EQUINE ASSISTED THERAPY AUSTRALIA

COUNSELLING SKILLS

Nationally Recognised Training

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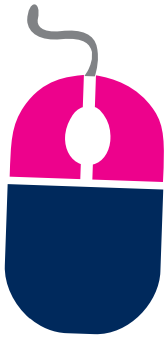

USEFUL RESOURCES

Websites, resources, organisations, etc.

COUNSELLING PROCESS 1

STUDENT GUIDE

Modification History

Version	Date	Changes
2	10/2019	

This resource has been developed in consultation with industry experts.

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INTRODUCTION

This learner guide supports training and assessment by addressing the essential skills and knowledge required to achieve competency in CHCCSL001 establish and confirm the counselling relationship, CHCCSL002 Apply specialist interpersonal and communication techniques, CHCCSL003 Facilitate the Counselling relationship and Process in the CHC Community Services Training Package release 3.0.

This unit describes the skills and knowledge required to use a structured approach to counselling to determine, establish and confirm the nature of the counsellor client relationships according to the agency's counselling model.

You will learn about:

- The legal and ethical considerations for the initial stages of counselling and how these are applied in individual practice.
- The counselling process
- Counselling planning, it's scope and techniques for creating a counselling plan
- Communication techniques

Activities in this learner guide will enable you to demonstrate the following skills:

- The stages of the counselling interview

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INTRODUCTION TO COUNSELLING

What is Counselling?

Counselling involves a relationship between the client and the counsellor; this helping relationship supports the client to become more aware of themselves and to make positive changes in their own lives. Counselling involves many skills in relationship building and verbal and non- verbal communication.

Counselling is different to just talking to someone, it is a formal process that is guided by various theories and ethical boundaries.

Counselling is a helping relationship that is a contracted activity- the client and the counsellor must agree to the nature of the sessions and the expected outcome and the client must be able to consent to counselling. The counselling relationship is reliant upon the co-operation and engagement of the client and the counselling sessions are facilitated by the counsellor rather than directed by the counsellor.

'Helping is about constructive change that makes a substantive difference in the life of the client.' *P.10 Egan*

'The three principal outcome- focused goals of helping are:

1. Life enhancing outcomes for the client; help clients manage their problems in living more effectively and develop unused or underused re sources and opportunities more fully at the service of life enhancing outcomes.
2. Learning how to help oneself: Help clients become better at helping themselves in their everyday lives.
3. Developing a prevention mentality: Help clients develop an action- oriented prevention mentality in their lives.' *Egan, p. 9-12*

'If counselling is constructive, clients grow and open up. They make purposeful decisions. They stop behaviours that are destructive and non-productive such as fighting, being passive or just blabbering. They quit trying to externally control others and begin taking charge of themselves. They assess and utilise their strengths. Outside of sessions, they practice new behaviours through role-plays and simulations. They confront injustices and abuse. They give themselves permission to seek wellness. The outcome is substantial, for old habits become history and new skills, realities, and lifestyles emerge.' *(Gladding, 2005, p.5 in Egan p.10)*

Counselling occurs in various settings including hospitals, schools, community service centres, churches, non- government funded organisations (NGO's) including Lifeline, Brave hearts, Paradise Kids etc., prisons, corporate workplaces and more. Due to this diversity counsellors must understand the scope and limits of their role within the organisations that they are employed under and also how to work within a team for the best interests of their clients.

The purpose of counselling is to assist clients to identify and explore issues, problems or circumstances that are impacting their lives and to assist clients to make sense of feelings and behaviours and set goals in order to make change.

Activity 1
The helping relationship

Think about your own experience of being cared for or helped by someone in the helping profession, a counsellor, nurse, doctor, dentist etc.

1. What was the experience like? What was helpful, what wasn't?

2. Why do you want to be a counsellor?

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1.1 The Evolution of Counselling

Counselling has evolved and changed over the centuries and informal counselling has been used throughout history to help people in need.

The industrial revolution brought large-scale changes to society and people that were once cared for and looked after within small communities were now placed in asylums, the medical profession controlled these asylums. People were encouraged to become focused on their own needs and become focused on the individual getting ahead rather than community focused. Western culture then had the World Wars and the great depression, this meant huge amounts of grief and loss for individuals and a mindset of re-building life rather than focusing on feelings. It also became normal to use alcohol to self-medicate or to numb and avoid feelings.

The specialisation of Psychiatry emerged, and psychotherapy and counselling developed from this base. Sigmund Freud (1856- 1939) developed psychoanalysis at the end of the 19th century, psychoanalysis was referred to as the 'Talking cure' and was a long and expensive process of helping people face and release repressed traumas. Freud's theories have greatly influenced the field of counselling, however, counselling today is very different and counselling is now client centered, meaning the client is seen as the expert of their life and the counsellor facilitates the counselling session rather than directing it and telling the client about their own life.

1.2 Characteristics of Effective Counsellors

Counselling involves establishing a relationship with a client and feeling safe and sharing intimate and confidential information about oneself. Due to this the counsellor must be able to create an environment in which the client feels safe and feels heard and respected by the counsellor.

An effective therapist:

- Expresses acceptance, warmth and empathy and has a solid set of interpersonal skills
- Behaves in a manner that builds trust with clients
- Is committed to professional development and supervision
- Is flexible in their treatment approach and plan and communicates this with their client
- Collaborates with the client to Understand the client and their problem situation in every relevant context- cultural, social, developmental, economic etc.
- Understands self and continues to work on self
- Doesn't avoid difficult issues related to the client's problems or to the client- counsellor relationship
- Is authentic, believable and trustworthy and doesn't rob the client of his autonomy or dignity
- Collaborates with clients in monitoring their progress and their views on the counselling process
- Establishes a formal and an informal feedback system
- Adjusts the therapeutic process based on an evolving understanding of the client's problem situation, formal or informal feedback and signs of client reluctance or resistance
- Helps clients, develop a realistic sense of possibility, hope and optimism
- Knows best research related to the client; the client's personality, problems, social context and possible treatments for the client
- Has a solid understanding of the key ingredients of successful counselling and knows how to adapt these to the client.

Adapted from: *Wampold (2011) in Egan (2014) p.16.*

1.3. The Principles of Person-Centred Practice

Carl Rogers developed the person-centred approach to therapy and first introduced his theory in 1940. Carl Rogers is often viewed as one of the most influential figures in revolutionising the direction of counselling practice. Rogers believed that there were 3 essential qualities required in the counselling relationship for effective outcomes. These three qualities are congruence, empathy and unconditional positive regard. A congruent person is genuinely, authentically them self, a complete, integrated and whole person, a real person complete with strengths and weaknesses. This is integral to the counselling relationship, for the client to feel valued the counsellor needs to genuinely be himself or herself. The client will feel it when the therapist is not being congruent, and this often makes the client feel uncomfortable.

Being congruent sometimes requires self- disclosure on the counsellor's part; this can assist in the client feeling equal in the relationship. Empathy involves walking alongside our clients as curious companions on their journey, we aim to go where they choose to go and explore what they choose to explore and to be warm, friendly and genuine. Unconditional positive regard involves accepting the person seeking help completely as they are, in a non-judgemental way. This may be difficult to achieve and sometimes it just isn't possible, however, this is what we aim for as counsellors.

> **"Rogers basic assumptions are that people are essentially trustworthy, that they have a vast potential for understanding themselves and resolving their own problems without direct intervention on the therapist's part, and that they are capable of self-directed growth if they are involved in a specific kind of therapeutic relationship."**
>
> *Corey (2013, p 160.)*

Person centred therapists seek to create a relationship with clients that has a high degree of respect, authenticity and equality, the client is regarded as the expert on their own life and problems. The counsellor works with the client to identify and accept his/ her own solutions to life challenge. Another key principle is that it is very helpful to work with clients in ways that enable them to become more aware of their 'here and now' experiencing.

> **"The idea is that patterns of thought and feeling that are associated with difficulties in everyday life situations are being continually re-created, wherever the client may be, and that a willingness to enter the now provides the client and therapist with opportunities to learn about these patterns, and change them."**
>
> *McLeod, J. (2013). An introduction to Counselling (5th ed., p. 166). New York: McGraw Hill Education.*

Carl Rogers' Person-Centred Theory

The basic concept of Person-Centred Theory [PCT] is that people are fully in charge of their lives and they are inherently motivated to improve themselves (personal responsibility). An individual's internal frame of reference is the best vantage point to understand the person (known as the phenomenological approach). The most crucial element of person-centred theory is its inherent focus on the goodness of humanity, and human growth and development *(Good and Beitman, 2006)*.

PCT is a non-directive form of counselling that is structured around the idea of a 'self-concept'. This is how a person thinks about or perceives him or herself to be. When there is a difference between how a person sees themselves ('actual-self') and what that person would like to be ('ideal-self') then anxiety and psychological ill health occur. This is called incongruity. The actual self is the 'I am' and the ideal self is the 'I should be'. For instance, I am single (actual); I should be in a relationship (ideal). It is only when the actual-self and the ideal-self align that congruency and a healthy self-concept can exist.

Basis assumptions of PCT:

- People are growth-oriented and seek self-actualisation
- People are of central importance of the person to their own experience
- People are intrinsically good and trustworthy

(Kottler, 2004)

Person Centred Therapy Concepts

Congruence	• Congruent individuals trust their own worldview and behave according to how they perceive things. • Incongruent people act based on their perceptions of what they believe others think is right. • Low personal anxiety is achieved when the perceived self is in line with the actual experiences (congruence).
Unconditional Positive Regard	• Accepting others, or feeling accepted by others without the constraint of conditions. • People feel unconditional positive regard when they perceive that other people regard them in a positive way despite any failings or imperfections.
Empathic Understanding	• Being attuned to the experiences, feelings and thoughts of another. • Expressing sensitivity that is unhindered by your own perceptions and values. • People feel empathy when they can truly step into another's shoes and understand their position.

Rogers' attributes of a 'Fully Functioning Person':

- Increased openness to experience – moving away from defensiveness
- Increased existential lifestyle – living each moment fully and not distorting the moment to fit self-concept but allowing self-concept to come from the experience
- Increased intrapersonal trust – trusting your own judgment and choosing behaviour that is appropriate for each moment; not relying on existing codes or social norms but being able to trust your own sense of right and wrong
- Freedom of choice – the ability to make a wide range of choices more fluently and comfortably; believing that you play a role in determining your own behaviour, so you feel responsible for your own behaviour
- Increased creativity – freedom to be creative to adapt to your own circumstances without feeling a need to conform
- Reliability and constructiveness – you can be trusted to act constructively; an openness to all your needs and the ability to maintain a balance between them
- A rich, full life – Rogers describes the life of the Fully Functioning Person as rich, full, and exciting. He maintains that Fully Functioning people experience love and heartbreak, joy and pain, and fear and courage, more intensely

Rogers' Fully Functioning Person is not defensive; they are open to new experiences, are creative and continually aim to reach their fullest potential.
This is what Rogers called "living the good life".

Activity 2
Person-Centered Theory

1. Congruence

3. Empathic Understanding

2. Unconditional Positive Regard

4. Fully Functioning Person

1.4 The place of counselling within the helping profession

There are several categories of people who either use or might use counselling skills to help others to cope with their concerns:

- Professional counsellors and psychotherapists. Specialists, who are suitably trained, accredited and paid for their counselling services. These people may include clinical and counselling psychologists, psychiatrists and social workers.
- Paraprofessional counsellors. People trained in counselling skills who use them as part of their jobs, yet who do not hold an accredited counselling or psychotherapy qualification. Some social workers fall into this category, whereas others may be qualified counsellors and psychotherapists.
- Voluntary counsellors. People trained in counselling skills or with full counsellor training who work on a voluntary basis in settings such as Relationships Australia, Lifeline counselling, youth counselling services, church-related agencies and numerous other voluntary agencies.
- Counselling, psychotherapy and helping trainees. Trainees using counselling skills on supervised placements as part of counselling, psychotherapy and helping courses.
- Helpers using counselling skills as part of their jobs. Here the main focus of the job may be nursing, teaching, pastoral work, supervising or managing, and providing services such as finance, law, funerals, trade union work and so on. These jobs require people to use counselling skills some of the time if they are to be maximally effective.

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- Peer helpers. People who use counselling skills as part of peer helping or support networks of varying degrees of formality. Such peer support networks frequently cover areas of diversity such as culture, race, sexual orientation, and focused support for women or men.
- Informal helpers. All of us have the opportunity to assist others, be it in the role of partner, parent, relative, and friend or work colleague.

Adapted From ***Introduction to Counselling Skills: Text and Activities***. By Richard Nelson-Jones

1.5 The scope and nature of the counselling relationship

The Counselling relationship involves a lot more than just talking to someone. Counsellor's study to understand how to work with clients on personal and psychological issues using established counselling modalities. They learn skills in communication, counselling interview techniques and various counselling theories that they can draw upon to help them with individual clients with individual issues. Some of the key points of counselling are:

- Counselling is a formal process that conforms to accepted practices- including a range of counselling strategies, techniques and skills that recognise the individual's needs.
- Counselling practice involves adhering to strict ethical principles and practices which include, confidentiality, professional boundaries, and the taking and storing of client notes and records.
- Counsellors use appropriate models to facilitate change, to build rapport and to help clients to tell their stories.
- Counsellor's assist the client in developing plans so that the client may progress.
- Counsellors seek professional supervision, personal and professional development and maintain their own therapy to ensure that they continue to grow as professionals and to take care of themselves.
- Counsellors are aware of their own professional limitations and refer on when necessary.
- Counsellors often work within multi-disciplinary teams and need to be clear on their role boundaries.
- It is important for counsellors to remember that they are not there to save anyone; they are there to facilitate the client in exploring issues and making decisions for their own life.

Geldard, D. & Geldard, K. (2012). ***Basic Personal Counselling: A training manual for counsellors (7th edition).*** Sydney, Australia: Pearson education.

1.6 The impact of the counsellor's own values

The effectiveness of counselling is highly dependent upon the quality of the relationship between the client and the counsellor. Therefore, it is integral for the counsellor to be aware of their own values, judgements and beliefs and to be curious about how these impact the counselling relationship.

If the counsellor is unaware of their own beliefs, values and judgements they are likely to turn up in the counselling session which may involve the counsellor pushing their values or judgements onto the client or rejecting the client's values or beliefs. This is not what the counselling relationship is about.

The first step in dealing with a values or beliefs conflict is to recognise it. If you start to notice yourself getting irritated, or emotional, if you feel your body tensing up or other forms of arousal stop and ask yourself what is going on. Maybe you fell your values are being challenged. Remember, counselling is about trying to understand another person's point of view and knowing what your values are but keeping them aside.

This is called bracketing. Bracketing involves knowing your issues, values, judgements and beliefs and recognising when they are being triggered and putting them to the side to work on with your own therapist later. If you are working with a client and you are unable to put your own values aside then to be fair to the client it is important that you let them know and give them a choice about whether they continue on with you or not.

It is very important for the counsellor to understand where they stand with regard to their own values and beliefs; this is where personal therapy and supervision is vitally important. Supervision is important after a session in which you have had a values conflict so that you can work through it and therefore, hopefully minimise the possibility of the effectiveness of your counselling being compromised by the value in question.

> 'If we are aware of our personal problems and are willing to work through them, there is less chance that we will project them onto clients.' If certain problem areas surface and old conflicts get re-activated, we have an ethical obligation to do whatever it takes to avoid harming our clients. We must also examine other, less obvious harmful personal needs that can get in the way of creating growth- producing relationships, such as the need for control and power; the need to be nurturing and helpful; the need to change others in the direction of our own values; the need for feeling adequate, particularly when it becomes overly important that the client confirm our competence; and the need to be respected and appreciated. It is crucial that we do not meet our own needs at the expense of our clients.'
>
> Corey, G. (2013). ***Theory and Practice of Counselling and Psychotherapy (9th ed. P. 38)***. Belmont, CA: Thomson Brooks Cole.

As a counsellor it is important to know yourself, your values, your weak spots and triggers and also how you are likely to act in certain situations. Getting to know you takes a lifetime, however, it is important to commit to your own self-enquiry and development. Our values and beliefs can shape who we are and guide our decision making, we need to get to know these values and beliefs and be clear on our own stuff so that when we are counselling our clients we can view them through a clear lens not a lens that is muddy with our own viewpoints, beliefs, values and judgements.

As you get to know more about yourself and your stuff you become clearer about who you are and what is yours to own, for example Anger, if you are clear on what anger means to you, how you do anger and what makes you angry you are less likely to project your stuff around anger onto your client.

Activity 3
Values

1. What are some of your fundamental values, beliefs and judgements about yourself, other people and life?

2. How will you deal with a conflict in values between you and clients or co-workers?

1.7 Issues faced by beginning counsellors

Becoming a counsellor is a large undertaking; it involves learning many skills and also exploring unknown dimensions of who you are. Some of the challenges faced by beginning counsellors are listed below, it is important to remember that we are all human and that the more you are able to relax into who you are and to be honest about your limitations the easier and more enjoyable counselling will be.

- Dealing with your anxieties, and your self-doubt: it is helpful to talk to a supervisor to work on these.
- Being yourself and disclosing whom you are; this can be confronting and challenging as we may fall into the trap of disclosing too much or not sharing enough. Again be gentle on yourself and trust that you will find the balance as you go.
- Avoiding perfectionism: remind yourself that we all have to start somewhere and that we are all human, another theme to work on in supervision.
- Being honest about you limitations.
- Understanding and allowing silence.
- Dealing with demands from clients.
- Dealing with clients who lack commitment.
- Tolerating ambiguity.
- Becoming aware of your counter transference.
- Developing a sense of humour.
- Sharing responsibility with clients.
- Declining to give advice.
- Defining your role as counsellor.
- Learning to use techniques appropriately.
- Developing your won counselling style.
- Maintaining your vitality as a person and as a professional.

(Corey, 2009, PP.28-34).

1.8 Clients Right's and Counsellor Ethics

Clients have a right to expect a professional, non-judgemental service with a counsellor whom abides by law and ethics and continues to update their skills and knowledge.

Counselling is a profession that adheres to strict moral and ethical principles. These principles are in place to keep both the counsellor and the client safe and they ensure the best outcomes for the client. As a counsellor you will be trusted with information that has not been told to anyone else, you will be told highly confidential information. You will be working with people who may be vulnerable and who trust you to look out for them and to help them find their way through their problems. As counsellor's we strive to create an equal relationship with our clients, however, being a counsellor is potentially a position of power and it is important to remember this and to adhere to ethical and legal principles to protect clients.

Some issues to consider in the client- counsellor relationship include:

- Confidentiality; It is the counsellor's duty of care to protect the clients confidentiality except in the case of mandatory reporting.
- Clients have a right to privacy and safety.
- Clients have a right not to be discriminated against or exploited in any way.
- Your own values and beliefs: as a counsellor it is important that you know your own values and beliefs and that you don't force them upon clients. It is also important to respect that others are entitled to their own values and beliefs.
- Clients have a right to informed consent; the right of clients to be informed about their therapy and to make an autonomous decision to take part. This includes making sure the client is aware of the cost and duration of the counselling session.
- It is important that you know and follow the counselling code of ethics.
- Referral, it is helpful to know when to refer on and to have a list of potential services that you can refer your clients to.
- As a counsellor you have a duty of care to your lient to ensure that your clients needs are being met to the best of your ability within your professional boundaries.
- Legal issues, you may be required to provide your notes in legal situations, you need to know what can and can't be written in your notes.

To assist you in educating clients about their rights and to practicing ethically and lawfully:

- Ensure you create appropriate procedures to ensure rights are communicated to clients. You may provide the client with a standard information disclosure statement, that include issues relating to confidentiality, reporting and informed consent, you could also include client responsibilities like arriving on time, informing you of any medication they are taking and cancelling appointments in advance.
- Establish and communicate client rights in counselling practice and within the client-counsellor relationship in accordance with organisation procedures.
- Commit to ongoing training and professional development.
- Promote client wellbeing.
- Undertake regular supervision to address issues of transference and counter-transference.
- Identify, analyse and apply current industry standards of ethical and legal practice in counselling.
- Identify, analyse and apply strategies to:
  - Resolve situations of risk or potential risk.
  - Resolve issues involved in working with individual difference.
  - Resolve issues arising from 'high need' clients.
  - Minimise risk in client-counsellor relationships.
  - Minimise the ethical dilemmas of dual relationships.
- Explore personal and professional issues that may impact on the counselling practice .
- Formulate ways of minimising the impact of personal biases and value systems.
- Use work practices that apply the responsibilities of a counsellor, including the rights of minors.
- Ensure clients are informed of circumstances which may override confidentiality.
- Explore client expectations of counselling.
- Clarify the services that are offered.

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Mandatory reporting: Australian legislation makes it compulsory for counsellors to report to the relevant authority any concerns they have about a child who is at risk of harm or where a client is at risk of harming themselves or others.

Look up the counselling code of ethics on the Australian Counselling Association and the PACFA website.

http://www.theaca.net.au/documents/ACA%20Code%20of%20Ethics%20v8.pdf

http://www.pacfa.org.au/wp-content/uploads/2014/10/PACFA-Code-of-Ethics.pdf

Activity 4
Ethics and Client Rights

1. Summarise the key points of the Australian Counselling Associations code of ethics.

2. Write down the client rights that you need to let your client know about at the beginning of the counselling relationship.

THE COUNSELLING INTERVIEW

This topic covers information about:

- Aim of the Counselling Interview
- Stages of an Interview

Activities in this topic cover the following essential skills:

- Demonstrate and apply effective counsellor communication in a counselling practice
- Demonstrate and apply the micro-skills and communication techniques within a counselling practice
- Apply confrontation skills in a counselling interview
- Apply focusing skills in a counselling interview
- Apply influencing skills in a counselling interview
- Focus as an activity in an interview
- Apply techniques to elicit meaning
- Supply client feedback as appropriate

2 Aim of the Counselling Interview

The purpose of counselling is to help individuals, couples, families and groups with interpersonal, relational or situational problems or issues through flexible client-centred delivery. The role of a counsellor in a community services setting is complex; they provide immediate and lasting support to people experiencing stress and crisis.

The experience of counselling varies depending on the counsellor, the client and the particular concerns that the client brings into counselling. There are a number of different approaches that can be used to help clients with their concerns.

Counselling involves the client speaking about their issues openly and honestly, while you, as the counsellor, listen attentively and respectfully; ask questions and work collaboratively to address their issues. The client should expect to be able to discuss with their counsellor any concerns they have, whether it is about their problems or about the process of counselling itself.

Through the process of a counselling interview, the counsellor provides support by listening, confronting and influencing in order for the client to grow and develop in a positive manner. An interview in a counselling setting is the process of gathering information, problem solving and coming up with a plan to implement change with a client.

The counselling interview process is individualised depending on the specific situation and the unique relationship between the counsellor and client. However, the desired outcome is usually the same - identifying strengths and positives within each client with the intention of empowering them so they can obtain personal and emotional development.

This objective will look differently for each client depending on the situation and the factors that impact their lives. Some will need guidance in making health choices in their lives. Others will need immediate crisis intervention. It is the counsellor's responsibility to assess these different situations and implement the appropriate interview techniques.

The Initial Counselling Interview

Counselling can be a scary concept for a lot of people, and many won't seek help from a counsellor because they have concerns and misconceptions about the process and the person who will be helping them. The first meeting is the most important of all sessions as this is the meeting where the client and the counsellor set up their relationship; trust is established, rapport is developed and clients decide if this relationship will work for them.

The initial counselling interview demands the most of the counsellor, as this is the meeting that will influence subsequent sessions and determine if counselling will continue. If the counsellor takes a misstep during the first meeting, and a trusting relationship is not established right away, this will make it more difficult to progress through the counselling process.

Also important in the first meeting is the identification of issues and potential areas for change. This will help the client feel like the counselling process is beneficial to him or her.

Determining the need for counselling

Your organisation will have its own intake process to determine the best placement for clients. In most cases, an intake worker will conduct a brief interview to determine the best placement for an individual. However, this process is not perfect, and at times a counsellor will meet with a client whose needs are better served with a different specialist or at a different time.

Throughout the process of a counselling interview, if the counsellor notices any signs that the client has been referred incorrectly, it is the counsellor's responsibility to collaborate with other specialists to make the appropriate referral. Once the counsellor is confident that the correct placement has been made, the counsellor determines the best course of action for the client.

Activity 5
The Counselling Interview

Answer the questions below according to your own perceptions and definition of counselling.

1. What is a counselling interview?

2. What are the main objectives of a counselling interview?

3. What must the counsellor achieve in the first meeting?

4. What must the counsellor do if it is determined that counselling is not appropriate at this time?

5. What are your limitations as a counsellor?

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2.1 Stages of the Counselling Interview

A natural progression takes place within the context of the counselling relationship. This process enables you and your client to build a relationship, assess the situation, set goals, come up with a plan to reach those goals and to transfer the plan into action.

Ivey and Ivey (2014, p. 11) outline five stages to a counselling interview:

1. **Empathic Relationship** – building rapport
2. **Story and Strengths** – gathering information
3. **Goals** – determining outcomes for counselling
4. **Restory** – exploring alternatives
5. **Action** – applying learning to daily life

1. Empathic Relationship – building rapport

To develop relationships with your clients, you need to create a suitable environment where clients feel comfortable enough to talk. Building rapport achieves this. Rapport is about communication, relationships and connection.

The effective counsellor makes an effort to connect with clients. This can only happen when the client is made to feel like you genuinely care about their wellbeing and that you understand where they are coming from. It's about behaving in a way that demonstrates the core conditions of genuineness, respect and empathy.

Rapport can develop quickly during a conversation if you are paying attention to the other person. Some people take longer to develop rapport with others; however, your ability to develop relationships with your clients will depend on your ability to build rapport with them.

The main elements of rapport are:

- **Trust** – when you feel confident that the intentions and behaviour of others will have positive consequences for you.
- **Empathy** – your ability to experience the feelings of others. Empathy is important to establishing rapport with clients because it conveys the impression that you care about their experience and feelings.
- **Honesty** – when you are able to express your feelings and opinions without evasion or omission.
- **Acceptance** – your ability to relate to clients without judging or controlling them.

Acceptance is often the hardest part of the counselling relationship especially when the client you are counselling has done something or leads a certain lifestyle that is in conflict with your values. Accepting does not mean 'approving' with what they are saying or doing; it means recognising the other person's difference without judgement. Sometimes it helps to remind yourself that whatever the client may have done, there is no doubt that they are trying to struggle through life the best way that they can. Try to understand this in terms of their values and circumstances.

Structuring occurs during the rapport phase and refers to the purpose of the interview/counselling session. Clients may know why they are there, but it is beneficial to go over the objectives and the client's perceptions and expectations of the counselling process. The counsellor would discuss their preferred style of counselling and their personal philosophy, as well as the limitations of counselling and the counsellor during this stage.

This first stage of the interview is where your observation and attending skills get a real workout. Remember that basic attending and observation tells the client that you are there with them and they can trust you.

Activity 6
Building Rapport

Describe how you would build rapport with each of the following people in a counselling environment.

1. A bisexual woman in her early 20's who has a criminal record.

2. A 6-year-old boy who is afraid of adults.

3. An elderly woman who has been abused.

4. A depressed 48-year-old male who left his family for a younger woman.

5. A teenage boy with a drug habit.

6. A middle-aged woman who is entering the workforce for the first time.

2. Story and Strengths – gathering information and defining the problem

An informed assessment occurs when both you and the client gather information about the problem or issue. This is so you can assess what needs to happen next in order to change the situation.

The first step in making an assessment is to find out if change is necessary, and if it is, then you need to explore what needs to happen in order for change to take place. If you have determined that change is necessary, then the next step is to figure out what needs to change. Is it a behaviour, an attitude or a situation?

Gathering information is an ongoing process. You need to check-in regularly with your client to see how things are going. Reassessing the situation enablesyou to ensure that you are on the right track and that you can adapt as the story and the client evolves.

Gathering information includes:
- Talking with clients – let them tell their story.
- Explore their strengths – you may need to point them out to the client.
- Observing their behaviour and interactions.
- Reading case notes (please note that you will be interpreting someone else's assessment and this can be biased or lead you to a biased assessment).

Use caution when defining the problem:
- Be aware of your biases and how they influence your determinations (you may think their drinking is the problem when it could be a symptom of the real problem).
- Involve your clients (they have the most information about the situation).
- Do not rely on one single source to make an assessment; gather as much information as you can from a variety of sources.

It is important to identify the client's assets during this stage. Explore their strengths and the resources they have access to. Most people in counselling will be reluctant to identify assets, or believe they do not have any. Take the time to explore any possible strengths, for example, friends, a good job, a sense of humour, a strong family, respected in the community, a good leader, etc.

3. Goals – determining outcomes for counselling

Determining the outcome of counselling is about finding out the 'ideal world' of the client *(Ivey & Ivey, 1999. p. 165)*; where, or how does the client want to be? What does their life look like without their problems? Without knowing the answers to these questions, the counsellor cannot hope to know what the client wants.

By setting smart, clearly defined goals with your clients, you can measure their progress and they can take pride in their achievement of those goals. They begin to see forward-progress in what might previously have seemed a long, impossible situation. When a client is involved in setting their own goals, they are more likely to follow through with them.

Things to consider when goal-setting:

- What does your client want to achieve or change?
- How are they going to achieve/change it?
- When do they want to achieve the goal?
- What obstacles do they expect?
- How will they address these obstacles?
- How will you/they measure and monitor their progress?
- Are their goals realistic?

Goal-setting tips

- **State each goal as a positive statement** – negative statements impede the process.
- **Set a precise goal** – include dates, times and amounts so that you can measure achievement.
- **Set priorities** – this helps them avoid feeling overwhelmed by too many goals, and helps to direct your attention to the most important ones.
- **Write goals down** – this helps make them real to the client and increases accountability.
- **Keep goals small** – if a goal is too large, then it can seem that you are not making progress towards it.
- **Set realistic goals** – it is important to set goals that clients can achieve.

For example, Shannon is meeting with her counsellor, Julie, because she is struggling with her weight. Shannon wants to lose 10 kilos but feels overwhelmed with the task. Julie and Shannon have come up with the following goals for her success:

1. *Every evening I will write down what I ate that day in a journal*
2. *Every time I want to eat junk food, I will eat a healthy snack first*
3. *At work, I will take the stairs instead of the lift*
4. *At least twice a week I will exercise for 45-minutes*
5. *In 4-weeks, I will share my progress with my counsellor*

Remember to use your confrontation, focusing and influencing skills during this stage. Clients may struggle with defining the problem and determining a goal. It is up to the counsellor to apply the necessary micro-skills to help them along.

Solution-Focused Brief Therapy

An excellent example of applying this stage of the interview/session is Solution Focused Brief Therapy (SFBT). SFBT focuses on what clients want to achieve with counselling, rather than on the problem/s that made them seek help in the first place. It approaches problems by concentrating on the 'exceptions', the times when the problem does not exist. SFBT does not focus on the past, but instead, on the present and the future (Metcalf 2008).

The counsellor uses respectful curiosity to invite the client to picture their preferred future, then the counsellor and the client start attending to any moves towards it, whether these are small increments or large changes. To support this, the counsellor asks questions about the client's story, strengths, resources, and about exceptions to the problem.

A counsellor using SFBT may say things like, "Tell me about a time when you weren't gambling/drinking/depressed" That way, the client can begin to focus on the solution and not the problem because they begin to recognise that the problem is not always present and change is possible.

By helping people identify the things that they wish to change in their life and to attend to the things in their lives that are working, counsellors can help their clients construct a vision of a preferred future for themselves.

SFBT focuses on two elements:

a) How the client wants his/her life to be different
b) What it will take to make that happen

Creating a picture of what their life looks like without the problem helps them to step out of the problem and work towards the change they desire. The SFBT counsellor's job is to help clients transform troubling issues into specific goals and to formulate an action plan for achieving them.

SFBT is generally brief because its focus is on solutions, not the why's and how's of the problem. SFBT is an effective way of helping people address many kinds of problems, including:

- Depression
- Substance misuse
- Eating disorders
- Relationship problems

4. Restory – exploring alternatives

The restory stage involves looking for ways the client can achieve their goals or make the changes they desire. This is the stage where you ask, "What are we going to do about it?" Clients may be stuck into 'not thinking' at this stage, and it is up to the counsellor to find new and innovative ways to explore their options.

This stage drives the counselling relationship; it orients your sessions to an identified goal, holds the client accountable for their actions and ensures a commitment to the process. This may be the longest stage of the interview/session.

Exploring alternatives requires creative problem solving and a commitment to generating a range of alternatives that will resolve or address the client's issues. Sometimes the best thing a counsellor can do at this stage is to listen. With particularly verbal clients, an actively listening counsellor allows them to 'talk it out' and come up with alternatives for themselves.

Other less-verbal clients will need the counsellor to prompt them through the exploration of alternatives. Effective use of questioning will help these clients open up and engage in this stage.

Some useful questions include:

- What other alternatives can you think of?
- Can you brainstorm ideas – just anything that occurs to you?
- What has worked for you before?
- What part of the problem is workable if you can't solve it all right now?
- Of the ideas that you have generated, which appeals to you the most?
- What would be the consequence of your taking that alternative?

It is extremely important during this stage to keep the original issue in focus. While generating alternatives it can be very easy to become distracted from the original goal; clients can get wrapped up in the excitement of a world without problems and forget to focus on the reality of the original issue. Bring them back with your focusing skills.

5. Action – applying learning to daily life

During this stage counsellors help clients apply what they have learned in counselling to their everyday life. This stage is about moving clients from where they were (problem-focused) to where they want to be (solution-focused) by using the information gathered in the previous four stages.

This stage can be scary and challenging for some clients; it is the counsellor's responsibility to facilitate this transfer of learning without doing the work for the client. Although excellent change and progress can be made in a counselling interview/session, it means nothing if the client cannot apply it to their daily life. Behaviour change cannot occur without motivation, support and practise.

Consider the following methods of practice and support:

- **Role-playing** – the client can practice new behaviours with the counsellor while in session.
- **Imagery** – visualising an opportunity in the future to use the new behaviour.
- **Behavioural charting and progress notes** – the client keeps track of their behaviour in daily life and reports the information to the counsellor. Using a journal or diary is a helpful tool for more verbal clients.
- **Homework** – the counsellor suggests specific, relevant tasks for the client to complete.
- **Family or group counselling** – spouses, partners and family members may be included in a counselling session if the behaviour is part of a larger system.
- **Follow-up support** – clients return on a semi-regular basis to check-in with the counsellor. This helps them feel that the relationship continues after the issue has been resolved.

(Ivey, Ivey & Zalaquett, 2014)

Use your influencing skills such as directives and providing information. Be sure to maintain your attending skills to ensure that clients understand what is required of them.

Stages of the Interview Summary Table

Stage	Function and Purpose of the Stage	Cultural and Individual Issues
1. Rapport and Structuring	• Build a working alliance with the client. • Enable the client to feel comfortable with the interviewer. • Structuring may be needed to explain the purpose of the interview. • Structuring helps keep the session on task and informs the client what the counsellor can and cannot do.	• Rapport can take longer with some clients and some cultural groups. • Methods of rapport development and decision-making will vary with individuals and cultures.
2. Gathering Information	• Find out why the client has come to the interview. • Identify how he/she views the problem. • Skilful problem definition will help avoid aimless topic-jumping and give the interview purpose and direction . • Identify positive strengths of the client.	• Not all clients appreciate careful problem clarification. • Once goals are clearly established, it may be helpful to return to this stage.
3. Determining Outcomes	• Identify the ideal world of the client . • How does the client want to be? How would things be if the problem were solved? • Enables the counsellor to know what the client wants. • The desired direction of the client and counsellor should be reasonably harmonious. • With some clients, skip stage 2 and define goals first.	• If work is clear and concrete here, specific resolutions may be immediately apparent . • Some cultural groups and individuals prefer to start here.
4. Exploring Alternatives	• To work towards resolution of the client's issue. • Creative problem-solving to generate alternatives and deciding amongst those alternatives. • Exploration of personal dynamics. • This phase of the interview may be the longest.	• It is critical that you acknowledge individual and cultural differences in decision-making. • The 'correct' decision from your point of view may be highly inappropriate to another. • With some groups, a more directive counselling style may be appropriate.
5. Generalisation to daily life	• Enable changes in thoughts, feelings and behaviours in the client's daily life. • Many clients go through an interview and then do nothing to change their behaviour, remaining in the same world they came from.	• Generalisation is most effective when the counsellor takes into account cultural and individual differences in the early stages of the session(s).

(Ivey, Ivey, and Zallaquett, 2014)

Activity 7
Counselling Interview Role Play

Working with a partner, practise a counselling interview using the five-stage model in this section. As the client, use a real issue from your life.

Stages of the interview:	Completed
Rapport and Structuring	
Gathering Information	
Determining Outcomes	
Exploring Alternatives	
Generalising and Transfer of Learning	

Notes:

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Key Points

Stages of the counselling interview

1. Rapport and structuring

- Trust
- Empathy
- Honesty
- Acceptance

2. Gathering information

- Talking
- Observation
- Research

3. Determining outcomes

- Defining the goal
- Setting objectives
- Example - Solution Focused Brief Therapy

4. Exploring alternatives

- Looking for ways to achieve the goal
- Creative problem-solving
- Generating alternative actions

5. Generalisation to daily life

- Transfer of learning
- Moving away from the problem and towards the defined solution
- Provide motivation and support during this stage

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COUNSELLING PROCESS 2

LEARNER'S GUIDE

Modification History

Version	Date	Changes
2	10/2019	

This resource has been developed in consultation with industry experts.

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INTRODUCTION

This learner guide supports training and assessment by addressing the essential skills and knowledge required to achieve competency in CHCCSL001 Establish and confirm the counselling relationship, CHCCSL002 Apply specialist interpersonal and counselling interview skills, CHCCSL003 Facilitate the counselling relationship and process in the CHC Community Services Training Package Release 3.0.

This unit describes the knowledge and skills required to use advanced and specialised communication skills in the client- counsellor relationship.

This unit applies to individuals whose job role involves working with clients on personal and psychological issues within established policies, procedures and guidelines.

You will learn about:

- Legal and ethical considerations for communication in counselling practice, and how these are applied in individual practice.
- Potential impacts of using different communication skills and techniques in counselling contexts.
- Communication techniques and micro skills.
- Specialised counselling communication techniques and how they are used.
- Components of the communication process.
- Primary factors that impact on the communication process.
- Communication barriers and resolution strategies.
- Mechanisms that enhance effective interpersonal communication.
- Observational techniques.
- Ways in which different people absorb information.
- Obstacles to the counselling process.
- Impacts of trauma and stress on the communication process.
- Self evaluation practices.

Activities in this learner guide will enable you to demonstrate the following skills:

- Specialised interpersonal communication and counselling interviewing skills.
- Micro skills and communication techniques.
- Specialised counselling interviewing skills.
- Clear case note taking in the interview process.
- Self reflection and evaluation of own communication used in the counselling interview.

INTERPERSONAL COMMUNICATION

This topic covers information about:

- Communication Techniques
- Specialised counselling interviewing skills
- Barriers to Communication
- Reflecting and evaluating on your own communication

Activities in this topic cover the following essential skills:

- Demonstrate and apply effective counsellor communication in a counselling practice
- Demonstrate and apply the micro-skills and communication techniques within a counselling practice
- Apply specialised counselling interviewing skills
- Take clear case notes
- Self reflection and evaluation

This Learner Guide refers to 'specialist interpersonal skills' simply as 'communication'. Please be aware that we are speaking of higher-level communication in a counselling setting.

1.1 Communication Techniques

Specialist interpersonal skills are communication techniques that are used with intention for a desired outcome. This differs from casual communication skills. Intentionality is what sets counsellors apart from a friend helping someone get through a tough time.

Every client has their own unique style of communication, however, there are many guidelines and commonalities that help counsellors navigate through these unique styles in order to be effective. Understanding how people communicate along with learning to be intentional with verbal and non-verbal techniques is essential to successfully interviewing and supporting a client.

Communication Styles of Individuals

Understanding the basic types of communication will help you know how to respond most effectively when confronted with a difficult communication situation with clients, and learn how to tailor your approach order to build and maintain relationships. Generally, people will use one of four basic communication styles:

- Assertive
- Aggressive
- Passive
- Passive - Aggressive

Assertive Communication

This is the most effective and healthiest form of communication. It's how people naturally express themselves when their self-esteem is intact, giving them the confidence to communicate without games and manipulation. When you are being assertive, you are working hard to create mutually satisfying solutions by communicating your needs clearly and directly to achieve a win/win situation. Assertive communicators know their limits and refuse to be pushed beyond them just because someone else wants or needs something from them. Surprisingly, people use this style of communication the least (*Hopkins, 2005*).

Aggressive Communication

Aggressive communication always involves manipulation. When people use aggressive communication they are attempting to make people do what they want by inducing guilt (hurt) or by using intimidation and control tactics (anger). Whether their aggression is covert or overt, they simply want their needs met.

Aggressive communication and behaviour results in putting-down the other person; making them feel hurt, defensive, and humiliated. Aggressive behaviour ignores the other person's goals or feelings and this often generates bitterness and frustration that later returns as resistance and friction (*Brown, 2007*).

Passive Communication

Passive communication is based on compliance and hopes to avoid confrontation at all costs. When people use passive communication, they are allowing their rights to be violated by failing to express themselves honestly. There is little risk in passive communication as people say very little, don't ask many questions and will often defer to the other person for direction. Passive communicators have learned that it is safer not to react and better to disappear than to stand up and be noticed.

There are occasions when passive communication is appropriate to use:

- When pushing the issue would cause further problems.
- When the issues being discussed are minor.
- When the power differential is not in your favour and the other person is becoming agitated by your assertiveness.
- When the other person's position is impossible to change, i.e. the law.

Passive-Aggressive Communication

This combination of styles, passive and aggressive, avoids direct confrontation (passive), but attempts to get even by manipulating the other person (aggressive). The goal of this style is to avoid conflict and make the other party wish they had seen it your way.

Passive-aggression is a mechanism for handling hostility or anger in an underhanded or devious manner. People who use this style will have a multitude of excuses, justifications or alternative reasons for the things they do. Passive-aggression may not be expressed with direct behaviour, but in words or humour. Sarcasm, which communicates hostility, is often a tool of the passive-aggressive person, as are jokes made at the other's expense (*Small, 2008*).

Clearly, for many reasons, the most effective communication style is assertive communication. Most people use a combination of these four styles depending on the person or situation. The styles we choose generally depend on what our experiences have taught us will work best to get our needs met in each specific situation. If you take a good look at yourself, you have probably used each style throughout your lifetime in different situations with certain people.

Pay attention to the communication styles you use throughout the day. Watch and identify the communication styles some of the people in your life use. Remember, it is not what you say, but how you say it that matters. Your goal should be to understand, not to be right and to respond in an effective way to ensure both your needs and the other person's are met.

Activity 1
Communication Styles

Read the following scenario and then provide an example of a response in each of the communication styles (Assertive, Passive, Aggressive, and Passive-Aggressive).

During a case management meeting, a case worker says to you:

"You just don't seem to be very effective with Michael Smith. He has made no progress and I just don't think you know what you're doing as a counsellor. I think you are in over your head and you should refer him to a more experienced counsellor."

Passive-Aggressive

Aggressive

Passive

Assertive

Verbal Communication

The most obvious way humans communicate is through speech. However, it is important to remember that there are other factors involved in speech other than the words chosen to convey a message.

Consider the following communication factors that may enhance or impede your ability to be effective when interviewing clients:

- Accent
- Tone
- Volume
- Rate of speech
- Jargon
- Acronyms
- Slang

Non-Verbal Communication

One of the most powerful ways humans communicate is non-verbally. We learn to recognise this type of communication from birth; we do it automatically. However, different people and cultures have variations of meaning and understanding related to non-verbal communication.

Non-verbal communication has four primary functions:

- Expressing emotion
- Conveying interpersonal attitudes such as like/dislike or dominance/submission
- Presenting one's personality to others
- Supplementing speech for managing turn taking, attention, shifts in topic, etc.

Non-verbal communication also plays an important role in greeting, initiating and ending a conversation (Fontes, 2008 p. 81). When a client enters the room and they are not smiling, their mouth is shut tight and they are walking quickly, you ask them, "What's up?" and they answer, "Nothing. I'm fine!" Are they really fine? Does their verbal message match their non-verbal message? Counsellors need to be able to recognise discrepancies between their client's verbal and non-verbal messages.

The same goes for the counsellor; when a client arrives to meet you for an appointment, they can tell right away if you are happy to see them, if you are too busy to see them, if you have other things you would rather be doing or other things on your mind, etc. Your non-verbal messages must match your verbal messages to enable you to communicate and work effectively with the client.

When your non-verbal and verbal messages don't match, this is called 'incongruence'. When they do match, this is called 'congruence'. You must aim for all of your messages to be congruent if you are to be genuine and effective in your counselling relationships.

Non-verbal communication relates to the behaviours we exhibit while we communicate. The non-verbal element of communication is very powerful. The majority of the total impact of the message you are sending comes from non-verbal communication, and can therefore override the intention of the words if there is conflict between your verbal and non-verbal messages.

Keen observation skills will make sure that you can notice the subtle things a client is telling you, or not telling you. The following are a few forms of non-verbal communication that counsellors need to be aware of and reflect upon.

Gestures	• Nodding yes or no – an active listening skill • Using hand gestures to show emotion
Posture	• Sitting erect or slouching • Leaning forward (interested) or back (relaxed or nervous) • Arm and leg placement

Personal space	• Sitting/standing close together • Sitting/standing far apart
Facial expressions	• Furrowed brow • Tight or loose lips • Smiling (at appropriate or inappropriate times) • Blushing
Eye Contact	• Making eye contact • Avoiding eye contact • Shifting eyes
Physical appearance	• Clothing • Jewellery • Tattoos/piercings

(Fontes, 2008)

Counsellors must be able to recognise and understand non-verbal communication as its misuse can be damaging to the counselling process and relationship. Effectively and accurately interpreting clients' non-verbal signals will allow you to better use this information and ensure that their meaning is not misinterpreted. Close attention must also be paid to your own non-verbals; be intentional with your eye contact, gestures, expressions and head nods; you do not want to be misinterpreted.

A technique used to help clients feel comfortable speaking openly and honestly with a counsellor is called "mirroring." If a client leans forward and uses a lot of hand gestures, the counsellor will do the same. If a client is more reserved and leaning back with their hands tightly clasped together, again, the counsellor will mirror the client. This synchronicity helps the client feel comfortable and understood, and the counsellor to feel more in touch with the client's experience.

Pay attention to the following:

Non-verbal	Counsellor	Client
Posture	Send a calm, respectful message with the way you are standing, moving and holding yourself. Sitting with your arms and legs crossed and shoulders squared does not communicate, "I'm open to hearing what you have to say".	Notice how the client walks in or stands; do they seem down, discouraged, angry? When they sit, do they slouch or are they upright, ready to work?
Distance	How close are you sitting to your client? Are you too far away? Some people are not comfortable with others in their personal space, while others prefer to be close during a session, usually in order to touch or feel closer to the other person. Maintain your boundaries and assist them with theirs.	If your client is leaning back in their chair or has moved to another, it may be because they feel you are too close or they are avoiding the topic you are discussing. Some will come very close to you either to challenge you or they need to be close to you because they feel vulnerable.

Eye contact	In some cultures, direct eye contact is a sign of respect while in others it is considered offensive. Do your homework before meeting with your clients. Sometimes looking a client directly in the eye can be an effective tool to make change, but use it with caution.	Clients who don't look you in the eye [if it is culturally appropriate] are trying to avoid you or the topic. This is a key to a 'hot button' issue and something you need to remember to address.
Voice	Even though your voice is considered 'verbal', the tone you use sends a non-verbal message. You may be saying, "Of course I don't think you're stupid", but if your jaw is clenched or you sigh as you speak, your messages are incongruent.	As with your own voice, your client's tone and volume can convey a lot of information that their words do not. Do they use certain tones or get louder when speaking about something or someone in particular? Look for patterns in their speech.

Silence as a Communication Technique

Although counselling and interviewing requires a fair amount of talking, often one of the best ways to support a client is to remain silent. For beginners, this often feels uncomfortable, as counsellors think that in order to help, they need to speak; but remember the client cannot speak when the counsellor is speaking. When you are silent, you are actively listening, and often this is the most crucial part of the relationship. It is important to pause at times and evaluate who speaks the most in the counsellor-client relationship. As important as it is for the counsellor to share their thoughts and insights about a given situation, it is more important that the client is able to tell their story and feel heard by the counsellor *(Ivey, Ivey & Zalaquett, 2014).*

Young children and the elderly tend to be less verbal. You may need to talk more initially and tell stories to get these clients talking.

Touch

We communicate a lot of information by the way we touch other people; friendship, concern, love, even aggression. Know when and how to use it appropriately, know how often to use it and know who to use it with. Touch can be very effective with the elderly. It is useful for getting the attention of people with hearing loss or disabilities, and can help to focus people who 'get off track'.

Touch can mean a brush of the arm, a hug, a hand to the back or shoulder or holding someone's hand. It should never convey more than is appropriate for the situation or relationship. The use of touch can be difficult to get used to and it can challenge your own need for personal space, so use it with caution and only as you and the other person feel is appropriate.

How do you feel about silence and touch as communication techniques? Does silence make you uncomfortable? Do you feel the need to always use words to communicate? Are you comfortable using touch to convey a message?

Activity 2
Non-Verbal Practice

With a partner or co-worker, practice your non-verbal behaviours by having a conversation about something that worries you/the other person. It may be a work issue, challenges about completing your diploma or family stress. Don't go too in depth, this is not an actual counselling session. It is recommended that you experience roles, the person talking and the person responding. Use the checklist below to observe the non-verbal responses of both people.

Observation	Talker	Responder
Eye contact maintained as appropriate		
Open posture		
Acceptable distance between client and counsellor		
Appropriate vocal tones		
Appropriate touch		
Head nods		
Appropriate use of gestures		
Encouraging facial expressions		
Congruence		
Other:		
Other:		

Notes:

Components of the Communication process

Communication is vital to all of us; we each need to feel heard and to feel understood. Communication takes effort from both the sender and receiver and is successful when both the sender and the receiver understand the same information as a result of the communication. When this process is not effective we have communication breakdown, which creates barriers to the counselling relationship. These communication barriers can occur at every stage of the communication process and have the potential to create misunderstanding and confusion. **Components of the communication process are the Encoder and the Decoder.**

The communication process includes:

Source: the person communicating the message, as this person it is important to be clear about what you are communicating and why you want to communicate.

Message: The message to be communicated.

An encoder transfers the information into a form that can be understood and correctly decoded by the receiver. Successful encoding depends on the ability to put the information across clearly and simply and to anticipate and eliminate or reduce sources of confusion like cultural issues, mistaken assumptions and missing information. A key part of this is to know who you are speaking with, so you can make what you are saying as relevant, clear and applicable to the person as you can.

Channel: Messages are transferred through channels, verbal face-to-face, telephone, Skype, emails, reports and letters. Different channels have different strengths and weaknesses, for example, face-to-face counselling is very different to telephone counselling. Decoding involves breaking down the message and comprehending it. Decoding requires taking the time to listen or to read through something properly. Communication barriers can also occur here if the decoder is not engaged or listening or does not have the capacity or knowledge to understand the message.

To communicate effectively, we must endeavour to break down the barriers that exist in the stages of the communication process. Ways to do this include keeping messages clear, succinct and simple, being aware of your verbal and non-verbal body language and checking in with the person you are communicating with, are they understanding you or listening to you?

1.2 Communication and Personality

Understanding personality types and the traits that come along with them, provides the counsellor with an awareness of their client's worldview and their preferred way of communicating. It can also highlight your own preferences, and this serves to benefit the client-counsellor relationship.

The Myers-Briggs Type Indicator® is a questionnaire designed to measure a person's psychological preferences in how they perceive the world and make decisions. It describes 16 different personality types that are made up of combinations of a person's preference for the following:

- **Their preferred world:**
  - **Extraversion:** the outside world of people and places.
  - **Introversion:** the inside world of their own thoughts and ideas.
- **Information processing:**
  - **Sensing**: focusing on the basic information they receive.
  - **Intuition:** interpreting and adding meaning to the information
- **Making decisions:**
  - **Thinking:** looking at the logic of the situation/choice.
  - **Feeling:** looking at the people and circumstances involved.
- **Structuring the world:**
  - **Judging:** making quick decisions about places, people and things
  - **Perceiving:** staying open to new information

(Wood, et. al. 1998)

Questionnaires like the Myers Briggs Type Indicator® are not very useful when working with 8-10 clients in a day, but it is a good starting point to consider the descriptions of the different types.

If you are someone who prefers concrete information, how do you handle a client who likes to talk things through? How do you maintain your boundaries if you are a person who processes information through your feelings and senses?

Learning Styles

Communication is vital to all of us; we each need to Learning styles are the different ways people approach learning and absorb information. Some people like to have the 'big picture' explained to them before they can complete a task, whereas others prefer written instructions of the immediate task. Some need diagrams to understand a process, and others need to talk about it with someone to explore the meaning of the task.

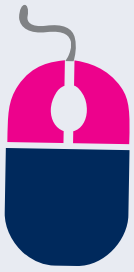
The three main learning styles are:

- **Visual (spatial)** – preference for using pictures, images and spatial understanding.
- **Auditory (musical)** – preference for using sound and music.
- **Physical (kinaesthetic)** – preference for using their body, hands, and sense of touch.

Some others have been added, and you may find that your clients (or yourself) are a combination of a few of them:

- **Verbal (linguistic)** – preference for using words, both in speech and writing.
- **Logical (mathematical)** – preference for using logic, reasoning and systems.

Knowing your client's preferred styles is helpful to the counselling interview. If you can identify the best way for your clients to absorb and process information and instructions, then you will be in a better position to provide support and facilitate change. Occasionally it will be helpful to encourage the client outside of their preferred style by using an alternative style. For example, an introverted client with a visual learning style may benefit from an extroverted and physical counsellor who can model alternative styles.



Websites for personal inventories:
- **Myers Briggs Type Indicator®: www.myersbriggs.org**
- **VAK Learning Styles Model: www.businessballs.com**
- **De Bono's Six Thinking Hats: www.mindtools.com**

These inventories are not to be used for diagnosis or evaluation. They are presented here for your information only.

Activity 3
Communication and Personality

Review the information in this topic and provide an example of how you would adapt your communication style to suit the preferred style of the client.

Client Style	Counsellor Communication Style
Extrovert	
Introvert	
Sensing	
Intuitive	
Thinking	
Feeling	
Judging	
Perceiving	
Visual	
Auditory	
Physical	
Verbal	
Logical	
Social	
Solitary	

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1.3 Cross Cultural Communication

Communication styles vary across cultures and communication norms are expressions of each culture's values. Cultures have informed rules that govern speaking, listening and turn-taking behaviours. Communication in any language involves far more than just words. Much of what is conveyed in a spoken message is done so instinctively and unconsciously, using a whole host of features, including those in the previous pages.

Second-language speakers have great difficulty unlearning these aspects of language, and may even be unaware of such differences. This can result in communication problems even if they use the correct grammar and vocabulary, particularly when they feel under stress. Once you have identified the communication issues of your clients, you can begin to address them in order to develop and maintain an effective relationship.

The way people communicate varies widely between and even within cultures. One aspect of communication style is language usage. Across cultures, some words and phrases are used in different ways. For example, even in countries that share the English language, the meaning of "yes" varies from "maybe, I'll consider it" to "definitely so", with many shades in between.

Another major aspect of communication style is the degree of importance given to non-verbal communication. Non-verbal communication includes not only facial expressions and gestures; it also involves seating arrangements, personal distance, and sense of time. Some cultures place a lot of meaning on non-verbal communication and you must be aware of how and when to use it appropriately.

For example, some Aboriginal and/or Torres Strait Islander Peoples may consider direct eye contact to be disrespectful, especially when first meeting a person. Get to know the cultural groups in your area and be mindful of non-verbal 'triggers'.

In addition, different norms regarding the appropriate degree of assertiveness while communicating can add to cultural misunderstandings.

Attitudes, values and prejudices are a basic element of cross-cultural communication that can influence your communication with persons from diverse cultures. It is equally important to be mindful of your client's values around formality/informality, cooperation/competition, and individuals/groups as you are regarding your own.

You are responsible for ensuring that your clients receive and understand the message you are sending. If you make a conscious effort to maintain sensitivity when communicating with people from another culture, you will minimise cross-cultural conflict.

When communicating with clients from other cultures:
- Be aware of the reasons why communication may fail or not entirely succeed.
- Be aware of your own automatic responses so that you can learn to keep them in check.
- Try to gauge other people's reactions to you and be prepared to adapt your approach.
- Use an interpreter when necessary.
- Be conscious of the messages your own body is sending; you may be verbalising one point, while your body language is saying something completely different.
- Reflect your understanding of situations with non-verbal cues – gestures and expressions.

There is a range of communication strategies that you can employ to ensure understanding between yourself and your clients. When working in a cross-cultural context, it is also essential that you can identify any communication strategies that are ineffective and inappropriate, so that these strategies can be remodelled to meet service needs.

Ten Tips for Cross-Cultural Communication

Cross-cultural communication is about dealing with people from other cultures in a way that minimises mis-understandings and maximises your potential to build and maintain strong cross-cultural relationships. The following tips should be seen as a starting point to improve your cultural awareness; it is recommended that you undertake further research on your own.

1. Slow down

- Speak clearly.
- Wait for confirmation that your message has been understood.

2. Separate questions

- Do not to ask double questions such as, "Do you want to carry on, or shall we stop here?"
- Let your listener answer one question at a time.

3. Avoid negative questions

- Do not ask questions that could result in a confusing answer. For example, "Are you not coming?" can be answered with a "Yes", meaning, "Yes, I am not coming." or "No, I am coming."

4. Take turns

- Do not talk over the other person.
- Communicate your message, then listen to the response.

5. Write it down

- This is useful when talking about figures or information you are unfamiliar with.
- As a rule, write down important dates and times.

6. Be supportive

- Help your listener feel comfortable.
- Build confidence and trust.

7. Check meanings

- Never assume the other party has understood.
- Be an active listener and summarise what has been said.

8. Avoid slang

- Do not use local sayings and jargon.
- Your message could be taken literally and the meaning will be lost.

9. Watch your humour

- Jokes do not always come across as funny to other cultures.
- Sarcasm can create barriers and is not always understood.

10. Maintain etiquette

- Be courteous.
- Follow appropriate social norms.

(Payne, 2004)

Cultural Intentionality

Differences between counsellor and client are common. Gender, age and ethnicity are a few that could potentially affect the counsellor-client relationship. Being aware of these differences and knowing how to approach them is the key to successful relationships. By seeing the client within the context of their culture, counsellors will be more effective at facilitating change.

As important as it is to be aware of cultural issues, it is also important to make sure you are not creating issues where they may not exist.

Attitudes, values and prejudices are a basic element of cross-cultural communication that can influence your communication with persons from diverse cultures. It is equally important to be mindful of your client's values around formality/informality, cooperation/competition, and individuals/groups as you are regarding your own.

Activity 3
Cultural Norms

1. List the cultural norms of the different cultural groups in your community.
2. List some strategies that you can use to assist in cross-cultural communication with these groups.
3. Discuss this activity with a co-worker and see if you can build on your list.

1.4 Barriers to Communication

There are times in the counselling relationship when communication goes awry and messages are either not received or they are misinterpreted or misunderstood. As a counsellor, it is imperative that you are intentional with your communication; pay attention, listen and understand what your clients are saying.

There are many reasons why messages may be distorted, misinterpreted or missed altogether:

The Client	The Counsellor
• May have hearing difficulties you do not know about. • May feel anxious about what you are talking about. • May not be open to the counselling process • May be easily distracted. • May not feel anything in common with the counsellor. • May have different cultural experiences and beliefs to the counsellor.	• May not be practicing active listening. • May not be providing clear information. • May not be presenting information in a style that works for the client. • May be making assumptions about what the client will say next. • May be using jargon or terminology that the client does not understand. For example, telling a client they are a 'Parentified Child' with an 'Oedipus complex' without clarifying what these terms mean can create a communication barrier (so can labelling the client). • May be easily distracted. • May lack experience.

Mixed messages may be sent if verbal and non-verbal communications are incongruent or contradict each other. Non-verbals tend to be more powerful than verbal messages – particularly when you say, "Is there anything else?" but at the same time look away and tidy up your notes. People don't always ask you to repeat or explain what they think they've heard – it is up to you to actively check this out.

Asking for clarification, and providing it when necessary, is vital to overcoming communication barriers.

Even when messages are heard and understood correctly, your clients may interpret them incorrectly because the meaning of it is ambiguous. Asking them "are you stressed at the moment?" may be heard and understood as you intended, but the impact of this is that they become defensive because they feel they are being judged as incompetent.

Some common barriers to communication:
- External or internal distractions
- Being male or female
- Attitude towards the sender/information
- Receiver's/sender's emotional state
- Contradiction between verbal and non-verbal messages
- Ethnicity/cultural differences
- Language differences
- Poor hearing
- Previous experiences
- Preconceived ideas
- Insecurity

Perception

People do not perceive the same situation or information in the same way. Perception is how your brain interprets what your senses tell you. It is a function of the target (the client), the situation (the counselling process) and yourself (the counsellor).

People's perception is influenced by their:
- Attitude toward the person (like, dislike, respect, empathy, knowledge, experience, etc.).
- Emotional state at the time of the interaction.
- Natural tendency to fill in any gaps to make the message understandable.
- Past experience which leads to expecting to hear the same message in similar circumstances.

Strong emotional needs can influence a listener to hear what they want to hear. This is especially true of counselling clients, as they are typically people in vulnerable situations, such as a personal crisis, young children, the elderly, and people with addictions, etc.

Perceptions that commonly affect communication:

Age/experience	• The greater the difference in knowledge, skills and feelings between the sender and the receiver of a message, the greater the difficulty in communicating. • For example, if you are counselling a child you must ensure that you use age - appropriate words and language.
Racial, religious, sexual prejudice	• People tend not to listen to those they dislike or consider inferior in status, experience or knowledge. • Stereotypical beliefs about a person based on their religion, ethnicity, sex or sexuality may block communication. • Statements or information that conflict with what the listener knows or believes tend to be ignored.
Status	• The relative status of the people in the communication process can influence its effectiveness. • People tend to listen more attentively to people in positions of authority. • They also tend to give more weight to the opinions of superiors and experts. Be mindful of this, as many clients will see the counsellor as an expert and authority figure.
Physical features	• Disabilities and appearance [e.g. height and dress] can influence the sending and receiving of information. People can make assumptions about the intelligence and abilities of others based on their attractiveness and/or physical abilities.
Distance	• Facial expressions and gestures play a big part in understanding messages. • These important elements are missing when communicating via telephone, memo or email.
Language	• Words mean different things to different people. • Some people structure their sentences in a vague and ambiguous way, so what they say or write is not what they actually mean. • Technical jargon is a barrier to communication when it is used outside of a specialist group, unless you clearly explain its meaning.

You must be able to recognise and attend to any perceptions that are blocking your communication process. Ensure that you are aware of your perceptions and how they influence the way you communicate with clients and other people. If you note any perceptions or personal biases that you believe may affect your work with clients, please consult with your supervisor.

Counsellors create barriers with clients when they engage in any of the following:

- **Judging the client** – when you judge your clients you are sending them the message that you are not really listening to them because you are busy making assessments of their appearance, words or presentation. Avoid the following:
  - Criticising
  - Name calling
  - Diagnosing
  - Any form of manipulation
- **Providing Solutions** – interrupting the client to suggest solutions or telling them what they 'should' be doing prevents them from talking through the process and creates a dynamic where they see the counsellor as their problem-solver and cease doing the work themselves. Avoid the following:
  - Giving orders
  - Threats
  - Moralising
  - Finishing sentences
- **Avoiding the issue** – counsellors who never deal with the actual problem or fail to take their clients feelings and emotions into account create a barrier by making the client feel invalidated. They need to know that they are taken seriously and that their counsellor is not afraid of their emotions or talking about serious issues. Avoid the following:
  - Giving advice
  - Redirecting (unless the client is avoiding the issue)
  - Focusing on facts only
  - Ignoring their feelings/emotions
  - Minimising the issue

Overcoming barriers or ensuring that they are not created in the first place is paramount to a successful helping relationship. Some barriers are natural; clients will be reluctant to talk, anxious about the process or distrustful of the counsellor. Establishing rapport and conveying the message that you are there to support them will help your clients overcome the barriers towards you.

A useful mnemonic to remember when faced with communication barriers is ROLE:
Relate to your clients by developing rapport from the first meeting
Observe clients behaviour and non-verbal communication
Listen to what clients are saying and how they say it
Empathise with client's situation

Use your high-level communication skills to be a ROLE model.

Scenario – Barriers to Communication

This scenario will be applied to the following activity.

Amy is 24 and a new counsellor at a community mental health services centre having just received her counselling diploma last month. She comes from a nice suburb of Sydney and grew up with her mother after her abusive father left when she was young. Derek is a 55-year-old homeless man who has been referred to Amy by his AOD caseworker.

At their first meeting, Derek is dirty and has a clear lack of personal hygiene. He tells Amy that he was a bricklayer for about 35 years and lost his job after he left his family 3-years-ago.

Derek shares with Amy that he left his family because he was abusive and did not want to hurt his wife and four kids any longer. He lost his job soon after and ended up living on the streets. Derek began to use crystal meth after he lost his job to cope with his feelings of loss for his family and his former life. He is currently working on his drug addiction with his AOD counsellor. He is overcome with guilt about harming his wife and wants to make amends. He is seeking help about the best way to reach out to his family and try to be a part of their lives again once he is sober.

Amy is visibly uncomfortable with Derek. She leans back as he is speaking to her and when he is telling her about how he used to abuse his wife, she looks away with a disgusted look on her face.

Derek can tell that Amy is very uncomfortable and is embarrassed that he is so repulsive to this nice young woman. He decides it was a bad idea to think that he might have a chance at reconnecting with his family and try to make amends. This woman's reaction to him should be an indicator of how the world must see him, a dirty, old, wife-beating, drug-addicted man. He leaves the office to score and get high.

Amy is relieved that Derek has left; she was offended by his odour and when he told her about abusing his wife, she wanted to close her eyes until he was gone. She wanted to yell at him and tell him that the damage he did to his family is irreparable and unforgivable. She will not be able to help this man and hopes that he doesn't come back.

- Giving advice
- Redirecting (unless the client is avoiding the issue)
- Focusing on facts only
- Ignoring their feelings/emotions
- Minimising the issue

Overcoming barriers or ensuring that they are not created in the first place is paramount to a successful helping relationship. Some barriers are natural; clients will be reluctant to talk, anxious about the process or distrustful of the counsellor. Establishing rapport and conveying the message that you are there to support them will help your clients overcome the barriers towards you.

Activity 5
Overcoming Communication Barriers

Read the scenario above and respond to the following questions.

1. List the barriers you identify in Derek and Amy's communication.

2. How could Amy have addressed her initial reaction to Derek?

3. Using **ROLE**, outline how the communication barriers could have been addressed.

4. If Derek were to return, how would you repair the counsellor/client relationship?

5. How would you deal with a personal bias or judgment you feel towards a client? If you have experienced this before, please describe what did or didn't work for you.

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1.5 Obstacles to the Counselling Process

May include:
- Lack of commitment to counselling goals.
- Lack of support outside of the counselling relationship (family, services, etc.).
- Past unsuccessful experiences.
- Client does not relate to or connect with the counsellor.
- Client feels judged by the counsellor.
- The counsellor takes over the process and doesn't allow the client to find their own solutions.
- The counsellor expresses discomfort with any aspect of the client (lifestyle, issues, beliefs etc.).
- The client is resistant or reluctant to participate- it wasn't their idea, or they are under obligation to do so.
- Incongruent communication styles.
- Cultural protocols.

Obstacles may be psychological, physical or economic issues including:
- Client loses faith in the counselling process or the counsellor.
- Financial or circumstantial (timing, transport).
- Extended illness (client or counsellor).
- Family crises (client or counsellor).
- Change in counselling premises.
- Holidays.

Ways to overcome obstacles:
- Validate the threat and collaborate with the client to address it.
- Address lack of faith (identify the source).
- Set new, smaller goals that can be easily achieved.
- Encourage the client, reminding them of progress so far.
- Restructure the fee agreement.
- Discuss alternative times/ dates for sessions to coincide with schedule, transport etc. using intimidation and control tactics (anger).

1.6 Client Issues

Issues that clients may present with include-
- Alcohol and other drugs.
- Domestic and family violence.
- Financial difficulty.
- Homelessness.
- Mental Illness.
- Problem gambling.
- Abuse.

1.7 Working within a counselling scope of practice

Counsellors are able to support each of these issues if they have been trained in that area and it is within their scope of practice;

- **Alcohol and other drugs**- falls within the counselling scope of practice if the client is also being supported by a medical professional and is actively seeking rehabilitation.
- **Domestic and family violence** - counsellors are able to provide support and refer clients to a safe place, counsellors work with social workers and other support services to ensure client safety.
- **Financial difficulty**- counsellors may provide support and refer onto a financial counsellor or specialist.
- **Homelessness** - counsellors may provide counselling and support the client to seek out services that can assist them in finding a place to live.
- **Mental illness** - counsellors will refer on to a GP/ Psychiatrist/ psychologist
- **Eating disorders** - falls within the counselling scope of practice if the client is also being supported by a medical professional and is actively seeking rehabilitation.
- **Problem gambling** - counsellors may refer onto services that specialise in problem gambling.
- **Child abuse and neglect** - counsellors may support clients when clients are safe and counsellors work with the team to manage the safety of the child/ family.

Key Points

Communication Styles of Individuals:

- Assertive
- Aggressive
- Passive
- Passive-Aggressive

Verbal and Non-Verbal Communication:

- Posture
- Distance
- Eye contact
- Voice

Communication and Personality:

- Extraversion/Introversion
- Sensing/Intuition
- Thinking/Feeling
- Judging/Perceiving

Learning Styles:

- Visual
- Auditory
- Physical
- Verbal
- Logical
- Social
- Solitary

Cross-Cultural Communication:

- Cultures have informed rules that govern speaking, listening and turn-taking behaviours.
- Some words and phrases are used in different ways across cultures.
- Different norms exist regarding the appropriate degree of assertiveness.
- Seeing the client within the context of their culture can enable counsellors to be more effective at facilitating change.

Barriers to Communication:

- Attitudes
- Emotional state
- Past experience
- Perception

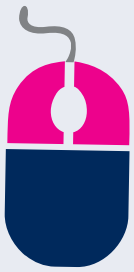
MICRO SKILLS

This topic covers information about:

- Active Listening
- Questioning
- Confrontation
- Focusing
- Influencing

Activities in this topic cover the following essential skills:

- Demonstrate and apply effective counsellor communication in a counselling practice.
- Demonstrate and apply the micro-skills and communication techniques within a counselling practice.
- Apply confrontation skills in a counselling interview.
- Apply focusing skills in a counselling interview.
- Apply influencing skills in a counselling interview.
- Apply techniques to elicit meaning.
- Supply client feedback as appropriate.



For the purpose of this learner guide, each micro-skill is presented in a summary form only. Please conduct additional research to enhance your understanding of these skills for appropriate application in counselling practice.

An excellent resource for these skills is:
Intentional Interviewing and Counseling; Facilitating Client Development in a Multicultural Society 8th edition (Ivey, Ivey, and Zalaquett, 2014).

Any edition of this book will be useful to you in your counselling practice.

2.1 Micro-Skill 1: Active Listening

Counsellors need a clear understanding of what the client wants to do, and this is achieved with the use of some basic skills (*Locke, Myers & Herr 2001*).

Active listening is a way of listening and responding to another person that improves mutual understanding. It is a structured form of listening and responding that focuses the attention on the speaker. The counsellor must take care to attend to the client fully, and then repeat in their own words, what he or she thinks the clients have said. This lets the client know that you as the counsellor have really understood.

Active listening has several benefits, it:
- Compels people to listen attentively to others.
- Avoids misunderstandings, as people have to confirm that they do really understand what another person has said.
- Tends to open people up, to get them to say more.

Active Listening Skills

Attending	This means to 'be' with the person. Face them, use open body language, lean towards them, maintain eye contact, don't fidget and keep your own emotions in check.
Paraphrasing	This means to restate their message, but usually with fewer words. Where possible try to get more to the point.
Reflecting	Also known as feedback. This means to reflect the speaker's words in terms of feelings to explore their meaning and to encourage them to continue.
Summarising	This means pulling together, organising and integrating the major aspects of what they are saying. Pay attention to various themes and emotional overtones. Put key ideas and feelings into broad statements. DO NOT add new ideas.

Attending

Attending means to orient yourself with the client, physically and psychologically. It is the first step in making contact with the client and tells them that you are ready and focused, and encourages them to open up. You cannot build the relationship if you are busying yourself with papers or checking the time or computer; your focus needs to be with the client, they know when it is not, and this breaks down the relationship.

Attending includes the following behaviours (remember them by **SOLER**):

Squarely face the person → so that you are facing them
Open your posture → don't cross your arms or legs
Lean towards the person → this conveys empathy
Eye contact maintained → where appropriate, look them in the eye
Relax while attending → don't fidget or stress about the time

Please note that some attending behaviours will be determined by cultural norms. For example, Aboriginal and/or Torres Strait Islander people prefer thatyou sit next to them instead of directly facing them. Eye contact is another attending behaviour that differs between cultures. Please refer to and follow the cultural protocols of your client group.

Paraphrasing

Paraphrasing rephrases the content of the client's message to ensure that what you heard is what the client was trying to convey to you. It also lets them know that you are listening and keeping up with them. This is a great tool for getting to the 'nuts and bolts' of an issue rather than the feelings around it.

For example:

> Client: "I'm so sick of the way she talks to me. I'm not an idiot. All she does is yell and then I don't want to do my share."
>
> Counsellor: "It sounds like you are fed up with the way things are at home and want to be treated with respect."

The client then gets the opportunity to correct you if you have missed the point; they can restate the true intent of the message. It also allows you to help the client simplify and focus their story or elaborate on an important point (*Locke, Myers & Herr 2001*).

Key Elements of Paraphrasing:

- **Use a 'sentence stem':**
  – This is the beginning of a sentence that kicks off a paraphrase.
  – For example, "It sounds like... So the situation is... I hear you saying that..."
- **Look for key words:**
  – Does the client say one thing over and over?
  – Use those words in your paraphrase.
- **Restate the main ideas the client is stating**
- **Look for themes in their speech**
- **Check that your paraphrase is correct:**
  – For example, "Does that sound right? Is that how you see it?"

Reflection

Also known as, 'Reflection of Feeling' or 'Feedback', this skill involves observing your clients' emotions and feeding the key feelings back to them. Reflecting builds on paraphrasing by adding 'feeling words' that are in sync with the client's emotions. This takes the client out of their thinking responses and aims to connect them with how they feel about the issue.

For example:

> Client: "My sister is still taking over my life, she took the kids the other day because I was sleeping and I know she didn't do it to help me. It's just another way to say I'm no good."
>
> Counsellor: "So, you feel like she judges you."

Reflecting feeling helps clients:

- Feel understood.
- Express more feelings.
- Manage their feelings.
- Discriminate among various feelings (anger versus frustration).

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Reflection of feeling can be thought of as 'verbal mirroring'. Just as with physical mirroring where you arrange your body to reflect the position of the client, verbal mirroring is arranging your words to reflect the position of the client. This sends a clear message to the client that you are listening and using your paraphrasing skills to enable the client to hear themselves (*Locke, Myers & Herr, 2001*).

For accurate reflecting:

- Listen closely and observe their behaviour; what non-verbals do you notice?
- Identify the feeling
- Identify the intensity of their emotion
- Match the feeling and intensity of a word
- Feedback the feeling to the client
- Check for accuracy

Summarising

To summarise, is to reflect back to the client the main facts and feelings of what they have just said.

For example:

> Client: "He's so mean and I want to leave but I'm afraid of what he'll do, and not just to me. He's so angry all the time and he has no one to talk to. He came home the other night and was so mad about nothing. He freaked out about the bins in the driveway, like I put them there on purpose just to upset him. We had a huge fight and he drove off like a mad man and didn't come home till morning. He could have been killed."
>
> Counsellor: "So what you are saying is, your partner is expressing a lot of anger and aggression and you feel frightened and concerned for your safety and his".

Summarising has several useful purposes, it can:

- Tie together multiple elements of client's messages
- Identify a common theme or pattern
- Interrupt rambling
- Start or end a session
- Pace a session
- Review progress
- Serve as a transition when changing topics

Summarising is primarily used to demonstrate that you are listening and are interested in what the client is saying. This helps them to feel they have been heard and builds their trust in you. This will then encourage them to talk more about what is happening for them and how they feel about it.

By listening and then repeating back in your own words, the essence and feeling of what you have just heard, you allow your clients to feel the satisfaction of being understood. Listening responsively is always a worthwhile way of letting your clients know that you care about them.

As a rule, do not just repeat their words. Summarise their experience in your own words. However, in cases where clients are screaming or shouting, you may want to repeat a few of their exact words in a quiet tone of voice to let them know that you have heard it just as they said it. If the emotion is unclear, make a tentative guess, as in "So it sounds like maybe you were unhappy about that..."

Five steps to a good summary:

1. Recall key content and feeling messages
2. Identify patterns or themes
3. Use a sentence stem to begin
4. Summarise
5. Check for accuracy

Try to allow the client to express whatever feelings he/she needs to express (anger, sadness or despair). There is no need to get caught up in these emotions yourself. They are not aimed at you. Allowing your clients to express themselves encourages them to cry, rage or swear. Do not try to stop these feelings even though you may be uncomfortable. Sometimes this just means sitting with them quietly not saying anything. The expression of emotions is healing.

Clarify anything you do not understand or doesn't make sense to you. Sometimes your clients' thinking becomes jumbled and mixed up when they have been stressed for a long while. Remember to be yourself, don't judge them, or offer solutions just help them sort out their thoughts and their next actions while remembering to keep them safe.

There is nothing more important than being a good listener. Listening skills are a major asset to you in your career as a counsellor. When a person talks to you they are usually affected by how you listen; if you constantly interrupt them, are quick to tell them what they should do or change the subject because you feel uncomfortable, then they will falter, hesitate, stop or lose interest in continuing. If you are attentive, this helps the client stay on track and say exactly what they had planned.

When using summarising in counselling:

- Remember the importance of SILENCE. This can be a time when the client is thinking things through and it may be distracting to be interrupted.
- Notice when you feel uncomfortable if the silence goes on too long and you feel the urge to speak to stop the silence.
- Don't tell your clients that how they feel is wrong. It is best to tell them that their feelings are. understandable in the present circumstance.
- Be curious about their story to really understand their situation but try to avoid asking "why".
- Reflect back their feelings or summarise their story so far.
- Be genuine and be yourself.

Activity 6
Active Listening Role Play

Working with a partner or co-worker, role-play the active listening skills in this topic.
You may use one of the scenarios provided or come up with one of your own.
Note any areas you are confident with or that challenge you.

Bob: 52-years-old. He was fired over a year ago, has no money, no job and no family. He says his mind and skills are "wasting away". He speaks in a loud critical voice, doesn't make eye contact and is agitated.

Jane: 30-years-old. She blames herself for her husband's unhappiness. She feels guilty about marrying him; she says she didn't really love him, "it was convenient". She feels that she has ruined his life because he really loves her so she feels obligated to him. She speaks in a low, soft tone and lowers her eyes when she speaks.

Demonstrate the following:

1. Attending Behaviours
2. Paraphrasing
3. Reflecting
4. Summarising

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2.2 Micro-Skill 2: Questioning

Asking the right questions is at the heart of effective counselling. By using the right questions in a particular situation, you can open up the counselling session to a whole new direction; often, you will get to the core of the client's issue.

Closed Questions - usually receive a single word or very short, factual answer. They give very little information so they are best used when gathering information such as an interview, or to check facts. They are known as the "who, when, where, do" questions.

For example:

"Are you thirsty?" The answer is yes or no.

"Where do you live?"

"What medications are you currently taking?"

"Who helps you with the shopping?"

Closed questions are good for:

- **Testing your understanding, or the other person's:**

– "So, if you quit school your dad will kick you out?" – "Yes."

- **Concluding a discussion or making a decision:**

– "Now we know the problem, are you ready to make a plan?"

- **Framing the setting:**

– "Are you happy with the how this is going so far?"

A misplaced closed question, on the other hand, can kill the session and lead to awkward silences, so they are best avoided when a conversation is in full flow.

Open Questions – elicit longer answers. They usually begin with "what, why, how". An open question asks the client for his or her knowledge, opinion or feelings. "Tell me about a time..." and "Describe how that..." can also be used in the same way as open questions.

For example:

"What happened at the party?"

"Why did he react that way?"

"Tell me what happened next."

"Describe the circumstances in more detail."

Open questions are good for:

- **Developing an open conversation:**

– "How was your visit with your family?"

- **Finding our more detail:**

– "What else can we do to make this easier for you?"

- **Finding out the other person's opinion or issues:**

– "What do you think about that plan?"

How to use questions effectively:
- Know the purpose of your question
- Formulate the question carefully
- Keep questions clear, concise and easy to understand
- Include only one main idea per question
- LISTEN TO THE ANSWER

Activity 7
Questioning

Turn the following closed questions into open questions.

Responses will vary, but any version of the following should be provided.

1. Are you worried about what is going to happen if you are fired?

2. Has your family been supportive through this tough time?

3. Are you still afraid to drive the car?

4. Come up with a closed question on your own and then change it into an open question.

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2.3 Micro-Skill 3: Challenging

Supportive challenging is the skill of pointing out discrepancies, distortions, contradictions, conflicts, and mixed messages in your clients. It does not mean yelling at the client or telling them they are wrong; it is the 'gentle art' of increasing their self-awareness and bringing about change by exploring inconsistencies.

Challenging has several purposes:
- Increase clients' awareness of discrepancies or contradictions in their thoughts, feelings and behaviours.
- Encourage clients to explore alternative ways of viewing themselves and/or their situations.
- Lead the client to self-understanding.
- Compel clients to take action.

(Locke, Meyers & Herr, 2001)

The timing of challenging is critical; it is only effective after you have developed a relationship of trust with the client. This takes time, but challenging is considered an advanced skill so it can only be used when the counsellor and the client have been working together for a while.

Challenging can be hard for people to take, especially in the 'safe' environment of the counselling session. If you are unsure, do not use it. If you are confident that you have a solid relationship with your client, use it with caution; know when to back off.

Counsellors might use challenging in two main circumstances:
1. Inconsistencies between what we say and how we feel.
2. Inconsistencies between what we say and what we do.

(Ivey, Ivey & Zalaquett, 2014)

For example:

Counsellor: "You say that you want to quit gambling, but you keep going to the RSL after work. Is that the best way to stop?"

Counsellors use three steps when using challenging:
1. Identify incongruities, inconsistencies, discrepancies and mixed message.s
2. Work towards resolution.
3. Evaluate change.

Guidelines for using challenging:
- Pick a calm moment for both of you.
- Speak gently.
- Address one or two key areas at a time, any more is too much.
- Only discuss things the client can realistically change.
- Be clear about your intent.
- Be as specific as you can about how the behaviour is interfering with their goals.
- Check that they understand.
- Allow time to talk about it, they may feel the need to 'defend' themselves.
- Be prepared for them to be defensive or angry.
- Be firm.
- Be patient.

If you are going to use challenging with a client, only do so when you are prepared to deepen your relationship with them. Using supportive challenging means that you are prepared to be with them as they work through their issues, as they will trust that you will not leave them now. In other words, don't start something you can't finish.

It is recommended that you conduct further research into challenging techniques before you use them with clients.

Do you think that you would be comfortable using confrontation?
When do you think it would be most effective?
When should you avoid using it?

Activity 8
Challenging Role Play

Using the scenario from the previous activity, practice your challenging skills in a role-play. Identify any inconsistencies between what the client says and how they feel as well as what they say and what they do. Identify incongruities, discrepancies and mixed messages and work towards a solution for the client.

Note any outcomes from the role-play here, including any feelings you experienced as the counsellor.

2.4 Micro-Skill 4: Focusing

Supportive challenging is the skill of pointing out discrepancies, distortions, contradictions, conflicts, and Focusing helps the counsellor identify different viewpoints of the same story. Clients will often have a lot to talk about and will bring up many topics in one story. The counsellor's job is to tease these topics out and address them individually.

The main issues should be addressed first, but all topics and themes within the client's story should be given equal attention. Focusing requires that your attending skills are sharp and well-practiced; because you are the one 'outside' of the issue, you are in a better position to pick up the themes of their story.

There are five areas to focus on:

1. Focus on the client – how does the client perceive/feel/act? ⟶ **Teasing out emotions**
2. Focus on the main theme/issue – what are the specifics of the problem? ⟶ **Teasing out facts**
3. Focus on others – how does the client perceive the situation from another point of view? ⟶ **Teasing out understanding/empathy for others.**
4. Focus on family – how does the family affect their way of approaching issues? ⟶ **Teasing out history/influences.**
5. Focus on cultural/environmental/contextual issues – how does the client's culture, environment, context affect their life/problems/issues and the way they address it? ⟶ **Teasing out history/influences.**

(Ivey, Ivey & Zalaquett, 2014)

Focusing on the five areas above allows the counsellor to help the client step out of themselves for a moment and see a bigger picture:

- Other points of view.
- Family influences.
- How their behaviour may be impacting on or impacted by history and family dynamics.
- Cultural and environmental influences.

For example, if a client has come to see you because of issues with alcohol, you would, after hearing their story, focus on a family history of drinking, or that they live in an environment that encourages drinking, or that their drinking comes from personal feelings. The idea is to focus on the various dimensions of the problem, not the person. That way you can begin to look for areas to change.

Please note that using this technique with different cultural groups can be challenging as different cultures have varying definitions of family and community. Be careful not to place blame or responsibility on family members, history or other factors.

Your goal is to get the client to focus on their problem and how to change it.

Activity 9
Focusing Statements

Come up with focusing statements for the following scenario. You may role-play this activity.

Trevor is 45, separated from his wife and family, and has money trouble.
"I'm lost right now. Me and the missus don't talk and when we do, we just fight about money and the kids. She won't let me have them anymore because she says I'm no good. I miss them bad. I got this legal aid person doing stuff for me but I don't know about that. How do I know if he's on the up and up? I can't talk to me bro because he's gone and mum's busy with his kids. The boss has me working only 3 days now because business is slow... I don't know how I'll survive."

1. Focus on the client:

2. Focus on the main/theme/issue:

3. Focus on others:

4. Focus on family:

5. Focus on culture/environment/context:

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2.5 Influencing

Influencing is the capacity of a person to move another towards a particular action, behaviour, or way of thinking. Influencing in the context of counselling is about pointing out the information that the counsellor feels is important to explore. By responding to some feelings and not others, the counsellor is influencing the client's focus on those feelings. By asking certain questions in specific ways, the counsellor is influencing the direction of the conversation.

Influencing is not telling the client what to do, how to feel or using the delicate client-counsellor relationship for personal gain. Influence must be used with intentionality and caution. It is not a skill to be used lightly or casually.

Influencing enables the counsellor to:

- Help the client to look at the possible positive and negative results of alternative actions.
- Share their own story, thoughts and experiences briefly with clients. This may build a sense of equality in the session and encourage client trust and openness.
- Provide accurate data so that clients can learn how their behaviours, thoughts and actions are seen by others and/or the counsellor.
- Help clients look at the possible results of alternative actions.
- Present new information and ideas to clients in a timely and appropriate manner.
- Provide clients with specifics for actions. Help them see their situation in a different way and take concrete action in their issues. For example, homework, meditation and role-playing new ways of behaviours.

(Ivey, Ivey & Zalaquett, 2014)

Influencing skills are heavily dependent upon active listening. Counsellors MUST exercise caution when using influence; you must ensure that your intent is to help the client and not satisfy your own agenda.

Be mindful of the following guidelines:

- Be clear.
- Be concrete.
- Observe and check in with the client.
- Be aware of the impact of your intervention.

Ivey and Ivey, (1999, p. 275) described six influencing skills:

Skill/Strategy	Function	Application
1. Interpretation and Reframing	• Provides the client with an alternative frame of reference from which to view life situations and generate new stories. • Provides the client with other perspectives.	• Point out the positives of a situation. • Remind them of successes . • Avoid overly optimistic or false reassurances and clichés.
2. Logical consequences	• Enables the client to look at the possible results of alternative actions.	• Point out the probabilities of certain outcomes of behaviour. • Can be used to reduce risk-taking behaviours and conformity • Avoid using to coer.ce or to moralise.

3. Self-disclosure	• Counsellor shares own story, thoughts or experiences briefly. • Used carefully, this may build a sense of equality in the session and encourage client trust and openness.	• Ensure your motivation to disclose is to help the client, not yourself. • Use to encourage client self-disclosure. • Use with extreme caution and be genuine.
4. Feedback	• Provides accurate data on how the client is seen by others and/or the counsellor. • Sharing observations of behaviour or statements.	• The basic rules of providing feedback apply. • Use once trust is developed and you can be sure the client will use the information.
5. Information, advice, opinions, instruction, suggestions	• Counsellor presents new information and ideas to the client. • This information is specific to the client and their situation.	• Provide information on employment; teach about sexuality, helpful resources or other services. • Do not over-provide and know when to back off.
6. Directives	• Lead the client to follow strategies and actions suggested by the counsellor. • May help in taking concrete action on issues and problems. • *(This is a central skill in assertiveness training)*	• Give the client 'homework' assignments such as, make an appointment with GP, read a certain book or go to three AA meetings.

Ivey and Ivey (2014) say that all influencing techniques should be applied with the 1 – 2 – 3 Model:
1. Listen – attend and listen to the client and be sure you understand where he/she is coming from.
2. Assess and Influence – assess the client and select an intervention that is personally relevant.
3. Observe – check out the consequences of your influencing technique and move from that observation to your next step.

Activity 10
Influencing Role Play

Using the scenario below practice each influencing skill (interpretation/reframe, logical consequences, self-disclosure, feedback, information/advice/opinion/instruction/suggestions, directives). Ensure that you use the 1 – 2 – 3 Model of application.

Anna is a quiet woman in her 30's. She is unmarried, has very little confidence, and finds it hard to speak up for herself. She has only been in one significant relationship and he cheated on her. Anna talks about feeling worthless and invisible. She wants to be married and have a family but has a hard time meeting people. She is unhappy in her job, and says that her boss is manipulative and takes advantage of her.

Note any outcomes from the role-play here. Include any feelings you experienced as the counsellor.

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Key Points

Micro-Skills

1. Active Listening
- Attending
- Paraphrasing
- Reflecting
- Summarising

2. Questioning
- Closed questions
- Open questions

3. Challenging
- Supportive challenging
- Pointing out discrepancies, distortions, contradictions, conflicts and mixed messages
- Increase awareness
- Encourage clients

4. Focusing
- Client
- Main theme/issue
- Others
- Family
- Culture/environmental/developmental/contextual issues

5. Influencing
- Interpretation and reframing
- Logical consequences
- Self-disclosure
- Feedback
- Information/advice/opinions/instruction/suggestions
- Directives

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COUNSELLING PROCESS 3

TRAINER GUIDE

Modification History

Version	Date	Changes
1	12/2016	

This resource has been developed in consultation with industry experts.

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INTRODUCTION

This learner guide supports training and assessment by addressing the essential skills and knowledge required to achieve competency in CHCCSL001, Establish and confirm the counselling relationship, CHCCSL002 Apply specialist interpersonal and counselling interview skills, CHCCSL003 Facilitate the counselling relationship and process in the CHC Community Services Training Package release 3.0.

This unit describes a detailed knowledge of indicators of client's mental health status required to clarify client's suitability for counselling services or need for referral in the context of community services work.

You will learn about:

- Detailed knowledge of aspects of development of the human being throughout the lifespan, including:
  - Physical
  - Psychological
  - Cognitive
  - Social
  - Affective
- Behaviours and reported emotions that may indicate presence of a mental health issue, including:
  - Suicidal ideation
  - Hallucinations or delusions
  - Excessive fears or suspiciousness (paranoia)
  - Confused thinking
  - Indicators of self-harm
- Knowledge of key factors that may impact on the individual at identified stages of human development and their potential effects.
- Understanding of legal obligations, particularly in relation to child protection and elder abuse issues.
- Appropriate range of referral sources and associated protocols.
- Legislative requirements and provisions relevant to area of service delivery and delegated responsibility.
- Awareness of own values and attitudes and their potential impact on clients.
- Indicators of significant issues including:
  - Child abuse (including different types of child abuse)
  - Child trafficking
  - Abuse, neglect or harm including self-harm
  - Domestic and family violence
- Relevant organisation standards, policies and procedures and child protection policy of service.
- State/territory requirements about responding to indications of abuse and reporting process.

Activities in this learner guide will enable you to demonstrate the following skills:

- Observe and question clients appropriately in order to obtain information relating to developmental status and actual or potential issues related to community services to be delivered.
- Identify variations from normal developmental or mental health status using standard methods and protocols and recognise and refer potentially serious issues in line with organisation requirements.
- Identify potential factors responsible for significant variations from normal developmental status and determine an appropriate response in terms of:
  - Appropriate referral and reporting in line with organisation requirements.
  - Provision of appropriate services.

- Refer to or seek assistance from an appropriate person or authority in relation to variations from normal functioning.
- Articulate scope of practice and boundaries in relation to response to client status.
- Comply with mandatory reporting requirements where appropriate

This learner resource uses a scenario as a framework for determining suitability of client for counselling services. Please refer to this scenario when completing activities.

Scenario – Travis

This scenario will be used for activities throughout this learner guide.

Travis comes to see you because his brother is concerned about his mental health and insisted that he needs to see a counsellor. Travis is a thirty-one year-old auto mechanic who grew up in rural NSW with his mother and older brother, John. His mother Joan was an alcoholic and he never knew his father.

Travis was a shy child who didn't have many friends. He didn't do well in school and says that he was never assessed for a learning disability but probably should have been. He tells you, "I'm not that smart." He did not finish high school. He says that people have called him "slow" and remembers that his mother told him he was born prematurely.

When Travis was a child, Joan brought different men home all the time. One guy, Jerry, lived with them for a few years. He would hit Joan if she talked back to him and often hit Travis and John. Jerry said that kids should just shut up and do as they are told and if they didn't, he would make them. Travis moved out of the house to live with John when he was 14.

Travis's adult life has been filled with stress. He tells you that his mother was beaten to death when he was 18 and he has always felt responsible because he was not there to protect her. The exact circumstances of Joan's death are unknown but Travis assumes that one of the men she brought home with her killed her. Apparently, there was no investigation and Travis feels that the police department doesn't care what happened to his mother because she was an alcoholic, poor and insignificant. He appears to be angry about it but maintains his composure.

After his mother's death, Travis felt so guilty that he attempted suicide. John found him at their unit after he swallowed a lot of painkillers and rushed him to the hospital. After his suicide attempt, Travis suffered from insomnia and still does to this day. He sleeps an average of three (3) hours a night and is always exhausted. He tells you that he thinks the pills did permanent damage to him and he has not felt "right" since.

Travis's mother was obsessed with Travis's weight and often told him he was fat. After she died Travis then became preoccupied with his weight. He started running every morning and is currently running about 15 kilometres everyday. He admits that he struggles with his diet, claiming he eats only once a day to keep slim. His face is sallow and he has blue rings under his eyes. He has a hard time focussing on the conversation you are having.

Although Travis appears to be having a difficult time in most aspects of his life, he says he is doing well at work; he is efficient, productive and well liked. He tells you that because he is no longer overweight, people like and respect him.

He met a woman, Lena, when she brought her car in to be fixed. They recently moved in together after six (6) months of going out. It is Travis's first lasting relationship. He talks about how well they get along and how much they have in common. Lena has a 16 year-old daughter who is not happy about the relationship, Liv, Lena's daughter, is rude and disrespectful to Travis. He says he has been getting angry about her behaviour and is ready to take action if things don't improve soon. When you ask him to clarify, he just says, "She better just shut up and do what she's told, if you know what I mean!"

Travis also mentions his frustration with Lena and her "drinking problem". When you ask for more details, he tells you that she has a glass of wine most nights with dinner. He says that sometimes she goes out with her friends and he is sure she is drinking excessively on those nights. Travis does not drink at all. Lena says that she does not have a problem with alcohol and is just a casual drinker. She says that her job as a nurse is stressful and she likes to unwind with a glass of wine. Travis believes that these excuses prove she has a problem.

After a number of sessions, John comes to see you. He asks you how the sessions have been going and you politely tell him that you cannot speak about any meetings with any client with him. He tells you that he understands, however he is concerned that Travis is not coming to you for the reasons he suggested in the first place.

Again, you tell him that you cannot even tell him if Travis is coming to see you or not. John quickly asks you, "Has he told you about how our mother drank herself to death? Or is he saying that she was killed by some guy?" After you tell him again that you cannot speak with him about anything he finally leaves in a huff, muttering, "I just want to look out for my brother. He is really messed up!"

Travis continues weekly meetings with you. One day he tells you that he saw the man who probably killed his mother at the supermarket. He is sure that he was there to find out his daily habits so he can plan his attack on him. When you suggest speaking to the police about the matter, he says he will but doesn't expect them to do anything.

Travis tells you that he is so happy he has you to talk with about all these issues and problems he has been facing his whole life. He feels connected to you and does not want to have to tell his story to anyone else. He doesn't trust many people.

RELEVANT CLIENT INFORMATION

This topic covers information about:

- Gathering Relevant Information.
- Aspects of Human Development.
- Indicators of Significant Issues.

Activities in this topic cover the following essential skills:

- Articulate scope of practice and boundaries in relation to response to client status.
- Comply with mandatory reporting requirements where appropriate.
- Identify potential factors responsible for significant variations from normal developmental status and determine an appropriate response in terms of:
  – Appropriate referral and reporting in line with organisation requirements.
  – Provision of appropriate services.
- Identify variations from normal developmental or mental health status using standard methods and protocols and recognise and refer potentially serious issues in line with organisation requirements.
- Observe and question clients appropriately in order to obtain information relating to developmental status and actual or potential issues related to community services to be delivered.
- Refer to or seek assistance from an appropriate person or authority in relation to variations from normal functioning.

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1.1 Gathering Client Information

Determining a client's suitability for counselling is reliant upon assessing their current state, physical and mental health history and the presence of additional factors that may be contributing to their issues. In most cases, counselling services will be of benefit to the clients who access your services; however there will be some clients who require alternative and/or additional services such as hospitalisation, medication, emergency housing and financial assistance, etc. In these instances counselling, however beneficial, may not be of priority or even suitable for that particular client.

Three important questions:
1. What is the most important or urgent need?
2. What needs to be addressed first?
3. Will counselling (at this time or ever) address this need?

Remember, even if the client is not a suitable candidate for counselling at this time or with your service, you are still obligated to provide appropriate and timely service.

It is important to remember that each client is an individual with unique needs and responsibilities. Identifying and assessing their needs is an important undertaking because it enables you and the client to determine suitability for counselling, plan a course of action and translate this information into goals and/or actions.

A checklist of questions for counsellors:
- What is relevant information?
- How do you establish that?
- How do you gather this information?
- What does the information mean?
- What do you do with the information?

Clients must be participants in the information-collection phase. It is vital that they are consulted to validate information received about them. This will ensure the relevance of information and that the client remains empowered throughout the process.

Collecting client information includes:
- Using effective communication.
- Gathering relevant information (including lifestyle, current medications, etc.).
- Identifying significant issues (such as depression, suicide and self-harm, alcohol or other drug misuse, grief and loss and mental illness, etc.).
- Crisis intervention and managing distressed clients.

Mechanisms for collecting client information:
- **Interviewing (formal and informal)** – is a one-on-one process where the client and if needed, significant others, are interviewed to gather relevant information.
- **Networking (formal or informal)** – is the process of keeping connections, through regular and effective communication, with other services involved.

- **Consultation** – refers to consulting specialists for specific client information or knowledge in their field.
- **Questionnaires** – that clients complete upon intake or external agency referral forms (please note that clients are not always completely forthcoming on 'formal' documents, ensure that you also ask them direct, open questions).
- **Case documentation** – previous agency involvement, case notes, etc.

Processes for gathering information:

Client's input	• Clients describe their needs, express feelings and thoughts and identify resources. • Adjust communication style for clients with cultural or disability barriers.
Input of clients' significant others	• With client consent, consult significant others regarding their thoughts, ideas or needs and resources regarding the client. • This is particularly useful with children or clients with a communication disad vantage. • Ensure that clients have an opportunity to validate the information.
Contacting previous service providers	• With client consent, contact those who have been involved with the client professionally in the past to describe the nature and outcomes of previous supports and services.
Review records	• With client consent, review the records maintained by government and other agencies that have worked with the client for useful background information.
Diagnostic assessments	• Psychological, health, educational and developmental tests may be appropriate for gathering information. • Only administer these assessments if you are authorised and registered to do so.

Important factors to consider when collecting client information to determine suitability for counselling services:

Aspects of development	• Physical • Psychological • Cognitive • Social • Affective
Indicators of mental health issues	• Suicidal ideation • Hallucinations or delusions • Excessive fears or suspiciousness (paranoia) • Confused thinking • Indicators of self-harm
Indicators of significant issues	• Abuse, neglect or harm including self-harm • Child trafficking • Domestic and family violence • Elder abuse • Misuse of alcohol and other drugs • Homelessness and unemployment

We will look at these factors in more detail throughout the remainder of this Topic.

Activity 1
Gathering Client Information

1. Refer to the scenario at the beginning of this resource and create a list of relevant information about Travis and how you would go about collecting and verifying this information.

2. Note any obstacles you may encounter and how you plan to overcome them.

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1.2 Aspects of Human Development

A sound understanding of the aspects of human development is necessary for determining suitability for counselling services. In order to clarify the issues that people present with and provide the best in possible care, be it counselling or alternative treatment, it is important to be able to recognise important developmental milestones and the key issues at each stage. The following summary will help you determine if your clients are viable candidates for counselling services or if their needs and issues require more intensive services.

Not everyone falls within the stages of development presented in this section. This summary serves as a guideline to help understand the multitude of issues that will determine if counselling is a viable option for your clients.

There are many ways of looking at human development. The most effective models bring together the following aspects of a person:

- Physical
- Cognitive
- Social/Emotional (psychosocial)
- Social
- Affective

For people living in a relatively affluent Western culture, the average lifespan is more than 75 years. During that time our bodies, emotions and intellect will evolve, grow and eventually deteriorate. Much of this transformation follows a predictable and measurable path. However, variations occur when we struggle with our physical health, social circumstances and environmental situations.

Many aspects of human development may come about because a person has reached a certain age. For example, sexual development begins when people enter puberty, which is generally around 11 – 13 years of age. However, there are other aspects of development where age is not the important factor, but more a specific experience in their life. This becomes more apparent as people enter adulthood.

For example, adulthood represents gaining independence and responsibility. This may begin for some in their early 20's (or even before) but for others not until their 30's or 40's. Getting married and having children not only takes place for people at different times in their lives, but for some, it does not take place at all. A person needs to mature and often change physically to progress through the stages of development. Gaining new knowledge and skills is also necessary to progress. However, while human development is inevitable to all people, there are a number of factors that may result in different developmental patterns.

These may include:

- Culture
- Environment
- Gender
- Disabilities

Summary of Human Life Stages

Please note: The age ranges presented in this table are not fixed; they simply serve as a guideline for understanding human development.

Stage	Age	Developmental Task – Area of Focus
Pre-natal development and birth	Zygote to newborn	• Physical growth
Infancy and Toddlerhood	Newborn to 2 years	• Gross/fine motor skills • Create categories • Sleep patterns • Attachment
Early Childhood	3 to 6 years	• Locomotion • Imaginative play • Socialisation/group play • Language development • Self-control
Middle Childhood	7 to 12 years	• Friendships • Concrete operation • Skill learning • Team play • Self-evaluation
Adolescence	13 to 19 years	• Physical maturation • Formal operation • Emotional development • Peer groups • Romantic and sexual relationships
Early Adulthood	20 to 40	• Autonomy from parents • Full-grown/full-strength • Adult moral reasoning • Post Formal Thought • Work and career choice • Exploring intimate relationships • Childbearing • Faith and ethics • Body systems slowly become less efficient
Middle Adulthood	41 to 60	• Manage career • Nurture marital/other intimate relationship • Childrearing
Later Adulthood	61 and beyond	• Redirecting energy toward new roles and activities • Acceptance of one's life • Coping with physical changes of ageing • Develop a point of view about death

Each of the life stages is far more comprehensive than can be covered in this resource. Depending on your client base and the issues they present with, it is recommended that you look in to the relevant stages as they apply to your client group.

Stage 1: Pre-natal development and birth (Zygote to newborn)

The nine months of gestation is a period of rapid growth. In fact, this life stage has more growth and transition than any other; from a single-celled organism to an infant in approximately 40 weeks. Ideally, the gestation period (conception to birth) is anywhere between 38 and 42 weeks (Newman & Newman, 2008).

Complications arise for both baby and mother if birth occurs before or after these dates. The consequences of prenatal development and birth will affect the child and the family during the entire lifespan. A healthy mother and an uncomplicated pregnancy set the stage for a successful gestation. However, the reality is that not all pregnancies progress this way and many will be affected by the following:

Genetic Disorders	Teratogens	Low birth weight infants	Mother's health pre and during pregnancy
• Down syndrome • Cleft palate/lip • Cystic Fibrosis • Haemophilia • Muscular dystrophy	• Illicit/prescription drugs • Alcohol • Pollution/pollutants • Infections, viruses STDs • Tobacco	• Respiratory distress • Cannot maintain body heat • Digestion problems • Infection	• Exposure to teratogens • Nutrition • Exercise • Mental illness

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When a client has genetic or health issues take the time to investigate further, it will help determine if additional or alternative services are more appropriate. In some cases untreated genetic and/or health conditions can be at the root of behavioural or mental health issues.

Stage 2: Infancy and Toddlerhood (Newborn to 2 years)

The changes during the first two years of a child's development are remarkable. At first, a child is a completely dependent being with only a few reflexive movements. After the first two years, the child is a resourceful, mobile, communicating person with preferences for food, games and people.

Development during first two years (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Gain about nine kilograms. • Grow about 38 centimetres. • Brain maturation stabilises sleep patterns. • Hearing acute within first months. • Vision develops slowly over first year. • Gross motor skills (running, jumping, climbing). • Fine motor skills (pincer grip). • Preferences for certain foods. • Appetite fluctuates.	• Ability to understand and communicate. • Interaction of perception, intellect and language • Move from understanding through senses to language. • Language changes from babbles and gurgles in the first few months to whole sentences by age two.	• Babies can express basic emotions in the first few months. • Toddlers become more conscious of own emotions. • Toddlers can distinguish own feelings from others. • Capable of more complex emotions such as embarrassment by age two. • Basic temperament can be distinguished by this stage. • Solitary play.

Key issues at this stage:
- **Attachment problems**
- **Child abuse**
- **Post Natal Depression (mother)**

Stage 3: Early Childhood (3 to 6 years)

This stage of development sees the once chubby 'baby' transform into a leaner, regularly proportioned child. These are known as the 'play years' as it their 'job' to play; they learn about themselves, others and the world through their play.

Gender-difference play is a significant characteristic of early childhood; games that mimic household activities; mum and dad at work; games that introduce teamwork and taking turns, sharing and losing all help to develop this active, inquisitive child into a healthy adult.

Development during early childhood (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Brain develops faster than any other part of the body. • Readiness for certain types of activities. • Stronger, more adult-like proportions. • Gross motor skills (running and jumping) develop faster than fine motor skills.	• Use of symbols. • Illogical view of the world. • Language acquisition improves dramatically. • Basic understanding of grammar.	• Increased movement and physical ability allow child to initiate new activities. • Sense of self begins to mature. • Imaginative play with other children. • Increased independence from parents/caregivers. • Attempts to control their environment.

Key issues at this stage:
- Eating habits
- Gender differentiation
- Play and socialisation problems
- Emotional problems
- Behaviour problems

Developmental Delay

As previously noted, not everyone falls within the stages of development presented in this section. The ages and stages presented here serve as a guideline for understanding 'normal' human development and for measuring progress through developmental milestones. When children do not meet these developmental milestones it may be considered a developmental delay.

For example, if the normal range for learning to walk is between 9 and 15 months and a 20-month-old child has still not begun walking, this would be considered a developmental delay.

Risk factors for developmental problems fall into two categories:

1. Genetic
- Being born with a genetic or chromosomal abnormality.
- Examples include Down syndrome, Cleft palate/lip, Cystic Fibrosis, etc.

2. Environmental
- Exposure to harmful agents either before or after birth.
- Examples include poor maternal nutrition or exposure to toxins or infections that are passed from a mother to her baby during pregnancy (e.g., measles or HIV).
- Also includes the child's life experiences.
- Examples include premature birth, severe poverty, mother's depression, poor nutrition or lack of care.

Risk factors have a cumulative impact upon development. As the number of risk factors increases, a child is put at greater risk for developmental delay. There are several general warning signs of possible delay. These include:

Behavioural signs	• Attention span or ability to focus is markedly less than others of the same age. • Rare use of or avoidance of eye contact with others. • Aggressive and violent behaviours, acting out and extreme stubbornness compared with other children. • Stares into space, rocks body or talks to self more often than other children of the same age. • Disinterest in seeking love or approval from a caregiver or parent. • Focuses on unusual objects for long periods of time; enjoys this more than interacting with others. • Gets unusually frustrated when trying to do simple tasks that most children of the same age can do.
Gross motor signs	• Has a markedly clumsy manner compared with other children of the same age. • Has stiff arms and/or legs. • Has a floppy or limp body posture compared to other children of the same age. • Uses one side of body more than the other.

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Vision signs	• Has difficulty following objects or people with eyes • Rubs eyes frequently. • Turns, tilts or holds head in a strained or unusual position when trying to look at an object. • Has difficulty focussing or making eye contact. • Closes one eye when trying to look at distant objects. • Eyes appear to be crossed or turned.
Hearing signs	• Fails to develop sounds or words that would be appropriate for their age. • Talks in a very loud or very soft voice. • Has difficulty responding when called. • Turns body so that the same ear is always turned toward sound. • Doesn't startle to loud noises.

Some additional things that can cause developmental delays include:

- Ear infections causing hearing problems (this is very common and it may cause speech and learning problems, which can lead to behavioural problems).
- Lots of illness and hospitalisation (missing out on chances to learn).
- Birth injury or other injury.
- Premature birth.
- Exposure to drugs (illicit and prescription) and/or alcohol before birth.
- Family stress which means that a baby does not get consistent loving care in the early weeks and months.
- Ongoing family stress or abuse so a child is too anxious or distressed to learn.
- Poverty and homelessness.

(Australia, 2015)

As a counsellor in a community services organisation, you may have a client with a persistent developmental delay. Check their file to determine if they are receiving services elsewhere.

Activity 2
The Early Years

1. Refer to the scenario and describe any issues from Travis's early years that you believe to have impacted his development.

2. After reading the Scenario, do you think Travis exhibits signs of a developmental delay? Explain your reasoning.

3. Look to your organisation's policies and procedures and outline the steps you would have taken if Travis had come to you as a child showing signs of a developmental delay.

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Stage 4: Middle Childhood (7 to 12 years)

This is a relatively smooth stage of development; new skills are acquired quickly, learning can be fun, relationships are for the most part, rewarding and self-confidence is at a high. These successes aside, middle childhood can bring with it some crushing blows; rejection from peers and school failure are the two areas that can destroy a child's confidence and leave them feeling inadequate through adulthood.

Development during childhood (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Growth slows. • Variation between children. • Motor skill development slows, but increased control and mastery. • Increased strength. • Increased heart and lung capacity.	• Development of memory, reasoning, intuition and capacity to learn. • Apply logic • Organises their learning into concepts and groups of information. • Preference and aptitude for particular subjects develops.	• Increased independence and competence. • Gains self-esteem. • Able to understand other's feelings. • Adjusts own behaviour to suit environment. • Interacts appropriately in certain situations (e.g. with adults). • Becomes more knowledgeable about themselves. • Creates a school-based sub-culture and code of behaviour. • Understands principles of larger society (morals, values, etc.). • More selective about friendships. • Develops social problem-solving skills

Key issues at this stage:
- **Obesity**
- **Learning difficulties**
- **Peer group problems**
- **Inferiority issues**
- **Family issues – separation, divorce, loss**
- **Stress**

Childhood Stress

The perception that children live carefree, happy lives is incorrect; children experience their own kinds of worries and stress that can indicate the need for counselling and/or other services.

Childhood stress comes from:
- Separation and social anxiety
- Lack of safety
- School success or failure
- Family problems and violence
- Friends and pressure to fit in
- Self-concept
- Sports
- Over-scheduling
- Local and world news
- Illness and disability
- Divorce and worry about parents
- Loss of a loved one
- Loss of a pet
- Isolation

Signs of Stress:

Behavioural Signs	Physical Signs	New Habits
Mood swings Acting out Nightmares Withdrawal Overreacting	Stomach aches Headaches Poor concentration Bed-wetting Sleep problems	Thumb sucking Hair twirling Nose picking Nail biting Picking at skin/sores

(Berger, 2007)

Stage 5: Adolescence (13 to 19 years)

Adolescence is a time of transition that is filled with major biological and physical changes as well as intellectual and emotional changes. It is a time of self-discovery and figuring out how one fits into the world around them.

This stage of development can be the most challenging of all the stages because of the timing and intensity of the changes; for example, some teenagers will develop earlier than others, creating a self-consciousness brought on by added and/or unwanted attention. Those who develop later or at a slower rate will also feel self-conscious due to feelings of inadequacy; they will be in rush to grow up and keep up.

Adolescence is a time of risky behaviour brought on by feelings of invincibility and the desire to grow up. No longer a child but not quite an adult, the typical teenager would rather speed ahead to adulthood than remain a child.

Development during adolescence (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Puberty • Hormone production, growth hormone, testosterone, oestrogen. • Growth spurt in weight and height. • Increased nutritional needs. • Sexual maturation indicates reproductive potential.	• Able to speculate, hypothesise, theorise and fantasise. • Moral development. • Egocentrism (interested only in their personal needs and wants). • Eager for intellectual interaction.	• Develop a strong sense of self. • Seek autonomy. • Form peer group sub-cultures. • Beginning of romantic and sexual relationships. • Risk-taking behaviour.

Please note that these changes do not occur at the same time or at the same rate for all teenagers, but generally speaking, girls will develop earlier than boys due to genetic factors and this can create adjustment issues for some girls.

Key issues at this stage:

- Body image and eating disorders
- Sexual confusion
- Sexual decision-making
- Identity issues
- Peer group problems
- Alcohol and/or drug misuse
- Risk-taking behaviour
- Abuse and neglect
- Family problems
- Depression
- Suicide ideation

Adolescent Suicide

Adolescence is a time of great change and often change that doesn't make sense. Their bodies change faster than their brain, their friend's change faster or slower than they do and their families change. They are exposed to new situations that they are perhaps not ready to deal with and they struggle to find an identity amongst all of this.

Along with all of these changes, there are the added pressures that teenagers have to face; school, jobs, parental conflict, adult expectations to "grow up", world conflict, etc. All of these things can make an adolescent feel hopeless, worthless and depressed, which we know is the leading cause of suicide.

Stage 6: Early Adulthood (20 to 40 years)

After the turmoil and uncertainty of adolescence, early adulthood can seem like a world of endless opportunity and success. At our peak physically, this life stage is known as the 'prime of life'. No longer in the exploration stage of development (adolescence), early adulthood is a stage of stabilisation; where we make decisions and choices about the kind of life and lifestyle we want and set the stage for the next few decades.

Development during early adulthood (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Full-grown. • Full-strength. • Body systems gradually become less efficient.	• Post Formal Thought. • Adult moral reasoning. • Faith and ethics.	• Need for affiliation. • Need for achievement. • More stable relationships. • Marriage and family. • Follow social norms.

Key issues at this stage:

- Marriage and family
- Fertility (male and female)
- Divorce
- Alcohol and/or drug and alcohol misuse
- Eating Disorders
- Suicide
- Accidents and trauma
- Domestic and family violence

Stage 7: Middle Adulthood (40 to 60 years)

Middle adulthood is commonly known as 'middle age', which is a term that most people fear as it is a sign that they are getting older. Some even feel that their best years are behind them when in fact middle adulthood is a time of great productivity as most people have established themselves with families, careers and as members of the community. There is some decline in health and the body's ability to recover from injury, but it is the person's attitude toward ageing that will determine how they progress through this stage.

Development during middle adulthood (*Berger, 2007*):

Physical	Cognitive	Social/Emotional
• Hair loss and/or thinning. • Skin loses elasticity. • Wrinkles and dry skin. • Deterioration of hearing and vision. • Menopause begins in women. • Metabolism slows. • Muscle deterioration.	• Increase in world knowledge and vocabulary. • Reaction time and mental processing speed slows down. • Experience and intelligence leads to development of expertise.	• 'Mid-life crisis' occurs in a small number of adults (see below). • Personality traits tend to remain stable. • Friendship and marriage/ partnership continues as primary sources of affiliation. • Marital satisfaction often rises as children move away from home.

Key issues at this stage:

- Career burnout
- Employment
- Onset of diseases
- Stress
- Menopause
- Ageing parents
- Adolescent and adult children

'Midlife Crisis'

Because of the added responsibilities in Middle Adulthood, such as caring for ageing parents, as well as possible career stagnation many adults begin to feel anxious, bored or fed up with their lives. They may begin to doubt their relationships, choices and goals. Small things can take on an overly dramatic importance and they begin to question their importance and seek change. This time is less of a 'crisis' and more a time of transition; like a second adolescence.

The following is a list of symptoms people in transition may display. Remember these will be new, out-of-character behaviours.

- Boredom.
- Exhaustion or frantic energy.
- Self-questioning.
- Irritability and unexpected anger.
- Compulsive use of alcohol, food and/or drugs.
- Greatly decreased or increased sexual desire.
- Sexual affairs, especially with someone much younger.
- Greatly decreased or increased ambition.

Stage 8: Late Adulthood (60 and beyond)

Late adulthood can be a time of positive changes; many adults retire and envision travel, additional time with family, closer connections with spouses, new and interesting hobbies or a second career or volunteer work. However, this can also be a time of great stress and worry. Financial and health concerns become a primary focus; worries about being able to live comfortably and increased anxiety about their health (impending Alzheimer's disease and dementia, osteoporosis and broken bones, arthritis and high blood pressure) makes this a time many adults dread.

This stage is centred on coping with the physical changes of ageing; human bodies and minds deteriorate during this stage and at the same rate as in middle adulthood. As people move into retirement, participation in new roles and activities occur and people often experience a sense of understanding and acceptance of one's life. A major focus during late adulthood is searching for personal meaning.

Development during late adulthood (***Berger, 2007***):

Physical	Cognitive	Social/Emotional
• Hair loss and/or thinning and turns grey or white. • Skin loses elasticity, wrinkles and dries. • Deterioration of hearing and vision. • Visible blood vessels and 'Age spots'. • Vertebrae settle closer together (height loss of approx. 2 cm). • Muscles & vertebrae become stiff & less flexible. • Loss of bodyweight & bone density. • Frailty.	• Working memory loss. • Difficulty accessing long term memories. • Wisdom.	• Strong sense of personal identity. • Adjustment to retirement. • Spirituality. • Emphasis on family relationships.

Key issues at this stage:

- **Depression**
- **Loneliness**
- **Family changes**
- **Loss of life partner**
- **Moving into nursing homes**
- **Major health concerns**

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Activity 3
Aspects of Human Development

Refer to the scenario and answer the questions below.

1. Outline the childhood stressors both Travis and John experienced. Include signs of stress they continue to exhibit.

2. List the significant issues from Travis's adolescence.

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1.3 1.3 Indicators of Significant Issues

A person comes to a community services organisation because they have had or are having an experience in their life that is having a negative impact and are seeking support. The level of severity of the issues presented will vary greatly. Some people come to a community services organisation with a presenting problem and it will be fairly obvious that they need to talk to someone, create goals, develop an action plan and they need help monitoring their follow through.

Such issues may include:
- Divorce
- Lost job
- Stress

As a counsellor, your job is to be able to discern the cases that can be managed with counselling or other community services from the cases that need to be referred for more specialised care. You are not qualified to diagnose illness. If you suspect your client has a mental health issue you must refer to a mental health worker. This will be discussed in detail in Topic 3.

Stress impacts people in many ways. Stress may come from daily hassles like traffic jams or major life events such as a divorce. Whenever people experience stress, physiological responses take place:
- Increased heart rate
- Dilated pupils
- Blood pressure rises
- Sweating
- Fight or flight response
- Muscle tension

Mental Health Issues

A person free from a mental health issue may be described as someone who experiences a state of psychological and emotional wellbeing in which they are able to meet the ordinary demands of everyday life and function in society. When this is not the case, a mental health condition may be diagnosed.

A mental illness is a pattern of thinking, potentially reflected in behaviour that is generally associated with distress or disability and not considered part of normal development in that person's culture. Mental illnesses can be generally defined as a combination of how a person feels, acts, thinks or perceives.

Feeling stressed about a situation or a life event does not automatically mean someone is experiencing a mental illness. Counselling can be very effective in helping people who are overwhelmed with stress. However, very often the way people deal with stress and the level of anxiety it produces can lead to a diagnosis of a mental illness. It is important to note this distinction. If stress is impacting someone's daily life and becoming so disruptive that she or he cannot work, eat, sleep or function appropriately it may be time to think about a possible mental health issue.

The term 'mental illness' is just one of a few acceptable terms used in the Mental Health sector. Others you may find include:
- **Mental problems**
- **Mental ill-health**
- **Mental condition**
- **Psychiatric disorder**
- **Mental distress**

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Mental health refers to a person's psychological wellbeing. When a person comes to a community services organisation with an issue and are seeking support, the level of severity of the issue presented will vary greatly. Some are overly stressed because of a lost job while others may have a mental illness. In order to determine suitability for counselling, you must have a clear understanding of the signs of all kinds of mental health issues.

Indicators of mental health issues may include changes in:

Cognition	Mood	Behaviour	Physical
• Hallucinations • Delusions • Excessive fears or suspicions (paranoia) • Confused thinking	• Loss of interest in once pleasurable activities • Thinking or talking of suicide or self-harm	• Bizarre behaviour (strange posturing, ritualistic behaviour) • Intentional harming or killing animals (especially in children) • Hyperactivity	• Deterioration in personal hygiene or personal care • Unexplained weight gain or loss • Sleeping too much or insomnia

Indicators of Common Mental Illnesses

Paranoia	• Extreme suspiciousness. • Finding hidden meaning in everyday things. • Thinking people are conspiring against you.
Anxiety	• Excessive worrying about many things. • Persistent and repetitive negative thoughts. • Dizziness, shortness of breath and palpitations when resting.
Bipolar Disorder	• Periods of extremely elevated mood and energy level (mania). • Bursts of energy where you need little to no sleep and feel euphoric. • Periods of depression after manic episode.
Depression	• Loss of interest in things that you used to enjoy. • Loss of appetite or overeating. • Sleep disturbances (always sleeping or can't sleep). • Unable to participate in daily routine.
Eating Disorders	• Anorexia – Emaciation. – Extreme weight loss/fluctuation. – Fear of gaining weight. • Bulimia – Often has a history of anorexia. – Usually normal weight. – Binging and purging.

(Oltmanns & Emery, 2011)

Activity 4
Mental Health Issues

1. Find three (3) disorders other than the ones listed above that you frequently encounter or may encounter in your work. Use any resources available to you (including your Mental Health Worker) to fill in the following table.

Disorder	Indicators

2. Conduct some research on the Internet and find three (3) reputable websites concerning mental illness that you might use as a resource for your work as a counsellor. List them below.

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3. Do you see any of the indicators of mental health issues in the scenario? Describe them below.

4. List and describe five (5) situations where you would refer to additional or alternative services because of mental health concerns).

5. What would you do if you were the only person available to help a client who is clearly experiencing a mental health issue?

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Self-Harm

Self-harm refers to the ways in which people might deliberately harm themselves. Self-harming behaviours include:

- Wrist slashing
- Punching walls, head banging and other forms of self-battery
- Burning self with a variety of implements including cigarette lighters
- Self-carving or tattooing
- Eating disorders i.e.: anorexia/bulimia
- Body mutilation
- Swallowing sharp objects
- Self-harming risk-taking behaviours*

*These behaviours may not necessarily be classified as self-harming on their own, but they can lead to self-harming behaviours. Examples include excessive drug or alcohol misuse, driving at high speeds, unsafe sex practices and starting fights that the person knows will end with self-injury.

Suicide Ideation

A suicide attempt is a conscious or deliberate act to end one's life. By conscious act, it is meant that the act undertaken was knowingly carried out in order to end their life (completed suicide). Suicide ideation is thinking about suicide, a general feeling or wish, that they were dead; it is not a formulated plan.

Suicide is a complex subject that raises painful questions, doubts and fears. Some cultures view suicide as shameful and immoral. If you have your own cultural, spiritual or religious concerns, try to find a gentle, non-judgemental way of talking about suicide or refer your clients to a more appropriate co-worker.

It is important when working with potentially suicidal clients, that you remember the following:

- Confront the word suicide; don't be afraid to use it and encourage your clients and their families if possible, to do the same.
- Do not focus on the stigma of suicide; concentrate your efforts on helping your client heal.

Myths and Facts about Suicide

MYTH	FACT
People who talk about suicide never attempt suicide; they are just after attention and are not likely to carry through with the threat of suicide.	Talking about suicide may indicate a plea for help. A large percentage of people who do commit suicide have previously discussed the act with others.
Talking with a depressed person about suicide increases their risk of committing suicide.	Generally speaking, talking about suicide is an opportunity to communicate and cut short the feelings of loneliness and desperation. When you facilitate a conversation you may be able to connect with the part of the person that wants to live.
Most people who kill themselves have previously suffered a mental illness such as depression.	Whilst a mental illness may be associated with suicide, it is possible in some cases to provide medical intervention, counselling and community support in assisting those people to go on to live productive lives after contemplating suicide.

Attempted or completed suicide happens without warning.	There are often indicators of a person's intention to commit suicide.
If a person attempts suicide and survives, they will not make another attempt.	Any suicide attempt can be an indicator of further attempts.
Only certain types of personalities have a tendency to be suicidal.	All of us have the potential for suicidal feelings. People who do not have existing predisposing conditions will generally not complete a suicide attempt.
Once a person is suicidal, they will be suicidal forever.	Most people will only feel suicidal for a particular period of time.
Only professionals can be of assistance to suicidal people.	Professional support can and should be encouraged. Family, friends and members of a community are able to provide significant support networks.
We should respect the wishes of a person who asks that we keep a note unopened and unread.	Confidentiality is NOT absolute. Confidentiality cannot be maintained where there is a real sign that a person may harm themselves or others. A request to leave a note unopened is a powerful cue that the person is considering suicide or self-harm.

Suicide is a significant and complex health issue facing Australia. Suicide has several different qualities and involves a combination of psychological, social, cultural and biological factors. There is no single cause of suicide. There can be many factors that contribute to suicide risk and many factors may protect someone from suicide. These factors depend on how the person has learned to cope with problems, their ability and opportunity to cope and the availability of community support.

Although there is no one specific cause of suicide as all people and situations are different; untreated depression is the main cause. Some people are pre-disposed to depression and even though they may not have anything going on in their lives that can cause them to become depressed, they can still die by suicide. These clients can be the hardest for counsellors to assess because they do not seem to display any other symptoms; this is why it is important to know about any family history of depression and suicide.

Even though there are several causes for suicide, it is usually the result of a serious depression that was triggered by negative events in the client's life. Being predisposed to suicide and depression is different to the factors that contribute to them; your client may be predisposed to suicide but it is the range of factors (alcohol/drug misuse, stress, death, abuse, grief, etc.) that will trigger the suicidal response.

Indicators and Warning Signs of Self-Harm and Suicide

It can be very difficult to tell if someone is feeling suicidal or likely to self-harm. Indicators of these behaviours are not always clear.

The person may give clues such as:
- Severe emotional distress.
- Depression.
- Careless/risk-taking behaviour – increased or heavy alcohol/drug use.
- Verbal expressions (direct or indirect) e.g. "I want to sleep and never wake up"; "You won't have to worry about me anymore".
- Unclear thinking – the person is unable to see a way through a difficult situation or problem.
- Overwhelming confusion and helplessness/hopelessness.

• Self-mutilation e.g. burns, cuts, bruises, self-battering, hair pulling.
• Sense of urgency – the urgency is unbalanced with regards to a particular situation.
• Repetitive focus on one detail – unable to grasp the 'bigger picture'.
• Regression – the person may not be able to handle simple unrelated tasks.
• Social isolation.
• Intense feelings of guilt and/or grief.

It should be noted that these indicators should not be used as an independent checklist. Individuals will deal with risk factors in their own way and the connection between the risk factors and possible suicide would be ultimately determined by individual consideration.

Recognising Suicidal Behaviours

It can be hard to tell if someone is feeling suicidal. Warning signs are not always obvious, but sometimes there are clues. The questions below can help you recognise if your client is feeling suicidal (*Lifeline Australia, 2015*):

• Have they attempted suicide before?
• Do they make jokes about death or suicide?
• Do they express thoughts about death through drawings, stories, songs, etc.?
• Have they been saying goodbye to people, giving away their things, settling any old or ongoing issues?
• Have been having trouble sleeping or eating?
• Are they able to laugh?
• Have they been drinking more alcohol than usual or misusing drugs?
• Have they pulled away from their friends, family or the community?
• Have they been putting themselves or others in danger?
• Do they talk about feeling hopeless, helpless or worthless?
• Have they stopped taking care of themselves and their appearance?
• Do they suddenly seem better or at peace after being depressed for a while?
• Are they being moody, sad or angry?
• Have they lost interest in things they used to enjoy?
• Are they acting like themselves?

It is not uncommon for a person to experience thoughts of suicide. In most instances, these thoughts will pass. As a community services counsellor, the clients you will be working with are more likely to have more than passing thoughts of ending their life. However, all clients should be assessed for suicidal potentiality. Even if they do not at first present as suicidal or at risk of self-harm it is part of your duty of care to perform a risk assessment.

You may have had some personal experience with suicide or self-harm and as such will recognise that this is a highly sensitive area. Remember to talk to your supervisor or a trusted colleague to help you with feelings that may arise.

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Suicide Safety Planning

A suicide safety plan is a written set of instructions that you can create with a client who is displaying signs of suicide ideation. This document is not a 'no-suicide contract'; it is a contingency plan that contains a set of coping strategies for the client to follow when they begin to experience thoughts of harming themselves.

It is recommended to create the safety plan when the client is feeling well rather than when they are in crisis. You may include the client's family members or significant others in creating the safety plan as they will mostly like be part of the coping strategies. Write the safety plan down and instruct the client to keep it in a place where they can easily find it if they need it.

There are six steps in Safety Planning:

1. Recognise the warning signs.
2. Employ internal coping strategies without needing to contact another person.
3. Socialise with family members or friends who may offer support and distraction from the crisis.
4. Contact family members or friends who may help to resolve a crisis.
5. Contact a mental health professional or agency.
6. Reduce the potential use of lethal means.

A sample safety plan is available for use from the Suicide Prevention Resource Center
www.sprc.org

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Activity 5
Self-Harm and Suicide

1. Do you consider Travis's suicide attempt to be a significant issue at this time? Explain your reasoning.

2. What is your organisation's referral practice and policy for self-harm/suicidal clients?

3. Outline the scope of your job role in these situations.

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Key Points

Gathering Relevant Information

- Three important questions:
  - What is the most important or urgent need?
  - What needs to be addressed first?
  - Will counselling (at this time or ever) address this need?
- Clients must be participants in the information-collection phase.
- Important factors to consider
  - Aspects of development
  - Indicators of mental health issues
  - Indicators of significant issues

Aspects of Human Development

- Physical
- Cognitive
- Social/Emotional (psychosocial)
- Social
- Affective
- Developmental Stages
  - Pre-natal development and birth
  - Infancy and Toddlerhood
  - Early Childhood
  - Middle Childhood
  - Adolescence
  - Early Adulthood
  - Middle Adulthood
  - Later Adulthood

Indicators of Significant Issues

- Mental Health Issues – changes in cognition, mood, behaviour and physical
- Common Mental Illnesses
  - Paranoia
  - Anxiety
  - Bipolar disorder
  - Depression
  - Eating disorders
- Self-harm and suicide ideation

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PROFESSIONAL OBLIGATIONS

This topic covers information about:
- Organisation Policies and Procedures
- Legal Requirements
- Relevant Legislation
- Professional Standards

Activities in this topic cover the following essential skills:
- Articulate scope of practice and boundaries in relation to response to client status.
- Comply with mandatory reporting requirements where appropriate.
- Identify potential factors responsible for significant variations from normal developmental status and determine an appropriate response in terms of:
  - Appropriate referral and reporting in line with organisation requirements.
  - Provision of appropriate services.
- Identify variations from normal developmental or mental health status using standard methods and protocols and recognise and refer potentially serious issues in line with organisation requirements.
- Observe and question clients appropriately in order to obtain information relating to developmental status and actual or potential issues related to community services to be delivered.
- Refer to or seek assistance from an appropriate person or authority in relation to variations from normal functioning.

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2.1 Organisation Policies and Procedures

The role of the counsellor is a complex one. Faced with issues such as confidentiality, privacy, informed consent, client safety and possible litigation, it is vital that all counsellors apply legal and ethical responsibilities in their practice.

Counsellors are governed by a system of rules that frames their decisions and actions and guides their interactions with clients, colleagues and the community. These rules are determined by relevant legislation, the organisation you work for and the professional organisation you choose to be affiliated with.

The peak organisation for counsellors in Australia is the Australian Counselling Association [ACA] www.theaca.net.au and the Psychotherapy and Counselling Federation of Australia (PACFA). www.pacfa.org.au

Confidentiality

Confidentiality is fundamental to counselling; it safeguards client privacy and promotes trust between the client and the counsellor, but it is also the one of the biggest areas of ethical dilemmas in counselling (Australian Institute of Professional Counsellors, 2010). Parents will want to know what their children said, spouses will want to know about sessions, other professionals or case workers will ask about disclosures if they think it will affect their work with the same client and individual clients may even use the promise of confidentiality to 'test' you.

Exceptional Circumstances – are situations where counsellors have reason to believe that upholding confidentiality will cause harm to the client or another person. In these cases, breaking confidentially may be necessary, preferably with the client's permission or after consultation with your supervisor (*Queensland Counsellors Association, 2002*).

Exceptional circumstances include:

- Where client is in danger of abuse - here the laws relating to mandatory notification will apply.
- Where a client's health or safety is in danger - follow organisation policy and procedures for responding to critical incidents.
- Where a client's condition or circumstances create a danger to others - follow legal and organisation policy and procedures for responding to critical incidents.
- Where you have been ordered by the court - provide responses that are truthful, regardless of whether the information was gained in confidence.
- Where you require supervision and guidance with a complicated case - consult with your professional supervisor and organisation policy and procedures.

Just as you have a legal and ethical obligation to uphold your client's right to confidentiality, you also have a legal and ethical obligation to breach it if you know the law has been or will be broken.

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Record-Keeping

Client records include the nature, delivery, progress or results of counselling. Maintaining client records is an important, skilled and sometimes onerous aspect of counselling in community services. All documentation that you complete as part of your work is regulated by legal and organisation requirements. Therefore an important practice principle is that counsellors meet high standards in documentation.

Documenting your meetings or sessions with clients is beneficial in the following ways:
- Records provide support for you in any legal action.
- Records allow you to accurately inform your supervisor of progress and issues.
- Records enable you to comply with agency standards for accountability (such as the number of hours spent in individual counselling or issues to be addressed if a client terminates and later returns for further counselling).
- Records remind you of treatment history and amount of progress.
- Records ensure effective and appropriate referrals are made.
- Records provide the basis for financial reimbursement and for charging fees (if this is done in your organisation).

(*Meier & Davis, 2005 p. 60*)

Counselling records are covered by the Information Privacy Principles (IPPs) contained in the Privacy Act (1988) and by the Archives Act (1983). These Acts cover the way in which personal information is collected and stored, how it is used and to whom it should be disclosed.

It is particularly important to make sure you only record personal information about someone that is relevant to the purpose for which you are collecting the information and that you clearly inform your client (during the informed consent stage) that you will be making a record, the purpose of that record and who else will see it.

Protecting Client Rights

Counselling in community services requires that you not only follow the principles and standards of the sector, but that you also uphold the rights of your clients, whether you will be providing direct services to them or not. In order to achieve this, counsellors must have a comprehensive understanding of the responsibilities within their work role.

This includes:
- Obtaining relevant information regarding present circumstances.
- Researching all avenues for support, including friends and family.
- Determining suitability of client for counselling services.
- Making referrals when appropriate.
- Providing a safe environment to gain trust and confidence.
- Ensuring that the client is aware of their rights and the availability of advocacy if required, to assist with the process of negotiation.
- Working with the client to establish clear and practical steps to attain outlined objectives.
- Providing clear information regarding service delivery and scope of practice.
- Providing formal documentation processes for planning, monitoring and progress of treatment outcomes.
- Providing access to information regarding other services when relevant.
- Providing information regarding legal rights and obligations when required.
- Acting as liaison with other community services when required.

According to the Psychotherapy and Counselling Federation of Australia (PACFA) (2014) counsellors are expected to conduct themselves in the following manner when protecting the community and their clients:
- Work within the law
- Maintain current knowledge on legislation
- Educate and inform clients of their rights
- Understand their role and responsibilities when working with clients
- Clearly understand organisation policies and procedures
- Protect the public against incompetent and dishonourable practices and are prepared to challenge these practices.

Children and Young People

In addition to basic human rights, children and young people are entitled to 'special protection' rights due to their vulnerability to exploitation and abuse. Some of the core principles in the Convention on the Rights of the Child (CRC) (1989) are:

- The right to survival and development.
- Respect for the best interests of the child as a primary consideration.
- The right of all children to express their views freely on all matters affecting them.
- The right of all children to enjoy all the rights of the CRC without discrimination of any kind.

(*Australian Human Rights Commission, 2009*)

Protecting the rights of young people can be achieved by upholding the following:

- **Best interests** - the best interests of the child must be of primary consideration in all actions concerning children.
- **Non-discrimination** - each child's rights are ensured without discrimination of any kind.
- **Participation** - children who are capable of forming his or her own views have the right to express those views freely in all matters affecting them.

The Convention on the Rights of the Child (1989) can be found on the Office of the United Nations High Commissioner for Human Rights website:
www.ohchr.org

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Activity 6
Rights of the Child

1. How does the convention of the rights of the child declaration apply to counselling clients?

2. What types of behaviours should counsellors display when upholding the rights of the child?

3. What challenges might you personally face when protecting the rights of children and young people?

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2.2 Legal Requirements

The professional relationship between the counsellor and the client often places the counsellor in a position of power and trust. Counsellors therefore may have an opportunity to address and support an individual who is at risk of harm. However the task of understanding the legal obligations, particularly in relation to child protection and elder abuse issues is frequently a complex one.

When working with this client group, taking into consideration the policies of your organisation and the best interests of your client are paramount. Equally important is providing services within the boundaries of your professional competence and complying with the law of jurisdiction.

Managing Abuse

Abuse is a violation of a person's human rights and you have a duty of care to address any breach of a client's rights or situation that you believe is placing them at risk of any type of abuse.

Types of abuse:
- Physical
- Sexual
- Abandonment
- Financial
- Exploitation and trafficking
- Psychological (emotional and verbal)
- Cultural/systemic
- Unintentional injury
- Social
- Systems
- Neglect (active and passive)
- Constraint and restrictive practices

Abuse is often inflicted by someone close to the person, who may be a family member or other person with whom they have a relationship of trust. Community services workers and carers can also be responsible for abuse of their clients in any of the ways described above.

If you have good reason to suspect that a client is at imminent risk of harm, speak with your supervisor immediately. Any suspicion of abuse must be acted upon and reported. Legislative requirements and procedures will vary across services and States/Territories, so if you are in doubt about the proper procedures, you should check your organisation's policy and procedures on reporting.

Mandatory Reporting

Mandatory reporting stipulates that particular industry workers including teachers, child care workers and health professionals have legal obligations to report suspected abuse of vulnerable people. Each state and territory in Australia enacts its own laws regarding mandatory reporting.

The National Institute of Family Studies has put together a guide to mandatory reporting of child abuse and neglect. It is recommended that you locate the relevant department or organisation to clarify the requirements in your state/territory. The table below breaks down mandatory reported for each state/territory.

State	Mandatory Reporters	What must be reported
ACT	• Doctors • Dentists • Nurses, enrolled nurses • Midwives • Teachers • Person providing education to a child or young person who is registered, or provisionally registered, for home education under the Education Act 2004 • Police officer • Person employed to counsel children or young people at a school • Person caring for a child at a child care centre • Person coordinating or monitoring home-based care for a family day care scheme proprietor • Public servant who, in the course of employment as a public servant, works with, or provides services personally to, children and young people or families • The public advocate • An official visitor • Person who, in the course of their employment, has contact with or provides services to children, young people and their families and is prescribed by regulation	A belief, on reasonable grounds, that a child or young person has experienced or is experiencing sexual abuse or non-accidental physical injury and the belief arises from information obtained by the person during the course of, or because of, the person's work (whether paid or unpaid).
NSW	A person who, in the course of his or her professional work or other paid employment delivers, or supervises the provision of: • Health care • Welfare • Education • Children's services • Residential services or law enforcement, wholly or partly, to children	Reasonable grounds to suspect that a child is at risk of significant harm, and those grounds arise during the course of or from the person's work.
NT	Any person	A belief on reasonable grounds that a child has suffered or is likely to suffer harm or exploitation • Physical abuse • Sexual abuse • Emotional/psychological abuse • Neglect • Exposure to physical violence (e.g., a child witnessing violence between parents at home)

NT	Registered Health Professionals	Reasonable grounds to believe a child aged 14 or 15 years has been or is likely to be a victim of a sexual offence and the age difference between the child and offender is greater than 2 years.
QLD	A doctor or registered nurse	Awareness or reasonable suspicion during the practice of his or her profession of harm or risk of harm.
	School staff	Awareness or reasonable suspicion that a child has been or is likely to be sexually abused; and the suspicion is formed in the course of the person's employment.
	An authorised officer, employee of the Department of Child Safety, a person employed in a departmental care service or licensed care service	Awareness or reasonable suspicion of harm caused to a child placed in the care of an entity conducting a departmental care service or a licensee. • Physical abuse • Sexual abuse or exploitation • Emotional/psychological abuse • Neglect
SA	• Doctors • Pharmacists • Registered or enrolled nurses • Dentists • Psychologists • Police officers • Community corrections officers • Social workers • Teachers in educational institutions including kindergartens • Family day care providers • Employees/volunteers in a government department, agency or instrumentality, or a local government or non-government agency that provides health, welfare, education, sporting or recreational, child care or residential services wholly or partly for children; ministers of religion (with the exception of disclosures made in the confessional) • Employees or volunteers in a religious or spiritual organisation	Reasonable grounds to suspect that a child has been or is being abused or neglected; and the suspicion is formed in the course of the person's work (whether paid or voluntary) or carrying out official duties. • Physical abuse • Sexual abuse • Emotional/psychological abuse • Neglect
TAS	• Registered medical practitioners, nurses, midwives • Dentists, dental therapists or dental hygienists • Registered psychologists • Police officers • Probation officers	A belief, suspicion, reasonable grounds or knowledge that a child has been or is being abused or neglected or is an affected child within the meaning of the Family Violence Act 2004. • Physical abuse

	• Principals and teachers in any educational institution including kindergartens • Persons who provide child care or a child care service for fee or reward • Persons concerned in the management of a child care service licensed under the Child Care Act 2001 • Any other person who is employed or engaged as an employee for, of, or in, or who is a volunteer in, a government agency that provides health, welfare, education, child care or residential services wholly or partly for children, and an organisation that receives any funding from the Crown for the provision of such services; and any other person of a class determined by the Minister by notice in the Gazette to be prescribed persons	• Sexual abuse • Emotional/psychological abuse • Neglect • Exposure to family violence
VIC	• Registered medical practitioners, midwives, registered nurses • Teachers registered under the Education, Training and Reform Act 2006 or teachers granted permission to teach under that Act • Principals of government or non-government schools • Members of the police force	Belief on reasonable grounds that a child is in need of protection on a ground referred to in Section 162(c) or 162(d), formed in the course of practising his or her office, position or employment. • Physical abuse • Sexual abuse
WA	• Doctors • Nurses and midwives • Teachers • Police officers	Belief on reasonable grounds that child sexual abuse has occurred or is occurring.
	• Court personnel • Family counsellors • Family dispute resolution practitioners, arbitrators or legal practitioners representing the child's interests.	Reasonable grounds for suspecting that a child has been: • Physically or sexually abused, or is at risk of being abused • Ill treated, or is at risk of being ill treated • Exposed or subjected to behaviour that psychologically harms the child

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Although some professional groups (such as psychologists and nurses) may have protocols or guidelines within their professional body in relation to reporting child abuse they may not be mandated under their jurisdiction.

The legal requirement for reporting may also differ depending on what is mandatory to report, such as neglect, sexual abuse, malnutrition, physical abuse and self-harm, etc. Your organisation should have specific policy and procedures about reporting abuse.

The responsibility of counsellors to report suspected child abuse or neglect will be dependent on the type of work you do, where in Australia you work, the type of abuse that is suspected and how the information was obtained. Therefore it is the responsibility of community services workers and counsellors to ensure they are

aware of relevant policies supporting reporting requirements of any suspicion of abuse or neglect, particularly in circumstances where there is an immediate risk of harm that can be averted by disclosure *(Jifkins, 2010)*.

As a counsellor in a community services organisation, you have a duty of care to take action to maintain the safety and wellbeing of clients. The standard of care you are expected to provide is open to interpretation by the courts. However, the law does state that if you have a title that implies that you have special skills and knowledge, you are expected to use those skills and knowledge in the course of your work.

Duty of care defines the circumstances where the law will hold that one person liable for the reasonable care of another. People are said to 'fail in their duty of care' when, as a result of not taking reasonable care, the other person is injured or harmed.

What constitutes 'reasonable care'?
How is this concept related to Mandatory Reporting?

Elder Abuse

Although there are mandated obligations under each jurisdiction to report child abuse there are currently no legal requirements for mandatory reporting of elder abuse, however most government departments do have mandatory reporting policies for public servants working in relevant sectors, as do organisations with employees providing care and services in these sectors (*Jifkins, 2010*).

State Governments have taken various steps to address concerns regarding elder abuse in the community by providing:
- Telephone hotline assistance
- Developing and funding education services and training programs for different industries
- Developing protocols on intervention

The Aged Care Act (1997) requires approved Aged Care providers to report physical and sexual assault (Elder Abuse) on a resident of an Australian Government subsidised Aged Care home. Aged Care providers must have systems and protocols in place that enable compulsory reporting of such incidents.

For further information on the prevention of elder abuse and contact information for each state and territory refer to www.agedcareaustralia.gov.au

Reporting Process

When a worker decides to report either elder or child abuse it is based on reasonable suspicion, knowledge or evidence that abuse or neglect is occurring. However, this can also vary depending on what state or organisation you work for.

In general it is recommended that before lodging a report it is important to assess whether the child or elderly person is at risk of significant harm. Each state/territory will provide details on whether your concerns meet the threshold for reporting. If your organisation does not provide guidelines on reporting you should inform your supervisor or manager and contact the relevant government department in your state.

Reporting is generally done over the phone to the relevant services; however it can also be done by fax or email. The detail and the quality of the information provided is critical in managing any decisions that may follow. All information provided needs to be concise and relevant, your notes and/or case file notes may assist you with recalling dates and specific information. In most cases once a report is made no further contact is required unless new information needs to be brought to light.

Information of value will include:
- Details of concerns for significant risk of harm to the individual.
- Information regarding the person at risk including, age, cultural background, current residence, etc.
- Details of significant others such as parents or next of kin.
- Details on family members or other sources of support.
- Details of parental risk factors that may impact on the child's safety and wellbeing such as concerns. regarding domestic violence or drug and alcohol issues, etc.
- Relevant medical and mental health issues of either the child or elderly person or significant others.
- Details about yourself and the organisation you work for.

In order to protect children and the elderly who are at risk of harm, protocols have been developed by government agencies to ensure that the client is given priority over system or agency needs. As such, protocols are intended to guide and support the agency's policies and procedures.

In terms of referring individuals at risk of harm, counsellors and community agencies should have appropriate access to referral sources such as local agencies and government departments so that appropriate protocols can be followed.

Referral protocols will be covered in Topic 3.2 Referral Services.

To determine your requirements for reporting elder or child abuse it is important to review both your organisation's policies and your state or territories' legal standing. As outlined above, the reporting of elder abuse is not currently mandatory under government legislation. However, if you are working with the elderly within a government organisation or funded by a government department there are very clear policies and guidelines for reporting.

Consideration also needs to be given to those within an organisation with delegated responsibility. This generally relates to team leaders and managers, who are responsible for ensuring their team, including counsellors, are working within the organisation's guidelines. Therefore, although a worker makes certain decisions regarding reporting, if these issues are discussed with your manager the responsibility for reporting may fall on them.

Activity 7
Legal Requirements

Refer to the Scenario involving Travis and answer the questions below.

1. What are the potential legal issues in the scenario? Why do you think so?

2. Would you report anything in the scenario? What would you report? Why or why not?

3. How does mandatory reporting apply to you and your work role? What is your organisation's policy regarding mandatory reporting?

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4. Research and outline the general guidelines for your state or territory when considering contacting the authorities regarding suspected child or elder abuse issues. The Australian Institute of Family Studies website is a good starting point (www.aifs.gov.au).

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2.3 Relevant Legislation

Every profession whether it is community services, teaching, nursing or construction has a set of legislative guidelines that help workers conduct their duties in a safe, ethical and professional manner. Some affect your rights as an employee and others affect your responsibilities towards clients in the workplace.

Each state will have pieces of legislation that will be specific to that state but in most cases national legislation will help guide your professional practice. As community services workers you need to be familiar with State and Commonwealth legislation.

Examples of Commonwealth legislation includes but is not limited to:
- Aged Care Act 1997
- Child Support (Assessment) Act 1989
- Child Support (Registration and Collection) Act 1989
- Disability Discrimination Act 1992
- Equal Employment Opportunity (Commonwealth Authorities) Act 1987
- Fair Work Act 2009
- Family Law Act 1975
- Freedom of Information Act 1982
- Human Rights and Equal Opportunities Commission Act 1986
- Privacy Act 1988
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Work Health and Safety Act 2011
- Workplace Relations Act 1996

Child Protection Policy

Most organisations working with children and young people will have developed a child protection policy. This policy is developed by organisations to provide guidelines specific to the worker's responsibilities in relation to child protection.

The policy may include:
- Mandatory or recommended training for staff.
- Outline reporting on safety.
- Expected reporting procedures such as verbal and written reporting.
- Behavioural expectation in relation to supporting children.
- Monitoring requirements.

These policies are designed to assist staff to understand and fulfil their responsibilities in relation to child protection. Policies are generally directly linked to government legislation however responsibilities can often vary dependent on your professional background and position in the organisation.

Legislation relating to child protection includes:

State/Territory	Principal Act
Australian Capital Territory (Office for Children, Youth and Family Support, Department of Disability, Housing and Community Services)	Children and Young People Act 2008 (ACT) (NOTE: Not all provisions are in force)
New South Wales (Department of Community Services)	Children and Young Persons (Care and Protection) Act 1998 (NSW)

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Northern Territory (Children, Youth and Families, Department of Health and Families)	Care and Protection of Children Act 2007 (NT) (NOTE: Not all provisions are in force)
Queensland (Department of Communities)	Child Protection Act 1999 (Qld)
South Australia (Families SA - Department for Families and Communities)	Children's Protection Act 1993 (SA)
Tasmania (Child Protection Services, Department of Health and Human Services)	Children, Young Persons and their Families Act 1997 (Tas)
Victoria (Children Protection and Juvenile Justice Branch - Department of Human Services)	Children, Youth and Families Act 2005 (Vic)
Western Australia (Department for Child Protection)	Children and Community Services Act 2004 (WA)

(Australian Institute of Family Studies, 2014)

For a snapshot of Australian statutory child protection services visit The Australian Institute of Family Studies at www.aifs.gov.au.

The Mental Health Acts

The Mental Health Acts are important state/territory legislation in the counselling field as they provide for:

- Initiating involuntary assessment.
- Authorising involuntary treatment.
- Independent review of involuntary treatment and patient rights.
- Processes for admission of mentally ill offenders from court or custody and decisions about criminal responsibility where the person has a mental illness or intellectual disability.
- Notification orders and non-contact provisions for persons such as family members and victims of crime, as well as other provisions addressing community safety.

Under the various mental health acts, decision-making processes have been designed to ensure transparency and accountability (Queensland Health, 2008). For counsellors, this means that the people you counsel or provide services for are protected from misguidance and can expect a certain standard of care.

It is recommended that you locate and review the relevant Mental Health Act for your state or territory as it applies to your counselling practice.

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Privacy Act 1988 (Commonwealth)

The Privacy Act contains the Information Privacy Principles (IPP's) that apply to all Australian Government or private sector organisations. The IPP's determine how, when and for what purpose information about a person may be collected (*Office of the Australian Information Commissioner, 2010*). In community services, personal information may only be collected as it pertains to the service you are providing. At commencement of counselling, clients should be provided with an overview of their rights under the Privacy Act (1998) and asked to sign an informed consent form.

More information about the IPPs can be obtained from the Office of the Privacy Commissioner at www.privacy.gov.au

Work Health and Safety Act 2011 (Commonwealth)

All community services organisations are required by law to implement Work Health and Safety (WHS) policies and procedures to protect the health and safety of workers, clients and others using or attending the service. Under current legislation, workers have responsibility in accordance with the scope of their job role to identify workplace hazards and to take action to reduce risk of harm.

In January 2012, a national Work Health and Safety Act (2011) was implemented. The model work health and safety legislation consists of an integrated package of a model Work Health and Safety (WHS) Act, supported by model Work Health and Safety (WHS) Regulations, model Codes of Practice and a National Compliance and Enforcement Policy (*Safework Australia, 2012*).

The new Work Health and Safety legislation and Work Health and Safety Duties – Legislative Fact Sheets are available from Safework Australia.
www.safeworkaustralia.gov.au

Australian Human Rights Commission Act 1986

The Australian Human Rights Commission Act 1986 makes it unlawful to discriminate against or violate a person's rights based on racial, sexual and other types of discrimination in certain circumstances and promotes equality of opportunity for all people. The Act covers the following types of discrimination:

- Sex (including breastfeeding, pregnancy and sexual harassment)
- Disability (including past, present or future disability and also includes actual or perceived HIV status)
- Race (including ethno-religion)
- Ethnicity and cultural beliefs and practices
- Sexual preference
- Marital or domestic status
- Age
- Transgender (including trans-sexuality)

You cannot base your decision of a client's suitability for counselling services on any form of discrimination. Before you make your determination of suitability, check your assessment against the list above.

Access and Equity

The concept of access implies that anyone who is eligible to use a service should face no barriers to that service. Equity implies that all eligible applicants receive an equitable and appropriate outcome. Equity also implies that if any sector of the population is not receiving a fair proportion of resources (under representation), it is not being equitably treated and requires specific targeting.

An access and equity statement or policy would include some of the following:
- A commitment to providing equality of opportunity to all staff and clients.
- Creation of a client-orientated culture.
- Non-discriminatory approach to all individuals using or accessing the service.
- Respect for individual differences.
- Regularly review all policies, literature, publicity and training material to ensure it is non-discriminatory.

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Activity 8
Legislative Guidelines

Locate the legislative guidelines your organisation upholds. Select one piece of legislation that you feel is most relevant to determining suitability for counselling services and write a brief summary below.

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2.4 Professional Standards

There are no nationally recognised standards for counsellors in Australia. Instead you will need to rely on service standards, your code of ethics and your organisation's policies and procedures to help guide you in your work.

Human Services Quality Framework

The Human Services Quality Framework (HSQF) aims to create a streamlined and client focussed quality framework for human services that facilitates continuous quality improvement. The standards have been developed to encapsulate the core components of the existing quality standards currently used in disability services, child safety services, housing and homelessness services, community services and Home and Community Care services (Department of Communities, 2012).

The Human Services Quality Framework replaces the:
- Queensland Disability Sector Quality System
- Queensland Disability Advocacy Standards
- Community Services Standards
- Child Safety Service Standards

The quality standards contained in the HSQF have been developed based on the following principles:

- **Respecting human rights** – services are planned and delivered in a manner that respect and has regard for the individual's human rights, in keeping with the United Nations Universal Declaration of Human Rights, that states 'recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world'.
- **Social Inclusion** – services are planned and delivered to promote opportunities for inclusion in the communities that a person using services identifies with.
- **Participation** – people using services are included in decision-making about the service they receive and the organisation delivering the service.
- **Choice** – people using services are provided with the opportunity for choice regarding the service they receive and where and how they receive it, within available resources.

The framework contains the following six standards:

Standard	Expected Outcome
Governance and Management	Sound governance and management systems that maximise outcomes for stakeholders.
Service Access	Sound eligibility, entry and exit processes facilitate access to services on the basis of relative need and available resources.
Safety, wellbeing and rights	The safety, wellbeing and human and legal rights of people using services are protected and promoted.
Responding to individual need	The assessed needs of the individual are being appropriately addressed and responded to within resource capability.
Feedback Complaints and Appeals	Effective feedback, complaints and appeals processes that lead to improvements in service delivery.
Human Resources	Effective human resource management systems, including recruitment, induction and supervisory processes, result in quality service provision.

To download the complete version of the HSQF and the self-assessment tool to assist your organisation in the internal process of self-assessing against the standards please visit the website below.
www.communitydoor.org.au

Activity 9
Standards

1. Download the Human Services Quality Standards (www.communitydoor.org.au).

2. Describe the specific standards that relate to determining suitability for counselling.

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Key Points

Organisation Policies and Procedures

- Confidentiality
- Record keeping
- Protecting client rights

Legal Requirements

- Managing Abuse
- Mandatory Reporting
- Reporting Process

Relevant Legislation

- Aged Care Act 1997
- Disability Discrimination Act 1992
- Family Law Act 1975
- Freedom of Information Act 1982
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Child Protection Policy
- Mental Health Act
- Privacy Act
- Work Health and Safety Act 2011
- Human Rights and Equal Opportunities Commission Act 1986
- Access and Equity

Professional Standards

- There are no nationally recognised standards for counsellors in Australia
- The Human Services Quality Framework
  - Respecting human rights
  - Social inclusion
  - Participation
  - Choice

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DETERMINING SUITABILITY FOR COUNSELLING

This topic covers information about:
- Assessing Client Suitability
- Referral Services

Activities in this topic cover the following essential skills:
- Articulate scope of practice and boundaries in relation to response to client status.
- Identify potential factors responsible for significant variations from normal developmental status and determine an appropriate response in terms of:
    - Appropriate referral and reporting in line with organisation requirements
    - Provision of appropriate services
- Identify variations from normal developmental or mental health status using standard methods and protocols and recognise and refer potentially serious issues in line with organisation requirements.
- Observe and question clients appropriately in order to obtain information relating to developmental status and actual or potential issues related to community services to be delivered.
- Refer to or seek assistance from an appropriate person or authority in relation to variations from normal functioning.

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3.1 Assessing Client Suitability

At any point in the screening, assessment or counselling process you may make a determination about a client's suitability for counselling. It is your responsibility to recognise any signs that a client is not suitable or no longer suitable for counselling. The process of recognising these indicators comes with practice, a review of your organisation's policies and procedures as well as consulting with your supervisor.

During Client Screening

Evaluation of the client's situation begins with initial contact. Generally, at this stage, the counsellor will need to establish what immediate needs can be met and whether further evaluation and planning is appropriate. This process is called screening.

Screening procedures include:
- Assessing whether there are urgent needs that should be addressed immediately.
- Establishing an initial rapport with the client, so that they feel free to talk about their situation.
- Ascertaining whether other services have been or are involved with the client.

Every community services organisation has a Service Agreement that describes exactly who the organisation serves and the types of services it is funded to provide. The organisation uses this Service Agreement to create the policies and procedures that will be the first place you look to determine suitability for counselling. If the client you screen does not fit into what the service agreement lays out as appropriate for services at your organisation, then you would refer them to an organisation that does.

During Assessment

Assessment is about identifying the client's needs while gathering relevant client information. You are most likely to uncover information that leads you to refer your client to another worker or organisation while conducting a needs assessment.

The following is a list of questions counsellors must ask the client or themselves in order to determine suitability for counselling or other services:
- What type of assistance does the client want?
- Has the client had previous agency support?
- Do we offer this service? If not, who does?
- What are other options?
- How can they be arranged?
- Am I the right person to counsel this client?

Counsellor's Personal Experiences

Personal experiences usually help people do their job more effectively. However, sometimes they can prevent us from determining suitability for counselling services in certain situations. For example, if you have a family member with a mental illness, it is easy to make the assumption that you are the right person to counsel a client with the same illness because of your experience.

However, best practice suggests that great counsellors are those who understand their own limitations. Again, it is your responsibility to ensure that you follow the organisation's policies and procedures when faced with complicated situations and consult with your supervisor if you need additional support.

These are the types of questions you must ask yourself when determining suitability for counselling services.

Sometimes you might be the only person to help with a specialised issue. In this example, if you are in a rural or remote area, you may not have a drug and alcohol worker available to you for referral. Take the time to contact someone in another organisation via email and/or phone to get as much support as you can and always consult with your supervisor.

In the above example, if you've determined that the client does not need drug and alcohol services because her drinking is a symptom of her depression and not the presenting issue, you then look deeper into the issue and the client in order to determine suitability for counselling.

- Does she have a mental health issue?
- Is she clinically depressed and needs to be assessed by a mental health worker?
- Or is she just struggling through a tough time and counselling is appropriate?

Sometimes a mental health issue will be obvious; a client hearing voices and expressing severe anxiety are clear indicators that a mental health issue is present. However, often the symptoms are so slight that it takes a number of sessions before you notice a mental health issue.

Remember, if you suspect your client has a mental health issue, you must refer them to a mental health worker.

Refer to Topic 1.3 Indicators of Significant Issues to review the signs of Mental Illness.

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Activity 10
Assessing Client Suitability

1. Locate and review your organisation's Service Agreement. List anything that may apply to your work and determining suitability for counselling.

2. In what instances would have you determined a client unsuitable for counselling?
List all situations you have encountered **AND** those you think you may encounter in the future.

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The Suitable Client

Issues appropriate to counselling include:

- Grief and loss
- Trauma
- Abuse
- Violence and assault
- Incest
- Alcohol or other drug misuse (self or others)
- Child development problems
- Gender identity issues
- Child removals (foster care)
- Incarceration
- Family breakdown
- Marriage problems
- Social and cultural dislocation
- Physical health problems

These issues may present as:

- Crisis reactions
- Anxiety states
- Depression
- Post-traumatic stress
- Self-harm

Remember, you can always speak with your supervisor regarding any issue or situation where you are unsure about a client's suitability for counselling.

The following table outlines some common signs that indicate the need for counselling. You will notice some common features in each of the five categories; this is to emphasise the interconnectedness of client issues.

Common signs indicating the need for counselling

Grief and loss	Depression	Suicide	Self-harm	AOD misuse
• Sleeping or eating problems • Blame and fear • Anger • Alcohol and/or other drug misuse • Depression • Self-harm • Suicidal thoughts • Family violence • Recurrent physical illness • Inappropriate or no expression of grief	• Severe emotional distress • Sadness • No interest in activities • Trauma • Suicidal thoughts • Hopelessness • Self-blame • Sleeping or eating problems • Alcohol and/or other drug misuse • Recurrent physical illness	• Severe emotional distress • Self harm • Depression • Social isolation • Irrational thinking • Hopelessness • Helplessness • Profound aggression, grief, guilt or disappointment	• Cutting • Burning • Eating disorders • Depression • Self-battering • Deliberate recklessness • Hair-pulling • Self-blame • Suicidal thoughts	• Trauma • Physical violence • Neglect of family/ children • Social disharmony • Depression • Hopelessness • Blame and fear • Grief and loss • Suicidal thoughts • Intoxication

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Activity 11
Exploring Travis's Behaviours

Refer to the scenario and complete the table below. Tick all of the boxes that apply to Travis. For example, he may be experiencing issues of grief and loss due to feeling guilty about moving out before his mother's death, so you would put a tick in the box that match both grief and loss and feelings of guilt.

*Add another area of concern in the right-hand column and two other behaviours at the bottom of the table that relate to Travis's case.

	Grief and loss	Stress	Suicide	AOD issues	*Abuse
Sadness					
No interest in activities					
Eating problems					
Sleeping problems					
Severe distress					
Anger					
Neglecting responsibilities					
Recklessness					
Hopelessness					
Anti-social					
*					
•					

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Activity 12
Determining Suitability

Based on your findings from Activity 11 and a thorough analysis of the scenario, answer the following questions.

1. Do you think Travis is suitable for counselling? Explain in detail the specific reasons for your determination.

2. What might a co-worker who disagrees with you provide as a response to the previous question?

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3.2 Referral Services

At any point in the screening, assessment or counselling process you may make a determination about a If it becomes clear that your service is unable to meet the needs of a particular client, it is important to tell the client in a timely manner and clarify the reasons why. Use your knowledge of other services that are available to assist the client to locate an appropriate service.

Just as you assess a client's needs, you also have professional responsibility to assess possible service providers for suitability and client matching. Consider Moxley's (1989.p.56) five dimensions for assessing and matching services with clients.

Assess in terms of:

1. **Availability** – in terms of the client's timelines (daily, weekly, longer term) and in terms of their commitment to that particular client
2. **Adequacy** – in terms of how much the service can offer this particular client; what needs will be met? Can another service offer more?
3. **Appropriateness** – in terms of the client's particular cultural, personal, legal requirements, etc.
4. **Acceptability** – in terms of the client being able to accept what the service offers and in terms of the working relationship that the potential service deliverer and your agency have with each other
5. **Accessibility** – in terms of the client being able to access the service (transportation, geography, finance)

Ensure you have gathered all the relevant information about service options for the client. Engage them in a discussion about what they consider a good match for themselves. For example, some men have a difficult time accessing an all-female organisation, especially if they are from a male-dominant culture. You must take everything into account when preparing for referral.

Consider the following:
a. Have they previously accessed any of the services you are providing as options?
And
b. What was their experience with those services?

Information for Clients

In some cases clients will require intensive support to access additional/alternative services. At times of crisis the capacity to action tasks may be impeded by any number of variables.

To ensure an efficient and effective referral takes place, provide the following:
- Choices and options for services.
- Contact details - name of the service/agency, contact name, service delivery or functions.
- Details of why you consider this agency may be of assistance to the client.
- Transport options to the service.
- Inform the client of referral processes - is an appointment necessary?
- Information regarding your own - will you be following up with the client on their satisfaction with the referral? Will you be providing counselling services at a later date?
- Opportunity for the client to make the first contact with your assistance.
- Information regarding contents of referral - what you have disclosed to the other agency.

When providing clients with a range of service options, your focus should be on:
- Client Empowerment
- Client-informed decision-making
- Encouraging client capacity
- Respecting clients rights and choices
- Meeting the specific needs of culture, age, gender and disability of the client

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Specialist Information

In the context of matching services to client's needs, specialists are those services or individual professionals with information, knowledge and services that will assist in needs assessment or service delivery for clients.

The use of specialists benefits the client through:
- Specialist knowledge – if you are unsure of the presenting circumstances or indicators/symptoms then a specialist may be better skilled to assess a particular need
- Integration of services and elimination of possible overlaps of service delivery
- More comprehensive and holistic profile of the client's situation and availability of services
- Ability to perform assessment reports or diagnostic interpretations

Specialists may include:
- Medical practitioners
- Mental health worker
- Psychiatrists and/or psychologists
- Specialised counsellors (AOD, gambling, victims of abuse/trauma, etc.)
- Speech therapists
- Child protection workers
- Disability workers
- Aged care workers
- Domestic and family violence workers
- Police, solicitors, lawyers
- Government departments

Matching Clients to Appropriate Services

Once you have compiled a list of your clients' needs, you can commence the process of matching the needs to the services available. There are a number of steps you can take.

1. **Establish your resources.** It is essential to identify the resources required before you engage the services of another agency. This can remove the problem of referring a client inappropriately to a service that can not meet their needs. Having a list of client needs will help you establish the particular resources that are required to meet their needs.

2. **Make a list of the resources your client needs.** Make sure you have included any additional resources your client may need, for example transport to another agency, having someone in the agency that speaks their language, etc.

3. **Talk with services.** Always talk with an agency to see what services they provide. What are the agency procedures and protocols? Do you need to negotiate with the agency to provide the services? Explain what you can provide and why you are seeking support from another agency.

4. **Discuss referral and documentation procedures.** What is the referral process? Discuss this with your client and be clear about what a referral to another service means. Check who has case responsibility when a client is referred and what roles and responsibilities people have. You may also need to establish monitoring procedures so that the progress of the client is documented and an opportunity for feedback and evaluation by the client exists.

When matching clients to the appropriate services, it is important to make sure that your clients are aware of the reasons for the referral.

5. **Make it clear how you want the agency to document its involvement with the client.** Make sure you are clear with the service as to why they may or may not need to document their involvement.
6. **Establish timeframes.** It is important that you establish relevant timelines with the client and the service provider. Your client and the service provider should know when the service starts and terminates. You should include evaluation and feedback timeframes as well. This will help monitor the service delivery and client achievements. All of this can and should be included in a case plan. Timeframes help all involved to have a clear understanding of the duration of their commitment or involvement.
7. **Checking back with the client/s.** Always have established procedures for following up with clients in your work practice. Checking back should always be done for a number of reasons:
   - The client is given information about the service.
   - The client has the opportunity to reject that particular service.
   - The resources to facilitate participation in the new service are identified, such as cost, transport and translation services.
   - The client is made aware of complaints, feedback and evaluation procedures.
   - The client is clear about their rights and responsibilities.

8. **Negotiate with other service providers.** The process of negotiation requires you to complete some work before, during and after, talking the situation through with other service providers, your client and significant others. The following checklist will assist you in negotiating with other service providers.

Referral Process

Before
• Know your agency protocols for negotiation with other service providers. • Know your own work role and its limits. • Have a clear understanding of the clients' situation and the reason for negotiating with another service. • Check any relevant documentation. • Work out the ground rules for negotiation. • Decide how you intend to document or record the negotiations. • Research all possible options for your client should the first choice of service be inappropriate.
During
• Begin by explaining the purpose of your contact and what you are negotiating. • Set agreed time limits for the negotiating. • Focus discussion on the issues or services you need, not on the service provider or individuals. • Be as practical and specific as possible when discussing goals/outcomes and actions. • Respect confidentiality. • Maintain a calm and respectful environment. • Record information agreed on during the negotiation and check with the service provider that this is their understanding.
Responding to individual need
• Check with key people that the outcomes documented accurately reflect what was discussed and agreed upon. • Share information with your client and significant others.

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The following table shows you the kinds of services generally found in four of the categories of need.

Categories	Information Sources
Health	• GPs • Medical centres • Women's health services • Adolescent health services • Aboriginal health centres • Speech (and language) Therapists • Occupational Therapists
Family Support Services	• Parenting groups • Family support workers • Respite care services • Child care services • Youth and family mediation centres • Alternative Care Agencies
Counselling Services	• Sexual health/assault centres • Gay/lesbian services • Drug and alcohol services • Problem gambling counsellors • Financial • Personal and family counselling services
Accommodation	• Adolescent Community Placement Services • Residential accommodation • Crisis, medium and long term SAAP services • Private board and share accommodation • Public and community housing • Tenancy rights services

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Activity 13
Referral Processes

Assume that you cannot provide counselling services to Travis at this time. Who, what, where and how would you refer him to? Outline the referral process and provide reasoning for your choice.

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Activity 14
Referral Contact List

Complete the following table using your organisation's contact list or search online for examples in your area. Include any additional information sources or services that may be useful to you.

Categories	Information Sources	Stress
Health	GP's and medical centres	
	Women's health services	
	Aboriginal health centres	
Psychiatric/ psychological support	Mental health services	
amily Support Services	Family Support Workers	
	Child Care Services	
	Youth and Family Mediation Centres	
Counselling Services	Drug and Alcohol Services	
	Personal and family counselling services	
	Gay/Lesbian Services	
Accommodation	Community Housing	
	Crisis services	
	Tenancy Rights Services	

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Key Points

Assessing Client Suitability

- Client Screening
  - Assessing whether there are urgent needs that should be addressed immediately.
  - Establishing an initial rapport with the client, so that they feel free to talk about their situation.
  - Ascertaining whether other services have been or are involved with the client.
- Identify Mental Health issues
- The Suitable Client
- Common Signs Indicating the Need for Counselling

Referral Services

- Information for clients
- Specialist Information
- Matching Clients to appropriate services

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