



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

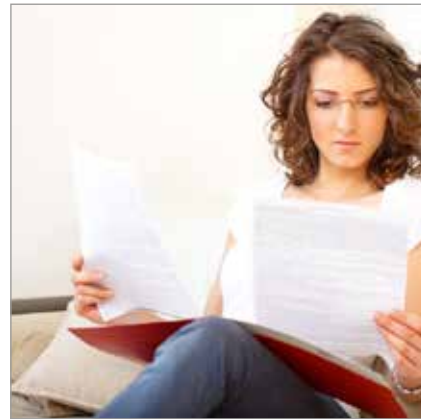
People who seek counselling come from a wide range of backgrounds and different stages in life. As a result, their issues will stem from a variety of factors and circumstances, and there may be a number of other aspects of the person's life that they need support and assistance with.

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 is not available. Alternatively, and with the person's permission, you may choose to record the session and write up the case notes after the person has left.

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.

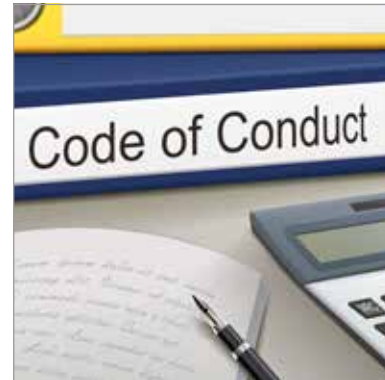
Conduct interviews in an ethical manner by:

- ▶ 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	<i>Work Health and Safety Act 2011</i> (Cth)	Comcare http://aspirelr.link/comcare
Australian Capital Territory	<i>Work Health and Safety Act 2011</i> (ACT)	WorkSafe ACT http://aspirelr.link/worksafe-act
New South Wales	<i>Work Health and Safety Act 2011</i> (NSW)	SafeWork NSW http://aspirelr.link/safework-nsw
Northern Territory	<i>Work Health and Safety Act 2011</i> (NT)	NT WorkSafe http://aspirelr.link/worksafe-nt
Queensland	<i>Work Health and Safety Act 2011</i> (Qld)	Workplace Health and Safety Queensland http://aspirelr.link/worksafe-qld
South Australia	<i>Work Health and Safety Act 2012</i> (SA)	SafeWork SA http://aspirelr.link/safework-sa
Tasmania	<i>Work Health and Safety Act 2012</i> (Tas.)	WorkSafe Tasmania http://aspirelr.link/worksafe-tas
Victoria	<i>Occupational Health and Safety Act 2004</i> (Vic.)	WorkSafe Victoria http://aspirelr.link/worksafe-vic
Western Australia	<i>Occupational Safety and Health Act 1984</i> (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 | ▶ age |
| ▶ sex | ▶ ethnic origin |
| ▶ pregnancy | ▶ religion |
| ▶ politics | ▶ marital, parental or carer status |
| ▶ sexual preference | ▶ physical features. |

Discrimination legislation

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

- ▶ *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.

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 be 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

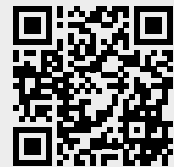
Follow a structured approach to counselling based on client needs and expectations



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.