

▶ agree or consent to participate in the program or service

▶ understand and agree to the rights and responsibilities outlined

▶ understand and agree to the conditions for the counselling service, such as the code of ethics and the need for honesty.

Counselling contracts

The organisation or service provider will require that certain types of information be included on 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. Contracts will vary between organisations but some of the basic organisational requirements include the following:

Information requirements for contracts:

▶ Personal information requirements: name, contact details, referring organisation, etc.

▶ Fees for services, private health insurance, concessions available and evidence required, i.e. Centrelink Health Care card

▶ Methods of payment accepted by the organisation such as EFTPOS only (no cash)

▶ Timing of payments: after each session

▶ Session details: length of time for an appointment, going over time procedures

▶ Cancellation policy: rules for non-attendance and notification required, i.e. 24 hours notice, re-scheduling appointments and methods for cancellation such as phone messages

▶ Signatures and date requirements

Key information for a contract

The format of a contract will vary between organisations, but some information will be common to all. The counsellor should read through the contract with the person before it is signed.

Key information on a counselling contract may include the following:

Aims

The aims of the counselling service can be briefly described to remind the person of the purpose of counselling. It can outline the setting of goals and what is required of the person in the process.

Code of ethics

The contract may detail professional associations aligned with the organisation, or it may list some ethical statements from the organisation's code of ethics such as:

▶ references to unconditional regard, empathy and respect

▶ duty-of-care responsibilities

▶ person-centred principles for the delivery of service.

It should also include a note that the person can review their involvement in the counselling process at any time.

Confidentiality (with exceptions)

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 confidentially, such as when a person may harm themselves or others, if a child is at risk or the courts instruct information to be provided.

Disclosure

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 the identifying data is removed. It may also mention the principle of informed consent and obtaining permission from a person to disclose.

Case records

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.

Boundaries

Information about boundaries may include details about contact outside of the counselling relationship, physical contact being inappropriate, the scope of the role and the need to refer beyond the scope of the counsellor's role.

Complaint procedures

This refers the person to the organisation's procedure for lodging a compliant, and may include details of how to complain and to whom.

Referral

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 are beyond the scope of a counsellor; for example, housing or financial support. Disclosure rules should be referred to.

Contract requirements

Here is an extract from the Australian Counselling Association's Code of Ethics and Practice (Section 3.8 'Contracts'). This section provides advice and information about 'Contracting with Clients'.

Reaching an agreement

Counsellors are responsible for reaching agreement with their clients about the terms on which counselling is being offered, including availability, the degree of confidentiality offered, arrangements for the payment of any fees, cancelled appointments and other significant matters. The communication of essential terms and any negotiations should be concluded by having reached a clear agreement before the client incurs any commitment or liability of any kind.

Participation

The counsellor has a responsibility to ensure that the client is given a free choice whether or not to participate in counselling. Reasonable steps should be taken in the course of the counselling relationship to ensure that the client is given an opportunity to review the counselling.

Conflict of interest

Counsellors must avoid conflicts of interest wherever possible. Any conflicts of interest that do occur must be discussed in counselling supervision and where appropriate with the client and/or associated parties.

Record keeping

Records of appointments should be kept and clients should be made aware of this. If records of counselling sessions are kept, clients should also be made aware of this. At the clients request information should be given about access to these records, their availability to other people, and the degree of security with which they are kept.

Accessing personal information

Counsellors must be aware that computer-based records are subject to statutory regulations. It is the counsellor's responsibility to be aware of any changes the government may introduce in the regulations concerning the clients right of access to his/her records.

Complaints

Counsellors are responsible for addressing any client dissatisfaction with counselling services received.

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Example

Make a documented agreement with the client that addresses disclosure and organisation requirements

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

Counselling contract form

Client details

Name:

Address:

Phone no: Date of birth:

Marital status: ☐ Single ☐ Married ☐ De facto ☐ Divorced ☐ Other partnership

Background: Aboriginal and Torres Strait Islander ☐   Other, please specify:

Next of kin or contact person:

Address:

Phone:

Fees and session details

Fees: $120.00 per hour

(Please provide your Medicare, concession or private health insurance details)

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 55 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 then this will be considered a cancellation.

Cancellation policy: 24 hours notice for non-attendance is required for no charges to apply. Re-scheduling 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 organisations 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 courts instruct 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 the 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).

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 compliant about the service. Please refer to the <insert website> for the complaints procedures information 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 to 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 13

1. Why is a documented agreement, such as a contract, used in counselling?

2. What type of information would an organisation require to be provided on a counselling contract?

3. What key information should be included in a counselling contract regarding confidentially, disclosure and the safe storage of personal records?

Click to complete Practice task 13

Summary

1. Barriers to communication need to be considered and addressed when finalising priorities and goals.

2. There can be a number of barriers to communication. It is important that when barriers are identified, the counsellor has the skills to remove them.

3. A study of life span development can provide insights into understanding the specific person based on their stage in the lifespan and identifying what may be particular influences on them.

4. The benefit of considering stages of human development is to reflect on communication skills to better develop and cater for the needs of the person to adapt and improve the counselling relationship.

5. The counselling plan is the road map for the future counselling sessions.

6. 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.

7. A contract, when explained clearly, provides a framework for the expectations of the person requiring support.

8. The organisation or service provider will require that certain key information be included on the counselling contract.

Learning checkpoint 3
Confirm the helping relationship

This learning checkpoint allows you to review your skills and knowledge in confirming the helping relationship.

1. Why is it important to explore options and approaches to meet a person's individual needs?

2. Identify three factors to consider when exploring options to better meet the person's needs.

3. What are the benefits of agreeing on priorities with the person and then developing a counselling plan?

4. Why should there be a documented agreement with the person?

5. Why is it important to address issues like disclosure and organisational
    requirements when making an agreement?

6. Explain how the following legal and ethical considerations are applied in individual
    practice: contract requirements and formats and key information.