



Topic 1

In this topic you will learn how to:

- 1A Identify communication barriers and use strategies to overcome these barriers in the client-counsellor relationship**
- 1B Facilitate the client-counsellor relationship through selection and use of micro-skills**
- 1C Integrate the principles of effective communication into work practices**
- 1D Observe and respond to nonverbal communication cues**
- 1E Consider and respond to the impacts of different communication techniques on the client-counsellor relationship**
- 1F Integrate taking case notes with minimum distraction**

Communicate effectively

Effective communication aims to achieve a shared understanding of thoughts and ideas through the exchange of information. How this information is exchanged and interpreted will vary greatly based on the skills and the knowledge of the participants and their previous experiences in relationships and with services. It is important to remember that everyone has a unique communication style and that tailoring the message to the individual's needs will decrease the risk of misunderstanding.

Effective communication is tailored, clear, easily understood and employs active listening and clarification techniques. Often communication is not effective due to barriers that may hinder the communication process. These barriers may be physical, emotional or hidden in the values and beliefs a person holds. Both participants – the sender and the receiver – may have barriers to overcome to facilitate effective communication.

In community services, the most important thing to remember when exchanging information is not to assume you understand or have been understood until you have taken the time to confirm the understanding is correct with each participant.

1A Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship

In supporting people to identify, explore and resolve issues a support worker needs to have highly developed skills in communication, and knowledge of how to address barriers to communication. Along with communication skills the support worker needs to have a comprehensive knowledge of the legal and ethical issues that impact the role of the support worker, the organisation and the person accessing the services. Without following legal and ethical obligations, communication will not be effective as an atmosphere of trust between the support worker and the person accessing the service will not be established. Support workers need to incorporate respect, genuineness and empathy into their interaction when counselling people who are accessing the service.



The counselling relationship

Counselling explores the issues a person has through building a relationship with the person. A counsellor needs to build rapport and trust with the person so that the person is able to communicate their concerns. The relationship is built on trust and confidentiality. The counsellor needs to offer the person empathy, understanding and respect. The use of micro-skills in communication is vital to assisting understanding of the concerns by both the person and the counsellor.

For an effective counselling relationship boundaries need to be set and adhered to. Both the counsellor and the person need to understand their boundaries and roles and responsibilities.

Establishing role expectations and relationship guidelines is an essential foundation to establishing and maintaining a sound working relationship. It is important to do this at the beginning, so that both parties have all the information they need to develop the trusting relationship, share clear expectations and avoid future misunderstandings. This shared understanding may need revisiting at some points in the recovery journey to check if expectations have changed, and to address any aspects of the relationship that may not be working well and discuss how to address and improve these. Having clear ‘rules of engagement’ is important to avoid situations where a person may be disappointed because they perceive a worker as failing to live up to promises and expectations. As always, good fences (boundaries) make good neighbours (partners in recovery journeys).

Interact with the person showing warmth, openness, care and authenticity

Using your communication skills to interact with a person to show warmth, openness, care and authenticity is the foundation for establishing and maintaining a trusting, respectful relationship, which will assist the counselling experience. This aspect of an effective working relationship includes the element of hope, which has been identified as a key factor in influencing the outcomes of a person's journey towards achieving their goals.

To do this effectively you will need to build rapport and use a range of communication techniques in motivational interviewing and counselling, including open and closed questions to probe for more information; how to summarise what a person has said to clarify your understanding and check accuracy. These skills are all essential for working within a counselling environment.

Build trust

It takes time to build a trusting and open relationship. It is essential to use effective communication skills to indicate respect, express warmth and empathy and help the person feel at ease with you. Sharing within appropriate limits can build trust.

What to share

It may be helpful to share some basic personal information about yourself in the early stages of a support relationship, focusing on what you might have in common with the person, such as whether you have children, whether you grew up in the city or the country or what your cultural background is. In doing this you must be very careful not to overstep boundaries and share inappropriate private information which might blur the boundaries of the relationship.

What not to share

Remember that you are both there because of the person's mental illness; you would perhaps be unlikely to have met in other circumstances, so although the relationship between you is a key factor, neither of you is there primarily to develop a close personal relationship. Creating an illusion of being 'best friends' is disempowering and leads to dependence.

Interact with the person in ways that continue to build trust

Interacting is about how you communicate. Communication consists of behaviours, which are observable and external rather than internal. You may feel warmth, you may care for or about a person, you may think you are being open and honest, and you may believe you are being authentic, but if these qualities are not evident in your actions and behaviours, especially in your communication behaviours – the other person will not know. The other person cannot see inside you; you must show them what is there.

The following actions build further trust but neglecting them is likely to have the opposite effect.

Be congruent

- ▶ To communicate in a genuine manner is to demonstrate your personal and professional attitudes and beliefs. If there are underlying prejudices or judgmental attitudes, these will be exposed when communicating. Tone, pitch, voice, rate of speech and body language all convey a message. Check that this message is consistent with what you are saying.
- ▶ Part of establishing and maintaining rapport with a person is to ensure plans and arrangements are discussed and followed by action. This is an important factor in building trust between workers and people with mental health support needs. Do not make promises or statements that you cannot honour. Be very clear about probable and possible outcomes.

Follow-up communication

- ▶ Once rapport has been established and actions taken, it is important that there is some degree of follow-up communication. Follow-up communication may be initiated by the person but should definitely be undertaken by workers as part of the counselling process. This helps to maintain the professional relationship and provides an opportunity to discuss the current situation. It may also identify any changes or issues that may need to be addressed or could affect the counselling process. Follow-up communication also provides the person with a sense of continued support and respect and may be required to check that referrals have been acted upon correctly.

Develop empathy

Empathy is the ability to understand the feelings and motives of a person from their point of view not from an external viewpoint, such as your own. It is the ability to 'step into someone else's shoes'. It demonstrates the ability to hear and understand a person's perspective without necessarily agreeing with it yourself. When a person feels that someone is truly trying to understand, they feel emotionally safe. They are less likely to get frustrated and angry so the risk of conflict and argument is reduced. To establish meaning from a communication, you need to interpret the information.

Everyone risks misinterpreting a message by making assumptions based on one's own perspective but true understanding comes from gaining meaning from the speaker's perspective. Questions can be helpful to clarify meaning. Open questions, which require a comprehensive response, encourage the responder to think and reflect. Closed questions, requiring only a single word (yes/no) or short phrase response, limit how a person can respond, but are also necessary in the course of the contact to elicit specific information.



Warmth, care and authenticity

Your ability to convey attitudes and feelings that are helpful to the person receiving support can be strengthened if you take the time to think about how positive characteristics are conveyed.

Warmth

Warmth is a quality expressed primarily by nonverbal communication and includes factors of tone of voice, facial expression, posture, gestures, proximity and touch. Make sure that you are careful and sensitive in the use of touch to stay within professional boundaries; it might be OK to touch a person's hand to indicate empathy, but less appropriate to give them a big hug. Some kinds of touch breach legislative and common law requirements. Your organisational policies and procedures may be a useful guide in this.

Care

Care is a trickier concept. You can indicate that you care about someone through your actions and through what and how you communicate. Your actions are probably the most important factor in reassuring someone that you care; supplemented by how you interact with them and how you communicate. Showing respect, expressing empathy, and valuing the person as a human being and as a unique individual all demonstrate care; however, taking over and doing things the person can do for themselves may be misguided as it can lead to learned dependence, which is disempowering and does not show respect for a person's abilities and strengths. Avoiding being overprotective and over-caring is sometimes called 'tough love'.

Authenticity

Authenticity is also more complex. Being 'authentic' means being true or genuine; that is, being who you are, in a professional sense, rather than 'acting a role'. This, in this context, can include a range of communication skills and techniques plus the content of communication. Authenticity is something that can be proved. The evidence is in your actions and your words. Being authentic includes being open and honest with the person, but also includes making sure that what you are saying is relevant and can be checked for accuracy; and that the feelings you express are real, not faked.

Legal and ethical responsibilities when conducting counselling

Working in the community services sector involves important ethical and legal requirements. These requirements enable workers to respond fairly and professionally to the needs of the individuals who access community services.

The legal and ethical framework that governs the community services environment is there to protect you and the individuals receiving your care.

It is therefore important that workers follow ethical guidelines, comply with duty-of-care and legal responsibilities, and are able to identify and report a breach in procedures.



Legal responsibilities and liabilities

All the people who provide support within your service must also understand and abide by the regulations, standards and laws. Depending on the sector of community services, people who have legal responsibilities include support workers, social workers, education officers, psychologists, case managers and physiotherapists.

It is possible that a civil liability claim may arise from a breach of duty of care; or a criminal liability claim may arise from breaches of statutes or health and safety Acts. If a manager or others fail to uphold legal responsibilities of compliance, the consequences may vary depending on the extent of noncompliance.

Failure to uphold legal responsibilities may result in:

- ▶ suspension or cancellation of service–provider approval
- ▶ sanctions where there is an immediate and severe risk to health, safety or wellbeing of care recipients
- ▶ notice of noncompliance whereby all care recipients must be informed of noncompliance and the actions that will be taken to address areas of noncompliance
- ▶ a negligence claim if the care provider or those working there have breached duty-of-care responsibilities.

Considerations of legal and ethical issues in counselling

The treatment plan needs to consider the person holistically – not just what is required for management of the presenting issue. For some people who access the service other issues such as domestic violence have a direct impact on their presenting issues and these issues need to be addressed in the treatment plan. Often the referral that comes into the organisation from other agencies will have identified some of the other problems that the person is experiencing in their life. This is referred to as a dual diagnosis or comorbidity. When designing the treatment plan there are a number of areas that need to be assessed to ensure interventions will be successful. Before commencing the interventions the person should be fully assessed. The organisation will have a policy and procedure for intake assessment with supporting documents to complete. It is important that you familiarise yourself with these requirements.

The following information outlines some of the considerations that are relevant to the treatment plan and counselling intervention strategies when referrals come to your service.

Mental illness

- ▶ Does the person:
 - receive treatment for their illness and is the illness well-managed
 - require referral to a doctor or clinical mental health service
 - require support from a community mental health service
 - pose any risk to workers and others
 - have supportive friends and family
 - have other issues that are affecting them, such as homelessness or substance misuse
 - have family and friends who also require support?
- ▶ Does the agency have the resources to support the person?
- ▶ Can staff recognise and respond to indicators of mental illness?

Child protection issues

- ▶ Are there indicators of risk of abuse, harm or neglect connected to the person's children?
- ▶ Has the person's child disclosed abuse?
- ▶ Does the child's stage of development (for example, under five years) place them at greater risk?
- ▶ What protective factors are present?
- ▶ How will the child's various needs be met?
- ▶ What family and welfare programs may help the family address their needs?

Domestic violence and abuse

- ▶ Does the person:
 - require crisis intervention or immediate help to remain safe
 - have indicators of risk or actual abuse, harm or neglect
 - have injuries and/or do they require medical help
 - require crisis or other accommodation
 - require counselling
 - require access to legal services or the police to obtain restraining orders
 - have children who may be at risk
 - have other issues such as substance abuse or mental health issues?

Developmental disability

- ▶ Does the person:
 - require formal assessment to determine how their care needs can be best met
 - have their needs for self-determination and independence met if appropriate
 - have a supportive family or carer (if not, do they have enough social contact to avoid isolation)
 - have suitable accommodation
 - need assistance to learn independent living skills
 - have a carer or family who may also have support needs?

Acquired brain injury

- ▶ Does the person:
 - receive appropriate services to meet their needs
 - engage in challenging behaviour
 - require specialist support services; for example, rehabilitation services or behavioural consultants
 - need assistance to learn independent living skills
 - have adequate social and recreational opportunities
 - have grief and loss issues that they need to deal with
 - have a carer or family who may also have support needs, including learning how to respond to behaviours of concern?

Homelessness or inadequate housing

- ▶ Does the person:
 - have access to basic services such as welfare, clothing and blankets, meals, outreach, or a place to shower
 - have barriers to obtaining accommodation; for example, unemployment, race or culture issues
 - know what options are available to obtain housing
 - have other issues involved such as substance abuse or mental health issues?

Unemployment

- ▶ Does the person:
 - need to access services such as Centrelink and Job Services Australia
 - need specialised support to learn résumé-writing skills
 - have barriers to employment such as age and lack of confidence
 - want to learn more about training options?

Juvenile justice issues

- ▶ How is the person involved in the juvenile justice system? For example, are they in detention, under community supervision or probation, or a diversionary program?
- ▶ What is their family situation?
- ▶ Does the person:
 - need access to legal advice or an advocate
 - have family or other informal support
 - have special needs; for example, appropriate cultural support
 - have peer group or social factors that influence their situation
 - have other areas of concern such as homelessness?

Communicable disease

- ▶ Does the person:
 - receive appropriate health care
 - require support to manage their condition?
- ▶ Are staff aware of the need to take precautions to avoid contracting infectious diseases such as hepatitis or HIV/AIDs?

Financial difficulties

- ▶ Is the person eligible for government benefits through Centrelink?
- ▶ Are they in a situation where they are being financially abused?
- ▶ Do they require financial counselling?
- ▶ What other support do they require; for example, employment services?

New arrival in the country

- ▶ What are the circumstances of the person's arrival; for example, are they a refugee or illegal immigrant?
- ▶ What experiences may they need help to address; for example, torture and trauma?
- ▶ What are the person's language and cultural needs?
- ▶ What other support does the person require to meet their needs?

Understand the obligations of your role

You must have a clear understanding of the legal framework relevant to your work role. This knowledge helps you to work safely in a counselling environment while supporting the person's rights.

Your responsibilities are documented in your job role or position description, which is provided when you are first employed. This document outlines the role, the duties and the line of reporting for your position. It briefly describes what the organisation expects from you and how this links to the organisation's goals and objectives. It also describes the interrelationships with other people or departments and the resources, training and experience necessary to carry out your job role. As an employee, you are accountable to your employer for the duties outlined in your position description.

Here are several places where you can clarify the obligations of your job role.

Documents

- ▶ You can also refer to relevant written documentation to guide you in understanding the obligations, scope and limitations of your role; for example:
 - your position description
 - organisational policies and procedures
 - relevant codes of ethics or conduct
 - your training and qualifications.

Position description

- ▶ Your position description outlines the tasks you are expected to carry out as part of your job. You must make sure that you work within these boundaries and do not take on tasks that are assigned to other workers or that are outside the scope of your role.

Organisational policies and procedures

- ▶ Each organisation has policies and procedures that:
 - outline the types of services on offer
 - specify how these services are delivered
 - indicate what people are eligible to receive services.
- ▶ You have a responsibility to follow organisational guidelines when providing services. This means that you may need to seek assistance from other people both within and outside of the organisation. Sometimes, you may need to refer individuals to other services.

Relevant codes of ethics or conduct

- ▶ Relevant codes of ethics or conduct provide guidelines about professional practice and ethical behaviour. Know how the standard of conduct and ethics applies to the work that you do and how they relate to individuals and relevant parties.

Your training and qualifications

- ▶ The training you undertake equips you to work in a particular role and at a specific level. Over time, you will gain experience and knowledge and may take on positions of greater responsibility, but you should always take care that you do not perform tasks that you are not trained or qualified to do.

Your own limitations

- ▶ You may find that you are faced with situations that you do not have the experience or training to cope with. In these circumstances, you should remain calm and ask for help. You may encounter individuals who present with similar difficulties or have a similar family background, to your own. If these difficulties or experiences are unresolved or painful for you, you may find yourself having a response of emotional distress, sometimes called being triggered. It is important to seek supervision if this occurs. Recognise your own limitations and do not feel ashamed about having to ask for help. You can use these experiences to learn more about your job and identify areas where you need additional training and support.

Duty of care

Duty of care describes the legal obligation that people and organisations have to anticipate and act on possible causes of injury and illness that may exist in their workplace or as a result of their actions. A person or organisation must do everything they can to remove or minimise the possible cause of harm.

While aspects of work health and safety (WHS) legislation may vary between states and territories, there are common legislative requirements and obligations under the duty-of-care principle. Everyone in the community services environment has the responsibility of duty of care to themselves, colleagues, visitors and people accessing services.

Duty of care exists when someone's actions could reasonably be expected to affect another person. The law has established a duty of care to the person. This principle is based on the worker taking reasonable care to avoid acts or omissions that may cause foreseeable harm to any person. You must think ahead about possible risks or dangers to people accessing services, co-workers and others while making sure you follow the organisation's policies and procedures.

Communication processes must also be undertaken in relation to duty of care; for example, informed consent; confidentiality of records and information; disclosure of information; mandatory reporting; completing case file notes and record keeping.

Below is information about duty of care and negligence.

Duty of care

- ▶ Duty of care is the obligation a person has to act in a way that would not cause harm.

Negligence

- ▶ Negligence occurs when duty of care has been breached and harm to either person or property ensues. It is the legal and ethical obligation of any worker, supervisor or organisation to ensure that people accessing services are not exposed to unnecessary or unreasonable risk. Communication must be made with informed consent.

Uphold your duty of care

Upholding your duty of care should always be balanced with the principle of dignity of risk. Clients have a right to make their own decisions and choices, and this should always be respected. In any situation that involves an element of risk, you must ensure that the client is fully aware of the potential risk and understands the consequences or possible outcomes. If the person is considering any action that is highly likely to cause harm to themselves or others, you have a right to intervene to protect the person's safety, the safety of others and to maintain your duty-of-care obligations. However, you risk eroding a person's dignity and right to be self-determining if you prevent them from undertaking any activity that may involve a slight risk. Any situation that involves a clash between a duty of care and dignity of risk should be assessed in light of the person's ability to make an informed decision about the potential for harm.

Upholding your duty of care requires:

- ▶ taking reasonable steps to protect the person from physical, emotional, financial risk or injury when these are foreseeable
- ▶ providing appropriate care
- ▶ maintaining the person's confidentiality and privacy
- ▶ listening and responding to individual's complaints or needs
- ▶ following your organisation's policies and procedures
- ▶ adhering to the standards, ethics and principles of your profession
- ▶ recording information accurately.

Respect of practitioner – client boundaries

It is vital to understand the professional boundaries of your role so you have a clear concept of what your role requires and how to interact with the people in your care professionally and ethically. You should be careful at all times not to blur the distinction between being a professional and a friend supporting others.

Avoid boundary violations such as lending money, accepting gifts, doing special favours, excessive self-disclosure, social contact, physical contact and romantic involvement. All these actions are unethical and outside the bounds of professional care.

Most community services workers and community organisations have a particular focus or area of expertise. Every worker is responsible for understanding the requirements and scope of their own work and to clarify any uncertainties with appropriate management staff when required. It is also important to be aware of the limitations of the organisation. Workers may need to request assistance or make referrals to other services when issues arise that are outside the scope of their service or expertise.

Your work role boundaries are a clear definition of the duties, rights and limitations of your role. When managing compliance, you need to check your responsibilities regarding implementing legal and ethical policies to ensure the duty is within the scope of your role.



Counselling boundaries

It is important to set the boundaries at the start of the counselling relationship. The boundaries are set out from the ethical frameworks, codes of conduct/practice, practice standards and the organisation's policies and procedures. In the counselling sessions the nature of the relationship is one of a professional helping the other person to explore and determine goals and strategies through communication. It is important to display empathy but not cross the line into a more personal relationship with the person accessing the service. The counsellor must be objective and adhere to the organisation's policies and procedures. It is important that the counsellor does not assume the responsibility for the person accessing the service's wellbeing other than what is agreed to in the counselling plan. The person accessing the service is responsible and accountable for their own actions.

Here are some tips for setting boundaries, recognising when boundaries have been crossed and how to take care of yourself.

Tips for setting boundaries

- ▶ As a counsellor, your personal life should not be disclosed.
- ▶ Do not struggle on by yourself – ask for help with areas where you have uncertainty.
- ▶ Discuss any concerns with your supervisor.
- ▶ Maintain legal and ethical practices in work and report any breaches that may occur through own practice or other workers to your supervisor.

Recognise when these boundaries have been crossed

- ▶ Accepting gifts or money from people accessing the service
- ▶ Relating to the person as a friend and meeting them outside the counselling setting
- ▶ Developing a sexual interest or relationship with the person
- ▶ Disclosing personal information to the person accessing the service
- ▶ Feeling anxiety and worry causing and staying longer at work, having intrusive thoughts outside the work environment
- ▶ Relationship difficulties arising with family members

Taking care of oneself

- ▶ Maintain regular activities and interests outside of work.
- ▶ Take regular breaks and holidays from work – the person can continue with another support worker.
- ▶ Practise relaxation techniques when anxious or worried.
- ▶ Have regular debriefs with supervisor.
- ▶ Arrange supervision arrangements or a mentoring arrangement with a senior member of staff in the organisation.

Policy frameworks

The policy framework is a set of principles and long-term objectives that form the basis of making rules and guidelines, and provide direction to organisational planning and development. Policy frameworks specify the governance of policy documents and promote a consistent and rigorous approach to policy development, approval and implementation.

Government departments have specific policy frameworks that outline the types of policies, procedures, standards, guidelines, instructions, plans, forms and templates that govern that particular department. Compliance with the framework policies and standards is mandatory for departmental divisions as well as non-government organisations or business units that report to that particular department.

Examples of policy frameworks are described below.

Health

Queensland Health

Queensland Health provides policies that are high level, principles-based statements that communicate the intentions of the department. The policies are supported by standards (requirements) and guidelines supporting good practice. Queensland Health's WHS policy applies to all workers, including volunteers, students, contractors and other persons within Queensland Health divisions, agencies and hospital and health services that are not prescribed services.

Disability services

Department of Social Services

The National Disability Strategy 2010–2020 sets out a 10-year national policy framework for improving the lives of Australians with disabilities, their carers and their families. The policy framework represents a commitment by all levels of government, industry and the community to a unified national approach to policy and program development. There are six priority areas for action, including:

- ▶ the provision of inclusive and accessible communities, including public transport, parks, buildings and housing
- ▶ rights protection, justice and legislation, including statutory protections such as anti-discrimination and complaints mechanisms
- ▶ economic security, including jobs, business opportunities, and support for those not able to work
- ▶ personal and community support, including participation in the community and person-centred care
- ▶ learning and skills, including early childhood education and care, schools and further education
- ▶ health and wellbeing, including health services, health promotion and the interaction between health and disability systems.

Human services

Department of Human Services (Victoria)

The Victorian Department of Human Services policy framework contains the Human Services Standards representing a single set of quality standards for department-funded service providers and department-managed services. The Standards comprise the department's four service delivery standards and the management and governance standards of a department-endorsed independent review body. The Standards seek to ensure that people in need of support experience the same quality of service no matter which service provider they access. The Standards aim to:

- ▶ promote and protect the rights of people accessing services
- ▶ assure the community that service providers will provide services that meet the needs of individuals
- ▶ develop a common and systemic approach to quality review processes
- ▶ build greater transparency in quality requirements between the Department, services providers, service users and the broader community
- ▶ foster a culture of continuous quality improvement
- ▶ reduce red tape to help ensure service providers have more time and resources for service delivery.

Practice standards

When providing a service, there are legal, organisational, professional and community standards that need to be followed. These factors need to be taken into account when determining the proper standards of care.

Practice standards vary depending on the type of service provider, as described below.

Aged care

- ▶ The Aged Care Quality Standards cover the areas of:
 - consumer dignity and choice
 - ongoing assessment and planning with consumers
 - personal care and clinical care
 - services and supports for daily living
 - organisation’s service environment
 - feedback and complaints
 - human resources
 - organisational governance.

Children’s services

- ▶ In the children’s services sector, the National Quality Standard contains the minimum standards for service provision regarding the health, safety and education of children in care and education services, including outside school hours, family day care and centre-based care. The Australian Children’s Education & Care Quality Authority (ACECQA) is the statutory body for the children’s education and care sector.

Disability services

- ▶ The National Standards for Disability Services set out principles regarding the right to equal access and opportunity for people with disabilities. Relevant international instruments designed to protect and promote the rights of people with disabilities include the United Nations Convention on the Rights of Persons with Disabilities.

Mental health

- ▶ The National Standards for Mental Health Services 2010 and the National Practice Standards for the Mental Health Workforce 2013 can be applied to all mental health services, including government, non-government and private sectors in all states and territories. These standards describe capabilities that all mental health professionals should achieve in their practice. The purpose of the standards is to complement discipline-specific practice standards or the professional competencies of nursing, occupational therapy, psychiatry, psychology and social work.

Codes of practice/conduct

Codes of practice, sometimes referred to as compliance codes; provide practical guidance on how to meet the standards contained in Acts and regulations. Codes of practice are generally developed through consultation with representatives from industry, workers and employers, special interest groups and government agencies. They provide guidance on a range of matters, including duty of care, hazard identification, risk assessment processes and risk control. Although they are not enforceable by law, codes of practice should be followed unless there is an alternative course of action that achieves the same or better standards.



You must be familiar with the codes of practice that apply to the community services environment. Depending on the area that you manage, you may need to understand specific codes of practice that apply. For example, if you work with specialist family violence services for women and children, there is a specific code of practice that applies.

Codes of practice are available on the Safe Work Australia website (<http://aspirelr.link/safeworkaustralia>) and from your state or territory's WHS authority. You can keep up to date with your state or territory's codes of practice by regularly visiting the website of the appropriate WHS authority.

Identify ethical issues

There may be times when you must make a difficult decision based on an ethical, rather than a legal, situation. The ethical responsibilities of your service must be evaluated to ensure any ethical issues are resolved promptly and the service is delivered safely and fairly. Ethical issues may include the following.

Maintain service user safety and security

- ▶ Some service users live in circumstances that are a threat to their own safety and security. They may refuse suggestions about changing their living arrangements. You have a duty of care to protect the service user from harm. However, it is not appropriate for you to enforce lifestyle changes or make demands of your service users.

Deal with conflicting priorities

- ▶ Sometimes service users may try to coerce a worker into undertaking duties that are not within the scope of their job responsibilities. While this may be due to innocent misunderstanding, you and your team members must not cross professional boundaries at any time.

Deal with conflicting rights and responsibilities

- ▶ Solutions you come up with when dealing with conflict must be in accordance with legislation and procedures. For example, a service user may object to you using a lifting machine during transfers as they find it uncomfortable and degrading. Although a worker makes every effort to respect the individual wishes of the service user, they also have an obligation under WHS legislation to use the lifting machine to protect the health and safety of the service user, their co-workers and themselves.

Manage conflicts of interest

- ▶ A conflict of interest occurs when you or your team members have private or personal interests that could conflict with your work. Such conflicts of interest may influence your ability to act ethically or with professional judgment. Potential conflicts of interest may arise out of emotional, sexual, personal, familial, social, religious, financial, business, political, professional or organisational issues.
- ▶ Your organisation should have a policy about conflicts of interest. Make sure you understand the potential conflicts of interest applicable to your workplace and identify who you need to report a conflict to.

Ethical behaviour

Ethical behaviour is characterised by honesty, fairness and equity in professional and interpersonal relationships. Ethical behaviour respects the dignity, diversity and rights of individuals and different groups of people, as listed below.

Ethical behaviour

- ▶ Dignity – respecting and appreciating the true worth of individuals
- ▶ Diversity – acknowledging, respecting and celebrating the diverse backgrounds, cultures and languages of others
- ▶ Equity – being fair and impartial in all dealings with others
- ▶ Fairness – making judgments in the workplace that are free from discrimination
- ▶ Honesty – being open and trustworthy in all communications
- ▶ Respect – showing due regard for the feelings, preferences and rights of others
- ▶ Rights – respecting the ethical and legal entitlements of others

Ethical framework

Ethics are principles that guide your decisions and actions in a way that ensures the rights and interests of people receiving support are safeguarded. You need to be familiar with, and understand the legislation, charters, industry standards and codes of conduct that must be applied and may be specific to the area of community services you work in. If you violate these, you are breaking the law.

Visit the Australian Community Workers Association (<http://aspirelr.link/acwa-ethics-and-standards>) to view their code of ethics.

The ethical framework of your organisation may be made up of:

- ▶ codes of conduct
- ▶ codes of practice
- ▶ practice standards.

Scope of practice

Working within a scope of practice is mostly a matter of common sense and being familiar with the range of functions and work roles that a particular work category is authorised to carry out. Organisations may have their own requirements about how workers should adhere to a relevant scope of practice.

For example, although most community services workers receive some basic training in counselling, this does not mean they are expected to provide counselling as part of their work role. Most organisations that provide counselling as a major part of their service would employ qualified professional counsellors.

Consider the following information regarding scope of practice.

Questions and guidelines to consider

- ▶ Does this particular task or activity fall within my position description?
- ▶ Who else may have responsibility for this role?
- ▶ Do other workers in the same job role carry out this task?
- ▶ Do I have the training, skills, knowledge or competence to carry out this activity?
- ▶ Is it in the best interests of the client?
- ▶ What legal and ethical considerations apply to this situation?
- ▶ Do I need to seek advice to check I can carry out this task or activity?

Uphold human rights

Human needs relate to the elements required for survival and mental and physical health, such as food, water, shelter, clothing, sanitation, education and health care. The term 'human rights' demands accountability and action, translating human needs into a matter of rights with dignity. Human rights include the right to life, freedom of speech, choice, and freedom from discrimination, among others.

The rights of people with support needs are protected by international human rights charters. The Australian Human Rights Commission oversees Australian legislation on human rights and anti-discrimination, social justice and privacy. The Commission also works with international governments and organisations to ensure Australia meets its obligations to comply with international agreements or charters; for example, the United Nations (UN) Universal Declaration of Human Rights.

Human rights include the right to life, freedom of speech, choice, and freedom from discrimination, among others. It is the responsibility of the manager of a community service to ensure that the rights of all the people requiring support in their care are upheld. This may require monitoring to ensure a person's rights are maintained.

Here is some more information about upholding human rights.

Universal Declaration of Human Rights

The Universal Declaration of Human Rights is an international document that sets out the basic rights and fundamental freedoms to which all human beings are entitled. It declares that human rights are universal and are to be enjoyed by all people, regardless of where they live. The Declaration includes civil and political rights, such as the right to life, liberty, free speech and privacy; as well as economic, social and cultural rights, such as the right to social security, health and education.

Human rights framework

At the federal level, the Australian Government has an obligation under international law to respect, protect and fulfil human rights. The Government must ensure that people can enjoy their human rights and refrain from action that would breach people's human rights. A human rights framework can inform and guide domestic policy in complex areas such as equality and discrimination.

Human rights approach

A human rights approach in community services requires that legislation, regulations, monitoring and reporting systems are developed with a focus on positive measures to achieve substantive equality.

Human rights instruments

Major international human rights instruments that expand on the rights in the Universal Declaration of Human Rights and are relevant to community services work include:

- ▶ The International Convention on the Elimination of All Forms of Racial Discrimination – promoting and encouraging universal respect for and observance of human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion
- ▶ The Convention on the Rights of the Child – entitling childhood to special care and assistance by recognising the inherent dignity and equal rights of all members of the human family
- ▶ The Convention on the Rights of Persons with Disabilities – reaffirming the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for people with disabilities to be guaranteed their full enjoyment without discrimination.

Work to increase social justice

Social justice refers to the concept that everyone should have the same opportunities and the right to live their lives without having to deal with discrimination or inequality. Discrimination can take many forms. It can be explicit when a person makes racist remarks to or about a colleague, or it may be less obvious, such as when an employer overlooks a colleague for a job because they have a physical disability or because they are pregnant. If you observe discriminatory behaviour, it is important to take appropriate action. For example, you may tell the person directly that their remarks or behaviour are discriminatory, or you may make a report to your supervisor, the Australian Human Rights Commission or relevant state or territory anti-discrimination authority.

Address social justice issues by:

- ▶ ensuring clients have access to the services they need, which includes giving clients information regarding the types of services available to them
- ▶ following organisational policies regarding access and equity
- ▶ being familiar with and adhering to the requirements of anti-discrimination legislation and supplying this information to clients
- ▶ providing information and educating clients about their rights
- ▶ providing flexible and client-centred services to address clients' individual needs and providing information to clients
- ▶ respecting the rights of clients and co-workers.

Discrimination legislation

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

- ▶ *Disability Discrimination Act 1992* (Cth)
- ▶ *Racial Discrimination Act 1975* (Cth)
- ▶ *Sex Discrimination Act 1984* (Cth)
- ▶ *Workplace Gender Equality Act 2012* (Cth)
- ▶ *Racial Hatred Act 1995* (Cth).

Additional legislation exists in each state and territory.

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

- ▶ <http://aspirelr.link/austlii>

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

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

Discrimination occurs when an individual is treated less favourably than others because they belong to or identify with a particular group, or are perceived to have certain traits or attitudes. The use of language in communication processes can also indicate discrimination. It can also occur through associating with others who have certain attributes.

People may be discriminated against in communication processes by:

- ▶ disability
- ▶ gender
- ▶ pregnancy
- ▶ politics
- ▶ sexual preference
- ▶ age
- ▶ ethnic origin
- ▶ religion
- ▶ marital, parental or carer status
- ▶ physical features.

Employee and employer rights and responsibilities

Knowing your rights and responsibilities will help you to manage the conditions unique to your setting and role. Below is an overview of employee rights and responsibilities in the community services sector. You can find out more about your rights and responsibilities, including the National Employment Standards (NES), pay structure and awards, at the Fair Work Ombudsman website at: <http://aspirelr.link/fair-work-employee-entitlements>. Knowing the rights and responsibilities of community services employers will help you to understand what you should expect from your employer, and help you in your supervision of staff members. Below is an overview of employer rights and responsibilities in the community services sector. When accepting services from a provider, a service user also has responsibilities.

Here are some aspects of employee rights and responsibilities that you need to know about.

Employee rights

- ▶ All employees have the right to work in an environment that is free from any forms of discrimination, harassment or abuse.
- ▶ All employees have the right to dress and act in a way that adheres to their religion and beliefs.
- ▶ All employees have the right to be paid correctly and fairly.
- ▶ All employees have equal opportunity for employment and promotion within a company.
- ▶ Employees should have access to the correct types of annual, family, personal and public holiday leave.
- ▶ All employees have the right to work in a safe environment, complete with occupational health and safety.

Employee responsibilities

- ▶ Employees should arrive on time and ready to work.
- ▶ Employees should wear the appropriate uniform or style of dress for the workplace.
- ▶ Employees should respect their employer, co-workers and people accessing their organisation's service.
- ▶ Employees must carry out their jobs to the best of their abilities.
- ▶ Employees should play an active role in keeping themselves, their work environment, co-workers and people accessing services healthy and safe.
- ▶ Employees have a responsibility to work within the boundaries of relevant legislation and work within organisational policies, procedures and guidelines.

Employer rights

- ▶ All employers have the right to expect that the organisation's information is kept confidential.
- ▶ All employers have the right to expect employees to meet all reasonable and legal requests of the organisation.
- ▶ All employers have the right to expect employees to carry out their job function.
- ▶ Any person within an organisation, including managers and board members, has a right to work in an environment free from discrimination and harassment.

Employer responsibilities

- ▶ Employers have the responsibility to provide a safe and healthy workplace.
- ▶ Employers should not discriminate against employees, and promote freedom from discrimination and harassment.
- ▶ Employers have a responsibility to conduct operations and manage staff in accordance with legislation.
- ▶ Employers have a responsibility to provide clear and accessible policies and procedures to employees so all staff understand their obligations.
- ▶ Employers must provide clear information about employment conditions and regular payment advice to staff.

Service user rights and responsibilities

When providing community services, the people in your care have rights, as set out here. The responsibilities are those that they agree to on commencement of the counselling sessions and to respect the rights of workers and other clients of the service.

The right to dignity

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

People should be able to retain their personal, civic, legal and consumer rights and be assisted to achieve active control of their own lives within the community. Factors that contribute to a person's dignity include a sense of control; the capacity to communicate; recognising friends and family members; having adequate pain and symptom management; and being continent.

The right to privacy

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

The right to confidentiality

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

Service users have the right to expect that their personal information will remain confidential and secure. They also have the right to access their own health and personal information. This includes all care records and personal information shared with you by the person and others, as well as communications from other agencies and medical information from health professionals. This information can be accessed when the client applies to view it by application through your organisation's Freedom of Information process.

Remember to file personal documents as soon as you have finished with them and to destroy records appropriately.

The right to make an informed choice

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

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

The right to access services

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

According to the *Home and Community Care Act 1985* (Cth), special services to improve access and equity must be provided to:

- ▶ Aboriginal and Torres Strait Islander people
- ▶ people from culturally and linguistically diverse communities
- ▶ people who live in rural and remote communities
- ▶ people who are financially disadvantaged
- ▶ war veterans.

The Department of Human Services provides comprehensive information for older people, people with disabilities and those who provide care and services to others. The Department provides free and confidential information on community aged care, disability and other support services available across Australia.

The right to have social needs met

You must recognise that people in need of support also have social needs. For example, if you work in aged care, you and your team members should:

- ▶ support the rights of married couples to live a married life
- ▶ provide ease of access for families and other visitors with due regard for the wishes of service users
- ▶ recognise the needs of residents for social contact and provide opportunities for social interaction, including opportunities for developing new friendships within the residential care environment and the community.

The right to freedom of association

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

The right to freedom of expression

All service users, their carer, friends and family have the right to participate in decisions about the service they receive. For example, if a person would like to collaborate with you or one of your team members in developing their care plan, they must be provided the opportunity to express their ideas, opinions, queries and concerns. Listen carefully to the needs and preferences of service users to ensure their rights are upheld, and make sure you allow service users to express themselves without judgment.

The right to make a complaint

All service users have the right to complain if they are dissatisfied with the way care is provided or have concerns regarding an aspect of the service, such as catering, financial matters, hygiene, security, activities, choice, comfort and/or safety.

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

The right to an agreed standard of care

People requiring support should be able to expect your organisation's service standards to:

- ▶ be reliable and dependable
- ▶ adhere to legislative requirements
- ▶ be inclusive of service user participation and collaboration
- ▶ be affordable and accessible
- ▶ be fair in regard to rights and responsibilities
- ▶ be individualised for each person and their particular needs.

Work health and safety

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect. This model legislation was developed by the Commonwealth government to harmonise work health and safety laws across Australia.

The object of the harmonisation of work health and safety laws, according to the Explanatory Memorandum – Model Work Health and Safety Bill (Safe Work Australia, 2010), is to:

- ▶ protect the health and safety of workers
- ▶ improve safety outcomes in workplaces
- ▶ reduce compliance costs for business
- ▶ improve efficiency for regulatory agencies.

For the Act to be legally binding, it must be passed by the Parliament in each state and territory.

For the person undertaking counselling there is an obligation to ensure that the workplace, including entry and exit, are safe for all people accessing the service. It is the responsibility of all employees to comply with the organisation's work health and safety. This means using safe systems of work, monitoring the workplace to identify hazards and implement risk control strategies.



Hazard management

A workplace risk is a potential hazard that could cause harm, injury or ill health. A workplace hazard is something in your workplace that poses a risk to you and/or your work colleagues. It may even pose a risk to people accessing the service. Hazards include anything that is a source of potential harm in terms of human injury or ill health; or cause damage to property and the environment. All workplaces are different. Hazards present in one workplace may not be present in another. It is important to identify hazards in the workplace and report these to the organisation. A risk assessment will be completed and the hazard addressed according to hierarchy of controls. The hierarchy is structured so the safest option can be implemented to address the hazard:

- ▶ Elimination
- ▶ Substitution
- ▶ Engineering
- ▶ Administrative controls
- ▶ Personal protective equipment (PPE)

The following table provides the name of the health and safety legislation and the regulator responsible for its implementation in each Australian state and territory, as at the time of publication.

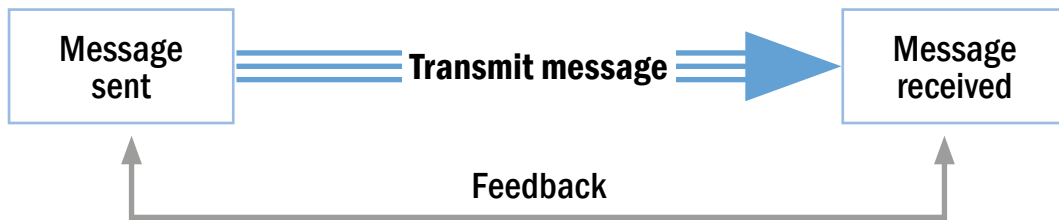
Region	Health and safety legislation	WHS regulator
Commonwealth	<i>Work Health and Safety Act 2011</i> (Cth)	Comcare http://aspirelr.link/comcare
Australian Capital Territory	<i>Work Health and Safety Act 2011</i> (ACT)	WorkSafe ACT http://aspirelr.link/worksafe-act
New South Wales	<i>Work Health and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

Effective communication

People communicate every day in a range of different situations and in a variety of ways. It is a vital and constant element of every job. Communication involves the sending of information (often referred to as a message) to at least one person. Successful communication means the message is understood by the receiver. The message is transmitted via the relevant channel. There are many barriers to effective communication and the communication model incorporates accurate feedback as one method of overcoming these barriers. Feedback gives the message, sender and the message receiver the opportunity to confirm or deny understanding of the message. There is no limit to the number of people contributing to the communication process; however, the process becomes more complex as more people are involved.

Often communication combines verbal and nonverbal methods. The receiver may use a range of strategies to decode the message.

The sender of the message is referred to as the encoder as they need to employ all the communication strategies to ensure the message is correct. This involves both verbal and nonverbal communication. The receiver may use a range of strategies to decode the message but sometimes this is not enough to ensure the message being sent is the same as the message received. Communication can be misinterpreted. This can be due to a number of factors from the encoder, the channel used to communicate in and the decoder.



How we communicate

Communication can be verbal or nonverbal. It can be conducted directly to another person or through a third party.

Verbal communication includes:

- ▶ direct face-to-face communication
- ▶ telephone communication.

Nonverbal communication can be:

- ▶ written communication
- ▶ electronic such as email, internet chat, fax or text messages.

Communication involves a range of strategies and techniques, all of which are aimed at understanding the message. They include:

- ▶ listening to what others are saying
- ▶ reading what someone has written.

Models of communication

Effective communication involves the sharing of information, thoughts and ideas from one participant to another, in order to achieve a shared understanding between the participants. The exchange of information takes place through different communication models, modes, types and techniques. The exchange will involve a combination of verbal and nonverbal communication.

Effective communication employs a range of communication models, modes and types to ensure the information is presented and received in a way that will most effectively achieve a shared understanding of the subject matter.

The information below details the different models, modes and types of communication that should be considered when communicating in the workplace.

Communication models

Linear model

Describes the process of information being transferred in one direction from the source of the information via the transmitter, through the noise and then onwards through the receiver to the destination.

Interactive model

Describes the process of information exchange between participants. In this model each participant is both an encoder and decoder of information and the information transfer will be influenced by their field of experience.

Transaction model

Describes how people are connected through communication exchanges. This model acknowledges that each participant is both sender and receiver, that the message will impact all parties involved and that the receiving and sending of information can be occurring simultaneously.

Mechanisms that enhance effective interpersonal communication

Interpersonal communication is the sending of messages from one person to another and having that person decode the information. Often we think of only verbal messages being the way that communication takes place. There are many facets to communication including empathy, respect for the other person, nonverbal communication, modelling behaviour as well as verbal messages. Communication is also derived from lived experience where the message is decoded by a person and understood in relation to their past lives and experiences. Values and ethics also contribute to the understanding of the message. It is important to explore the person's background, life experiences and beliefs to assist in the communication process.

Here are some other methods that can enhance communication.

Other mechanisms that enhance effective communication processes

- ▶ Understanding that we are all different and have different communication needs
- ▶ Being sensitive to and informed about any cultural differences
- ▶ Repeating information in different ways to ensure understanding
- ▶ Asking questions to clarify understanding ; for example, you may summarise what you believe someone said and ask them to confirm
- ▶ Making sure your communication is clear and concise
- ▶ Choosing an appropriate environment for the communication
- ▶ Using aids and/or communication equipment as required
- ▶ Using positive language

The encoder

The person sending the message is also known as the encoder. The encoder needs to be aware of their communication skills, attitudes, knowledge, social position, culture and feedback from others. See further information about the role of the encoder in communication.

Own communication skills

- ▶ This is the sender's communication skills of:
 - listening
 - speaking
 - writing
 - reading
 - nonverbal communication
 - thinking
 - reasoning.

Sender's attitudes

- ▶ The way the person feels about things. It is usually peripheral to the message and is often done unconsciously. For example, the sender may be worrying about how the other person feels about them.

Knowledge level

- ▶ This relates to the level of confidence the sender has in the area. An example of this is a person who needs to present at a meeting. If they are fully prepared and confident, this is reflected in their communication.

Social position

- ▶ The position the person holds in the team or relationship. If this is valued by the other person or team members, more active listening is utilised.

Sender's culture

- ▶ Different cultures communicate in different ways. Some cultures use a circular approach to a topic while others follow sequentially to the point approach.

Feedback

- ▶ This refers to messages received by the sender from the other person or team members. Nonverbal behaviour may indicate confusion or boredom causing the sender to change the communication process being used.

The channel of communication

The channel that affects communication consists of two components. These are a sensory channel and the institutional channel. The sensory channel is based on the five senses of visual, auditory, touch, smell and taste. If more than one sense is utilised to send the message, the sender is more likely to gain the attention of the receiver. Often the receiver is able to take the information in through both methods and more attention is given to ensure all of the information is received. If the sensory stimuli are not strong due to impacting factors such as background noise the message will not get through correctly.



The institutional channel consists of the type of communication that is given, such as face to face, written or electronic. This involves the sensory Channel but the type of senses employed depends on the type of communication being utilised. One way technology is affecting communication is the increase in the use of text messaging. It is important that both the encoder and receiver share the same text language in order for the message to be successfully communicated. In some communication the message may be incorrectly sent or received if the type of channel is limiting. An example is email where the sender and the receiver are constrained to just the written or visual sense.

Receiver-decoder

The role of the decoder is to receive the information from the encoder and decipher it or make meaning from the message. The decoder uses all of the communication skills that the sender or encoder employs but while the communication happens the decoder is analysing and synthesising the information that is given. The decoder's perception of the encoder's message is vital to the message of the communication being understood. At times the information in the message is misunderstood as not enough information is sent by the encoder, or the receiver misinterprets the sender's message.

Reasons for the message not being received

- ▶ The use of language is not in the receiver's vocabulary.
- ▶ There is a contradictory message between verbal and nonverbal communication.
- ▶ The sender may have a higher position that intimidates the receiver; this can result in poor concentration.
- ▶ The topic is long or boring to the receiver.
- ▶ The receiver is unreceptive to the message due to personal values, ethics and ideas.
- ▶ Communication has been blocked due to external factors, such as environmental noise.
- ▶ Internal factors of the receiver mean that poor attention was paid to the communication message.

Primary factors that impact communication

As discussed, the process of sending a message and having it understood by another person is a complex process. There are some primary factors that impact the communication process that also need exploring. These factors are participant, noise, context and rules.

Participants

A person is unique and the way communication occurs with that person is also unique. It is dependent on:

- ▶ age
- ▶ health
- ▶ impairments
- ▶ language
- ▶ culture.

Today, with more messages being sent electronically, it is also dependent on technology skills and experience. Along with the use of electronic media the receiver is limited to written communication; using two senses to impart the message is not occurring. This is changing as new developments occur such as the use of Skype where facial expressions and nonverbal behaviour is able to be evaluated.

The decoder uses all of the communication skills that the sender or encoder employs but, while the communication occurs, the decoder is analysing and synthesising the information that is given. The decoder's perception of the encoder's message is vital to the message of the communication being understood. At times the information in the message is misunderstood because not enough information is sent by the encoder, or the receiver misinterprets the sender's message.

Noise

Noise can interfere with communication. In a factory setting with high noise levels workers may need to wear ear protection. Communicating in this environment needs to be direct and face to face with written material for the receiver to understand the message. The effects of loud noise can cause hearing impairment to a person.

Background noise can also cause the person to not understand a message if they are hearing impaired as the noise competes with the sender's voice, Background noise can also act as a distraction to the communication message.

Noise can distract the person's attention away from the communication process. Noise can also disrupt the counselling process and a negative perception of the counselling experience may result.

Context

The counselling session is one where the goal is communication. If the communication is through the sensory component, the receiver is using their senses to detect the message. If there are not enough stimuli for the receiver's senses the message will not get through. If communication is through the institutional component, other cues picked up by the receiver's senses are not utilised and the receiver may have difficulty picking up all aspects of the message. Improved communication will result if the following factors are addressed:

Comfort

The person is seated comfortably.

Security/Privacy

The information being communicated is extremely private to that individual. The room should have a door that can be closed with signage to others that it is in use.

Noise control

No background noise. Information can be relayed through the silences of the communication. Mobile telephones should also be turned off as they can be very disruptive and distracting.

Stimuli control

The room should be neutral with minimal stimulation, light colours and decoration.

Unhurried/supportive environment

To encourage the person to communicate at their pace.

Rules

The rules consist of following the six-step process for counselling:

- ▶ Connect
 - Make first contact.
 - Communicate appropriately.
 - Establish trust and confidentiality.
- ▶ Reassure
 - Be calm.
 - Provide accurate information.
 - Refer to appropriate services.
- ▶ Stabilise
 - Assist the person to understand their own reactions.
 - Recognise the signs of severe distress.
 - Refer to a specialist.
- ▶ Address needs and concerns
 - Gather accurate information.
 - Clarify the person's concerns.
 - Formulate possible solutions.
 - Provide practical assistance.
- ▶ Provide support
 - Help rebuild social networks.
 - Encourage the person to access external support.
- ▶ Facilitate coping
 - Encourage positive coping skills.
 - Identify negative coping.
 - Help manage anger.

Messages

The participants (receiver and sender) have different communication needs – seek clarification from the receiver that the message is correctly understood. The receiver can also use clarification to ensure they have understood the sender’s message and allow the sender to correct any miscommunication.

Consider the following:

- ▶ Environment – Choose an appropriate environment for the communication; If there is too much background noise or stimuli, the message may not get sent or received correctly.
- ▶ Aids and/or communication equipment – If the receiver has a sensory impairment they may not receive the message correctly. Ensure that aids are in place and working correctly (for example, there are batteries in hearing aids).

Channel

The channel of communication is the message’s method of delivery. It consists of the following components:

- ▶ The sensory component is reliant on the senses of the participants to send and receive the message. If a message is sent with two types of sensory stimuli, such as visual and auditory, the receiver has stimuli that can be used to interpret the message from two different senses to synthesise the information.
- ▶ The institutional component is how the message is sent. This will determine the type of stimuli the receiver can use to interpret the message.

Rules for verbal communication

Verbal communication can be useful for quick information transfer and feedback. However, when using verbal communication it is important to understand the influence that grammar, speed and pronunciation will have on the intended message. Each person’s communication needs and style is very personal and unique. You will therefore need to approach every exchange observantly and be willing to adapt your style to meet the needs of those you are exchanging information with.

Below is an explanation of pronunciation, grammar and speed of speech.

Pronunciation

Word pronunciation is essential for clear communication, especially with an audience that uses English as a second language. Incorrect pronunciation will often drastically change the meaning of a message and lead to misunderstanding, confusion and sometimes even offense.

Pronunciation is a factor of communication that a person will notice the most when using verbal communication. Poor pronunciation in English can lead to prejudice and judgments about education. While these prejudices may be unwarranted, it is important to understand how poor pronunciation can decrease the credibility of a message.

Grammar

Grammar is important for structuring sentences and for placing emphasis on certain words in such a way that it conveys what the key points of the message are. Misuse of grammar can change the meaning of a sentence and communicate an incorrect message.

Speed of speech

The speed of verbal communication can be used to convey feelings of urgency, excitement and anxiety. It is important to be aware of how the speed of your voice may express these emotional states to your audience. It is also important to be aware that for population groups who have difficulty with hearing and comprehension, the faster you speak the less they will understand, and the more confused and distressed they may become.

Communication techniques

The communication techniques you use may vary depending on the context. There are similarities, such as always using clear, empathetic communication. But there are differences, such as using a more assertive tone in a conflict situation.

Below is a brief description of some of the communication techniques you could use in four different contexts.

Facilitate agreements

When you facilitate agreements, you mediate between different sides and perspectives. You must remain neutral and objective, and ensure both sides are satisfied with the outcome. Encourage each person or group to listen to the other party. Ask open questions, and allow each person or group enough time to answer the question. Summarise what has been said for the benefit of all parties. Ask both parties if they are satisfied with the agreements. Document the process.

Resolve conflicts

You may be involved in a conflict. You may also be mediating a conflict between others. When resolving a conflict, the goal is to find a win-win solution that satisfies both parties. To reach this outcome, help parties listen to each other's perspectives. Ask open-ended questions, and encourage active listening. If parties become heated, you may need to ask parties to separate momentarily, or use calming techniques, such as a soft and low – yet assertive – voice. Resolving conflicts can often happen over several sessions.

Interpret situations correctly

Having a clear perspective on a situation can be difficult if a situation is very emotional or complicated. People also have their own agenda, and it can be hard to see the perspective objectively and clearly. Interpret situations correctly by asking open-ended questions, and practising active listening. Try to focus on what the other person is saying, and remain as objective as possible.

Negotiate solutions

You may need to help others negotiate solutions, or may be involved in a negotiation yourself. When negotiating solutions, allow each person to speak clearly about their perspective, while the other person listens. Using summarisation to summarise what was said. Present the solutions to both or all parties and ask for feedback or comments. If conflict arises, practise conflict management techniques, such as being assertive and encouraging empathy.

Barriers and obstacles to communication

When communicating with a person who has a barrier to communication it is important to remember that they are a person, and they have the same right to dignity and respect as anyone else.

A person's personal situation can influence communication in many different ways, depending on how their situation impacts upon their physical, emotional and social wellbeing. Effective communication is a well-recognised component of providing quality community support and care. Unfortunately many people accessing health and community services are faced with a combination of intrinsic and extrinsic factors that can act as barriers or obstacles to effective communication. For people to understand each other, they must also share an understanding of the meanings inherent in all verbal and nonverbal (including gestures, postures and facial expression) communication. If this understanding is not shared, the true intent of the message may be distorted by the receiver.

Here are some important factors to consider when communicating with someone who has a barrier to communication.

Barriers to communication



Listening barriers

People may not listen carefully because they are:

- ▶ only hearing what they want to hear
- ▶ not paying attention
- ▶ too busy thinking of a reply
- ▶ distracted by emotions
- ▶ trying to speak over who is talking.

Strategies:

- ▶ Be aware of listening blocks so you can identify when they are occurring.
- ▶ Concentrate on obtaining everyone's attention.
- ▶ Speak concisely so people do not lose their concentration and the flow of the discussion.
- ▶ Ask them if they need a break if they appear overwhelmed.



Health

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

Consider the following health-related communication factors:

- ▶ Is the person on any medications that alter cognition (such as opiates) that may make them drowsy and confused?
- ▶ Does the condition impact the person more at a certain time of day?
- ▶ How quickly does the person fatigue from interactions?
- ▶ Does the person have a power of attorney that should be present?

Strategies

- ▶ Consider the timing of the counselling session to take into account level of tiredness, effects of medication, and how long the person can concentrate and maintain levels of attention



Religion

In any multicultural society religion can be a touchy subject that not everyone is comfortable discussing. Religious beliefs will impact communication in much the same way as culture; religious rules, norms and values affect how we communicate.

Some religions, for example, have rules about topics of conversation and who may be involved in those discussions. In the Muslim faith it is considered taboo to discuss death directly with a person experiencing a critical health condition.

In other religions it is forbidden to touch members of the opposite gender. For such people the use of nonverbal communication such as a non-sexual touch of a hand on the shoulder would be inappropriate and offensive.

There are no hard and fast rules about how to communicate appropriately with respect to religious beliefs. Each person should be dealt with individually, which will require you to tailor communication strategies, build rapport and ask the person about any taboo topics or special requirements.



Language barriers

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

Sometimes a person may have functional English but will still be unable to understand the complexity of health or community services information.

Strategies:

- ▶ Use an interpreter or direct the person to a member of staff who can communicate in their preferred language, if appropriate.
- ▶ Explain clearly. Avoid using terminology or jargon.
- ▶ Learn a few words of the person's first language.
- ▶ Use pictures to convey meaning.
- ▶ Prepare information in the person's preferred language.



Psychological barriers

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

Strategies

- ▶ Reassure a person who is sad, angry, upset, confused or fearful of the results of discussions.
- ▶ Give the person time to adjust.
- ▶ Speak slowly and clearly.
- ▶ Arrange to have someone with them as support.
- ▶ Check on the person's wellbeing following discussions.

Psychological and physical barriers that influence communication

A person's physical and emotional state directly impact the communication process. A physical or mental disability restricts a person's ability to participate freely without assistance or aids in activities that a person without an impairment can undertake.

Here is some more information regarding the way these factors impact communication.

Mental health issues

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

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

Strategies to address them:

- ▶ Make sure you use consistent verbal and nonverbal communication.
- ▶ Watch the person's body language and make sure that they feel safe, comfortable and unhurried in their attempt to communicate with you.
- ▶ Postpone to another day if they appear too unwell or distressed to engage with you.

Mobility impairment

When communicating with a person who has mobility impairment, be aware that their mobility aid is a continuation of their personal space.

Strategies to address them:

- ▶ Move a person's mobility aid away from them as this can create a sense of disempowerment and distress.
- ▶ Offer the person a seat and sit to match the person's body language and talk to them at eye level.

Behavioural barriers

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

For example:

- ▶ A person living with dementia may forget important health instructions.
- ▶ A person who is very stressed may not be able to focus, process and retain information due to competing demands for their attention.
- ▶ A person who has had many workers in their life, some of whom they have had negative experiences with, may automatically behave aggressively and/or defensively toward you.

Strategy to address them:

- ▶ Provide written information to recap the information given verbally.

Physical barriers

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

Medical devices such as protective face masks, nebuliser masks, intubation tubes, suction catheters and oral gauze dressings can physically limit a person's ability to communicate.

Strategies to address them:

- ▶ Use pictures to represent words or an electronic device that speaks for them.
- ▶ Select an accessible location for a person with limited mobility.
- ▶ Include a carer, interpreter or support person in the discussion if required and if the person has given their consent for them to be present.

Environmental barriers

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

Strategies to address them:

- ▶ Look around the environment before beginning to communicate, and think about what factors may affect communication.
- ▶ Ask the person if a specific factor is a problem for them, and find a location that is appropriate.
- ▶ Adjust the heating and cooling to a satisfactory level according to WHS standards.
- ▶ Ensure that house-keeping audits are conducted on a regular basis to address any problems, such as flickering lights.
- ▶ Ensure that seating is comfortable and appropriate for the individual needs of the person; for example, children and mobility-impaired people.

Sensory and other barriers to communication

As discussed, a person takes in the message through use of their senses. If these are impaired the message may not get through or may not be decoded correctly. This can be frustrating for both the sender and the receiver.

Here are examples of communication barriers and suggestions for overcoming them.

Vision impairment

- ▶ When you greet a person who has a visual impairment make sure you identify yourself.
- ▶ If you are having a group discussion you should identify who you are directing a question towards by using their name as a vocal cue; for example, 'Sarah, what do you think?'
- ▶ Always give verbal warning about any physical movement that is about to take place in the person's immediate surroundings. For example, 'I am just going to bend down and pick up that pen for you'.
- ▶ Always announce when a conversation is over and you are leaving.
- ▶ Nonverbal behaviour conveys messages. Nonverbal messages that may be affected are include eye contact and body language.
- ▶ It is important to not let the communication process falter due to these constraints. The visually impaired person will be more alert to the spoken messages that are conveyed and the use of touch.

Hearing impairment

- ▶ When speaking to someone with a hearing impairment, face them directly and speak clearly and slowly using a natural tone.
- ▶ Ensure that the person is wearing hearing aids and that they are in working order.
- ▶ Use written communication wherever appropriate.
- ▶ Provide actions and visual cues wherever appropriate.
- ▶ Raise your voice when necessary but never shout, as shouting can distort sound.

Speech impairment

- ▶ Speech impairments can be due to a physical disability such as a stroke or other physical causes such as Alzheimer's, acquired brain injury or congenital disorder. Speech impairment can also be due to an emotional or psychological disturbance causing stuttering.
- ▶ When speaking to someone with difficulty speaking it is important to take an encouraging and non-corrective approach.
- ▶ Be patient and allow time for reflections and confirmation of their message.
- ▶ Don't ever pretend to understand if you don't. Instead repeat questions and break them down into short questions.

- ▶ Pay careful attention to body language and reactions to help your understanding.
- ▶ Do not attempt to complete the verbal communication.
- ▶ Use clarification and paraphrasing to ensure understanding of the verbal message.
- ▶ It is important not to let frustration occur. Be alert to signs of body language in yourself and the other person that indicates frustration. Frustration can turn to anger and communication will break down.

Age

- ▶ When communicating with an ageing adult it is important to be aware of age-related issues that can cause a breakdown in communication. This includes but is not limited to:
 - hearing impairments
 - visual impairments
 - memory loss
 - loss of ability to read
 - loss of comprehension.
- ▶ It is also important to be aware of how age can be a barrier to communication due to misunderstanding and prejudice. Many older adults feel patronised and disrespected by the way younger workers communicate with them. To avoid unnecessary communication break-down it is important that you talk with people and not to them; avoid pet names such as ‘darling’ and ‘dear’; present information in a clear concise way; and present the available options and allow the person to make choices about their health and personal care.
- ▶ Children’s age may cause a barrier to communication through the level of understanding relating to language and the level of cognitive development of the individual related to age.
- ▶ Strategies to address them:
 - When communicating with young children the language needs to be suitable for the age group (use words the child is familiar with).
 - Ensure the message is broken down into smaller chunks of information that the child can take in.
 - Present information in a way that is suitable for the cognitive ability of the individual and the length of time the child is able to direct attention to the communication process.

Perception

- ▶ Have you walked down the street and seen someone who was sad and then you experienced sad feelings? Or perhaps you’ve seen a scary movie and felt scared as you watched the frightened expressions of the faces of the actors? The reason that this happens is because human beings experience interpersonal bonds with each other, and these bonds make emotions transferable from one person to another. It is the person’s perception that colours the message.
- ▶ The emotional state of the person communicating a message may change the nature of the message. The emotional state of the recipient may also influence the interpretation of the message if it is received by someone who applies those feelings to the message.

- ▶ It is important that when you are communicating that you take into account these interpersonal bonds and the way in which our emotional state may be influencing those around us, and vice versa.
- ▶ Strategies to address them:
 - Use specialised communication techniques, such as reframing, questioning, clarifying, summarising and paraphrasing to identify the issue.
 - Allow adequate time for the person to tell their story.
 - Show empathy to the person.

How culture may influence communication

Australia is a multicultural society and, according to the Department of Foreign Affairs and Trade, over 200 languages are represented in Australia and about 15 per cent of Australians speak a language other than English. Workers and agencies must recognise and respond to individual and cultural differences in order to meet the needs of service users, families and staff members from various cultural backgrounds. People from different cultural backgrounds may have different knowledge and understanding regarding health care and community services. A person's cultural background can also influence a person's expectations of the health and community services system.

Cultural rules, norms and values affect how we communicate. Some cultures, for example, have rules about using eye contact or how you communicate with someone older than yourself, communication between men and women and the need to facilitate communication within a family or community. Sometimes, it may be appropriate to ask an interpreter for advice. Alternatively, you may be able to locate an association for members of a cultural community. And, once rapport and trust are developed, it is often possible to ask the individual directly.

Techniques for culturally-aware communication include:

- ▶ using active listening to pick up on messages and cues people may be subtly communicating
- ▶ allowing time for interactions
- ▶ using empathy to try to understand the experience of the person you are interacting with
- ▶ working towards establishing a rapport and developing a trusting relationship
- ▶ checking if you are unsure of what is acceptable
- ▶ not making assumptions
- ▶ treating each person as an individual with individual needs regardless of their culture
- ▶ learning about cultural expectations and differences in relation to acceptable body language and conventions for resolving difficulties in other cultures
- ▶ clearly explaining what you will do and why, and how this may differ from their experiences.

Strategies to enable the message to be sent

For people to understand each other, they must also share an understanding of the meanings inherent in all verbal and nonverbal (including gestures, postures and facial expressions) communication.

Here are some strategies to make communication more effective.

Strategies for effective communication

- ▶ Understand that we are all different and have different communication needs.
- ▶ Be sensitive to and informed about any cultural differences.
- ▶ Repeat information in different ways to ensure understanding.
- ▶ Ask questions to clarify understanding.
- ▶ Make sure your communication is clear and concise.
- ▶ Choose an appropriate environment for the communication.
- ▶ Use aids and/or communication equipment as required.
- ▶ Use positive language.

Example

Identify communication barriers and use strategies to overcome these barriers in the client–counsellor relationship

Danielle is a case manager. She is working with Joseph and his family. Joseph is partially deaf and uses an aid to assist hearing. Joseph's mother, Ming, immigrated from China and speaks Cantonese but is also fluent in English. Several significant conflicts have developed between Ming and Joseph and there is confusion and resentment about the options for aged care for Ming.



Arranging the meeting

Ming and Joseph agree to have a meeting to resolve some of their difficulties. Danielle will facilitate the meeting. Her usual practice is to allocate approximately one hour for such a meeting. Danielle carefully considers the specific aspects of the meeting.

Ming and Joseph have been engaged in ongoing conflict so it will probably be an emotional and stressful situation.

Danielle may need more time to write notes and clarify issues and actions with Ming and Joseph because it will be a complex discussion.

There must be enough time for Ming and Joseph to express their views without feeling pressured.

After considering all these factors, Danielle allocates two and a half hours for the meeting. She writes an initial plan with a brief overview of the goals of the meeting; and the communication needs of both participants.

Danielle also considers the best time of day to hold the meeting. She asks Ming and Joseph to suggest a meeting time that takes into account the needs of the family; what time Joseph arrives home from work; and when they could have some privacy from other family members to discuss the issues. The meeting is scheduled for 4.00 pm on a weekday.

At the meeting

At the beginning of the meeting, both Ming and Joseph are a little hesitant. With support from Danielle, and without the pressure of time, Ming and Joseph take the opportunity to express their views. Both are shocked by what the other says. They can see that a great deal of miscommunication has been occurring.

The result

At one stage Ming cries. She says she has never had an opportunity to talk like this before. Both Ming and Joseph express their concerns and fears as well as their needs. The issues are not resolved in this one meeting but good progress has been made. Some actions are decided on with regard to what to do next. Ming and Joseph agree it would be useful to hold another similar meeting. They set a date for the next meeting.

Practice task 1

Re-read the previous example.

1. What strategies would you use to develop a trusting relationship with this family?

2. What barriers to the communication process are evident in the above scenario?

3. What strategies could be put into place to address these barriers?

Click to complete Practice task 1

1B Facilitate the client–counsellor relationship through selection and use of micro-skills

Effective communication is a dynamic exchange of thoughts and ideas. Each person brings different knowledge, experience and feelings to the exchange that can alter the information being expressed and interpreted. The only way you will ever know if you have been understood by the other person is if they confirm the message back to you. Likewise, you can never really know that you have understood a message until you have sought clarification on your own understanding. By actively listening to requests and clarifying meanings you will be able to get the most out of each exchange and respond appropriately every time.



There are a number of micro-skills that a counsellor can employ to check whether the person has received the message and that they have understood the person. These micro-skills include:

- ▶ attending behaviours, such as active listening, reflection of content feeling, and summarising
- ▶ questioning skills, such as open, closed simple and compound questions
- ▶ client observation skills
- ▶ noting and reflecting skills
- ▶ providing client feedback.

Attending behaviours

Attending behaviours encourage the person to talk and demonstrate that the person they are talking to is interested in what they are saying. They also assist in ensuring that the message in the communication is clearly understood by the receiver. An example of this is there can sometimes be discrepancies between what is spoken and what is felt by the person. The reason for the discrepancies may be due to a number of factors such as age, culture or a counselling relationship that is not firmly established.



These behaviours are used throughout the whole counselling session and are particularly important at the start when the support worker is trying to establish rapport with the person. They consist of attentive body language of the support worker such as eye contact, encouraging gestures, and open body posture (leaning forward, limbs uncrossed and palms resting on knees).

The micro-skills involved in this process are:

- ▶ active listening
- ▶ reflecting
- ▶ summarising.

Self-awareness and listening

Good listening requires a high level of self-awareness. We often engage in listening, but only really take in and comprehend a small portion of the information. Good listening requires us to give our full attention; to avoid distractions such as mobile phones or a person walking past; and to do all of the following all of the time.

Listening:

- ▶ indicates that you value the other person
- ▶ shows respect
- ▶ helps build rapport
- ▶ assists in developing a trusting relationship
- ▶ gives the other person confidence their perspective is valid
- ▶ helps to resolve a situation.

Tips for effective listening

Here are some tips for listening.

Use body language

This indicates to the person speaking that they still have your attention, and you are actively engaged in listening to what they have to say. Body language, such as smiling, nodding your head or facing the speaker, reinforces the nonverbal message: 'You have my attention, and I am focused on you'.

Do not interrupt

People need to have the opportunity to speak without interruptions. However, your skills are needed to determine when the person is repeating themselves or taking up too much time at the expense of other parties; if this happens, you need to find the right moment to stop them.

Defer judgment

Hold off on responding until the end of the person's speech, both verbally and mentally. If you make judgments part way through, you may become biased towards only hearing the parts that reinforce the judgment you have already made.

Active listening

Listening is important and achieves a number of functions. Being a good listener demonstrates that you value the other person, which helps to build a rapport and enables the development of a trusting relationship. A counsellor may also use what are called 'encouragers'; these may be verbal such as 'uh-huh', 'yes') or nonverbal (nodding). They are used to encourage the person to continue talking.

The two key features of active listening are paraphrasing and summarising. Paraphrasing is where you reflect back the content and the feelings of what the other person has expressed to check that you have understood their meaning. Summarising involves repeating what the person has said in a few words to let the person know you understand their position. Ask if you have correctly paraphrased or summarised an issue.

Active listening consists of:

- ▶ briefly recapping the speaker’s message in your own words
- ▶ softening your summary with phrases like, ‘you feel ...’, ‘it sounds like you ...’, ‘you think ...’, ‘it seems to you that ...’
- ▶ trying to use paraphrasing statements more than questions
- ▶ allowing sufficient time and pauses for the speaker to add to what they are saying
- ▶ if more than one feeling is expressed, focusing on the last or most prominent one
- ▶ not adding or asking for any new information
- ▶ using neutral words, body language and tone of voice.

Active and reflective listening skills

Use active and reflective listening to maintain a respectful relationship and empower the person by valuing what they say.

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

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

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



‘Do you mean ...’
‘Let me see if I understand ...’



‘Correct me if I am wrong ...’
‘As I hear it ...’



'From your point of view ...'

'I wonder if ...'



'Do you mean ...'

'Let me see if I understand ...'

Allow sufficient time to hear the story

Counselling may involve working with more than one person in a session. At times the person seeking counselling may choose to come with a support person or there may be another person involved. The counselling session needs to be organised to address the type of session being conducted.

All discussion participants who want to contribute should have the opportunity to do so. This means the support worker must allow the right amount of time for the discussion, based on the issue and the number of people present. There must be enough time for everyone to speak without feeling rushed. A skilled counsellor gives everyone the opportunity to express themselves fully. The issues should be explored in-depth, not just at a superficial level.

Sometimes you may need to deal with talkative participants; sometimes one person will have more to say than others. Regardless, each participant must be equally valued and encouraged to contribute.

As the counsellor, you need to address group sessions by:

- ▶ identifying how long the meeting will last
- ▶ allocating enough time for participants to speak
- ▶ monitoring each person as they speak to ensure no-one goes over their allotted time
- ▶ encouraging reluctant speakers to express themselves.

Respond appropriately to the story

Communication skills and techniques used to clarify aspects of the story and the person's understanding of their experience include asking open and closed questions; paraphrasing and reflecting feelings. A reflection of feeling is akin to paraphrasing; paraphrasing tends to focus on cognitive aspects or 'facts' while reflecting focuses more on identifying and clarifying feelings and emotions. Clarifying and understanding the person's feelings is an important basis for understanding the person's actions, thoughts and attitudes.

Interpreting events and experiences involves labelling and describing thoughts, feelings and behaviours. This works to integrate cognitive aspects and emotional aspects of the person's situation.

In all your responses to the person's story remember that it is important to affirm the validity of what they are telling you and to show respect for their rights to autonomy and self-direction. Active listening skills are again some of the most powerful strategies you can use.

Noting and reflection of content/feeling

In order to fully understand what a person is saying it is necessary to reflect words and feelings expressed to clarify that these are correct. Even though the spoken words may be accurate allowing the person to hear them can often cause the person to further explore their meaning. It is also important to reflect the emotions of the person.



By using the technique of active listening and using body language cues the support worker will be able to identify those emotions that are more subtle. Strong emotions are easier to identify but sometimes people use strong emotions to get the message across when they are feeling a more subtle emotion. An example of this is the emotion of anger when in reality the person may be feeling confused, or hurt. By reflecting back to the person they are able to focus on what they have said and expand the meaning so that the communication is accurate. This involves noting where the counsellor communicates back to the person the meaning of the message and combines it with reflection of the person's feelings.

The three purposes of reflecting are:

- ▶ to allow the person to hear their own words and develop a deeper understanding of themselves
- ▶ to demonstrate empathy by reflecting back the way they perceive the world
- ▶ encourage the person to continue talking.

Noting and reflecting guidelines

Here are some guidelines for noting and reflecting.

Guidelines for reflecting and noting

- ▶ Be yourself.
- ▶ Identify the basic message.
- ▶ Restate the message in simple terms.
- ▶ Look for nonverbal communication – especially when the person reacts to your restating.
- ▶ Do not question the person; you are just reflecting back what has been said.
- ▶ Do not add to the message.
- ▶ Do not try to move the message into new directions.
- ▶ Be non-judgmental and non-directive.

Reflect feelings

Identifying, acknowledging and reflecting feelings are important basic counselling skills. There are several related skills and techniques, including the following.

Importance of feeling words

- ▶ Some feelings are expressed verbally using words which indicate particular feelings; for example, 'I do enjoy my job. I get a lot of fun out of things outside work too. I love being busy; I really get a buzz out of it. But when I am home alone I get very tense and uptight.'

Interpret overall content

- ▶ Some people have difficulty expressing emotions openly and publicly. It is sometimes necessary to look for clues in the general content of what a person is saying; for example:
- ▶ 'That guy really led me down the garden path. I spent hours writing my CV and he called me back for a second interview, practically offered me the job then I find out he had already given it to Fred. He was just going through the motions with me and now he won't even return my calls.'
- ▶ There is no direct verbal expression of feelings but it would be fair to assume this person is feeling angry, hurt and ill-treated.

Observe body language

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

Empathise

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

Two techniques for reflecting

The first technique is called mirroring. Like holding up a mirror to the person you do this by repeating back to the person what was said. It can be just the restating of a word or the key words of the message. It is helpful in prompting the person to continue the conversation and demonstrate you are receiving the message correctly.

Paraphrasing involves the support worker putting the content of the communication into their own words. It shows the person that you understand the message they have sent.

Clarify meaning by the use of questioning skills

Working in a community services environment can lead to many conversations where the information discussed is difficult or hard to understand. Information may be hard to understand because the person speaking to you has memory loss or difficulty with speech, or perhaps they learnt English as a second language and are reverting back

to their native tongue as they age. Regardless of the reason for the difficulty, it is important for all workers to acknowledge that they won't always understand the needs and requests of the people who they provide care for and will need clarification.

Clarification is a communication process where the listener repeats the information back to the speaker in order to check that they have correctly understood what was said. Clarification is a useful tool to reduce misunderstanding and also to express empathy and genuine interest in what the speaker is saying. It also conveys to the client that you are not portraying yourself as 'perfect', and are willing to learn from them.

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

Open questions

Open questions should be used to gather more information and give the speaker the opportunity to fill in any missing details.

Examples:

- ▶ 'Can you please tell me how you would like me to do this?'
- ▶ 'Can you please explain what is happening?'
- ▶ 'Can you please tell me more?'
- ▶ 'Can you please repeat that for me?'

Closed questions

Sometimes people you are working with will have limited ability to communicate beyond single step responses. Asking a series of 'yes' or 'no' questions may help clarify what the person wants and needs.

Examples:

- ▶ 'Do you want me to do this?'
- ▶ 'Would you like to go there?'
- ▶ 'Would you like something to eat?'
- ▶ 'Are you uncomfortable?'

Simple questions

Simple questions are short questions in the present tense asking for a specific answer. It is used when we ask about something that happens repeatedly.

Examples:

- ▶ 'Do you read books?'
- ▶ 'Do you research on the computer?'

Compound questions

Compound questions are questions that consist of more than one question. It is confusing for people as they struggle to answer all of the questions asked.

Examples:

- ▶ 'Are you satisfied with your pay and job conditions?'
- ▶ 'Do you think cars should be faster and safer?'

Summarise

Summarising is also a key part of active listening. Summarising occurs at the end of the information exchange. This is where you repeat to the person, in a few words, the overall ideas raised in the exchange. This is usually the final step of active listening that confirms to the person you understand. They will tell you if you have not summarised their story correctly. By the time the 'summarise' stage is reached, individuals often uncover their own possible solutions or actions to the problem. By giving individuals a forum where they can talk without being interrupted, ask questions and have someone understand their issues, you often allow them to work out their own solutions. Sometimes they just want to express their concerns and receive some empathy.

The stages of active listening and questioning

- ▶ Attend or listen to what the person is saying.
- ▶ Acknowledge you have heard them.
- ▶ Clarify information, where necessary.
- ▶ Encourage and/or probe the person for more information.
- ▶ Paraphrase the information.
- ▶ Reflect the feelings expressed.
- ▶ Summarise the full story.

Build a shared understanding

Working with the people you support using a recovery-oriented approach and effective communication skills means that the person you are assisting has the inclination and opportunity to express opinions and tell their story. Showing warmth, openness, care and authenticity towards that person should mean that the relationship is one of reciprocity and trust. Your attentive listening, clarifying questions, paraphrasing and summarising should mean that you and the person can build a shared understanding of their experiences and needs.

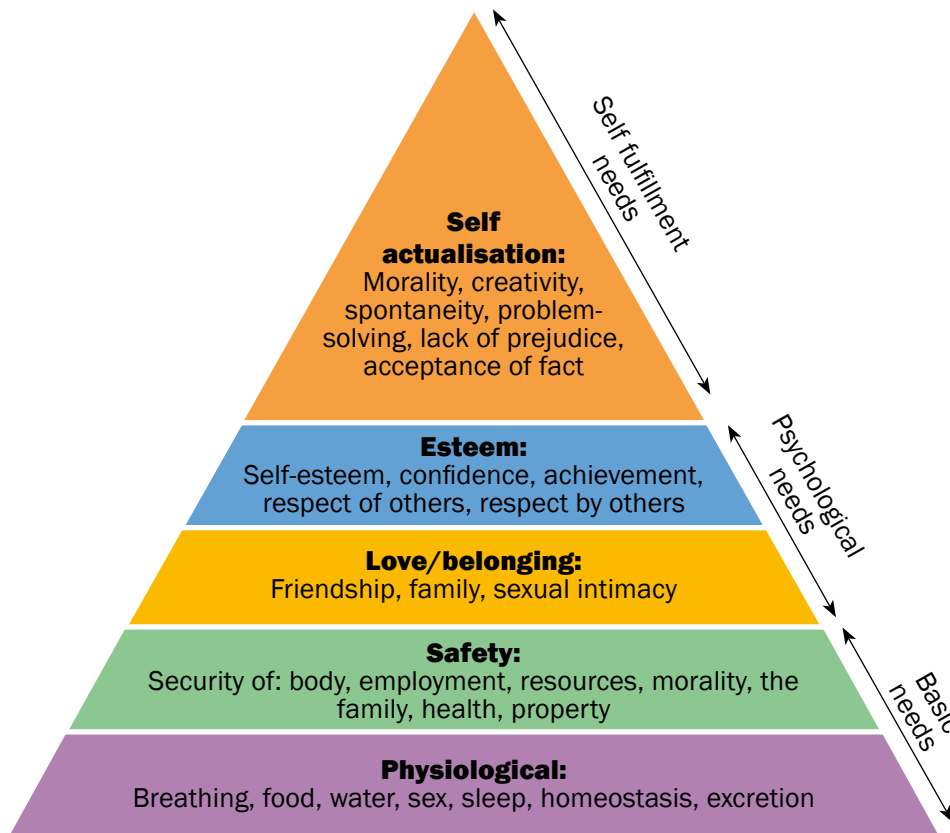


Universal needs

People who have low self-esteem, may be aware of their needs but may discount them, or be unwilling to examine goals that they do not feel entitled to. Although the person with support needs is invited to direct their own recovery journey, conversations can be initiated around needs that have not been raised, bearing in mind that it is rational to prioritise the satisfaction of basic needs and safety needs ahead of other needs. A support worker has a duty of care to do this.

All human beings have needs that must be met to ensure their physical and psychological wellbeing. Recognising what these needs are and identifying needs that are not being met is fundamental to a support worker's role.

According to Maslow’s hierarchy of needs, people have a range of needs that extend from the most basic of needs to deeper psychological or intellectual needs. The circumstances of the person who is being supported may place some or all of these needs at risk.



Observe the person while communicating

All nonverbal behaviour needs to be noted to gain as much information regarding the person and ultimately understanding the communication. The person’s nonverbal communication may be more telling than what is initially said. From the moment the interaction occurs some nonverbal communication will provide additional information. As the person walks in for the session, what is their posture? How do they greet the support worker and how do they choose to sit? Do they hold onto their handbag as a defence? Taking note of how the person answers their questions can also give additional information. Observe whether they lower their eyes or look away when asked about particular topics.

Provide constructive feedback

People need regular constructive feedback so they know how they are going. By giving the person regular feedback, workers can help keep them engaged and motivated in what they are trying to achieve. The client –counsellor relationship of trust is important for feedback to be taken constructively.

The focus of feedback and support for the person should always be on acknowledging the person's strengths and what they are doing well. When workers recognise the person's achievements, they:

- ▶ validate the person
- ▶ show respect and acknowledge their dignity as a self-determining individual
- ▶ recognise the person's strengths and initiative
- ▶ promote the person's sense of control over their lives
- ▶ encourage them to take active steps to help themselves
- ▶ foster self-determination and resilience.

Constructive feedback should:

- ▶ be aimed at helping the person enhance their confidence and their ability to be self-determining; it should not belittle or make fun of them
- ▶ be as timely as possible so the actions or behaviour that occurred was recent
- ▶ be given using positive and constructive language; avoid negative language and comparisons as it may have an adverse effect on a person's motivation and confidence
- ▶ focus on behaviour and actions, not personality; include specific examples of behaviours and actions
- ▶ allow for two-way communication so the client receiving feedback has an opportunity to discuss the comments and ask questions
- ▶ be direct and sincere
- ▶ be provided in a respectful and supportive manner.

Provide feedback to the client

An important part of the intervention process is to provide the person with feedback. Feedback should be given in a constructive way that reinforces the person's understanding of the intervention and promotes their progress.

Providing feedback allows you to:

- ▶ review the person's participation in the intervention, including asking them how the experience has been for them
- ▶ provide constructive guidance and support
- ▶ discuss what the person has learnt from participating in the intervention
- ▶ acknowledge areas where they are doing well and identify areas where they still need to improve
- ▶ build rapport and reinforce your working relationship with the person.

The feedback session

A feedback session is commonly held with the person after an assessment has been interpreted and documented. A feedback session involves talking to the person about the types of options and considerations arising from your assessment interpretation. This person is central to the feedback session. The aim is to discuss the assessment and make decisions about how the person wants to move forward. The person also needs to consider what aspects of their family and social support require strengthening before they can facilitate and undergo change.



The feedback session provides the person with a summary of your assessment. It allows both participants to check if the communication is accurate. After you discuss the results and draw the person's attention to any need for specialist interventions you identified, such as mental health assessment, the session can also be a time for you to assist the person with making appointments to see health professionals. Your role is to encourage the person to seek further information from appropriate specialists, rather than attempting to interpret medical results yourself. Motivational interviewing can be particularly useful during feedback sessions because its techniques encourage the person to consciously explore their issues.

Ambivalence

Confronting ambivalent individuals with too much urgency or forcefulness can lead to further resistance. Some individuals can see both the advantages and disadvantages of reducing or changing their behaviour, but may not be highly motivated to change.

Ambivalence is more likely to be slowly redirected towards the motivation to change if you acknowledge the benefits of the current behaviour in the person's life, even if those benefits are merely the person's perception. Once you acknowledge the positives of their current behaviour, discussing the more negative aspects allows the person to see how the positive perception may be flawed.

The aim of your feedback is to help the person to develop a greater awareness concerning their behaviour and to make decisions about it. Always seek responses to your feedback from the person using active listening techniques. Guide the person towards talking and thinking about the issues further, rather than attempting to provide them with answers. Reflect and re-state the person's own responses to encourage them to delve deeper and clarify their standpoint. Motivation for change usually grows when a person recognises a discrepancy between where they are and where they want to be. This recognition usually needs to be driven by the person's own thought processes, rather than you.

Providing the person with a summary of your assessment gives them a chance to understand what information was gathered, to agree to or correct details and to get an idea of what will happen next. Explain what the next step is and ask the client if they have any questions or want anything clarified.

Giving information/feedback

- ▶ Provide data or facts relevant to the person's needs.
- ▶ Ensure that the person is receptive to the information.
- ▶ Be direct, clear, specific, concise and concrete.
- ▶ Break the information into smaller chunks for the person to use.

After giving information

- ▶ Check that the person has attended to the information provided.
- ▶ Evaluate the person's understanding and use counselling skills to address any misunderstandings.

Using information

- ▶ Orient the person to the interviewing process.
- ▶ Provide instructions or directions.
- ▶ Present feedback.
- ▶ Provide alternative perspectives.
- ▶ Direct the person to other resources.

Example

Facilitate the client–counsellor relationship through selection and use of micro-skills

Here is an example of how counselling a person may progress.

Attend

Diego is the counsellor of a local community group and is running a workshop. He is busy welcoming participants and organising the start of the session when Mrs Dalazzi, a participant, approaches him and asks to speak with him. As Diego is balancing several tasks at once, he does not feel he can give Mrs Dalazzi his full attention. He makes a quick assessment to determine if the matter is urgent and then tells Mrs Dalazzi he will definitely speak with her in half an hour when the activities are underway. Mrs Dalazzi agrees.

When Mrs Dalazzi comes to Diego's office at the designated time, he makes sure the area is free from distractions. He tells the office assistant to hold any phone calls for him and closes the door to his office. He sits facing Mrs Dalazzi, maintains eye contact and gives her his full attention. He apologises for not being able to speak with her earlier and explains he wanted to be able to give her his full attention.

Acknowledge

As Mrs Dalazzi begins to speak and express her concerns, Diego does not interrupt. He sits forward in his seat and nods his head to show he is listening. He makes sounds like, 'uh huh' and says 'Yes' to acknowledge what Mrs Dalazzi is saying.

Clarify

Mrs Dalazzi expresses her concerns about the centre. Diego is a little confused about the main issue. He asks questions to clarify what Mrs Dalazzi means: 'I understand you are not happy at the centre. Can you tell me why?'

Mrs Dalazzi says she does not like the way one of the workers in the group speaks to her and the other participants. She says this staff member, Stephanie, is not respectful and can be bossy. Mrs Dalazzi says she does not appreciate being spoken to disrespectfully.

Encourage and probe

Mrs Dalazzi does not want Stephanie to get into trouble and also does not want to be perceived as a troublemaker. She is hesitant about fully explaining her concerns to Diego. Diego reassures Mrs Dalazzi she has a right to voice her concerns and reminds her that he will not repeat anything they discuss without her consent.

Diego asks Mrs Dalazzi, 'What exactly do you mean when you say "disrespectful" and "bossy"? Can you give me an example of Stephanie's behaviour?'

Mrs Dalazzi says Stephanie often raises her voice when she gives instructions for activities. Mrs Dalazzi complains that Stephanie speaks to her like she is a child and says things like, 'Be a good girl'.

Paraphrase

Diego paraphrases what Mrs Dalazzi has explained. He says to her, 'Your main concern is with the way Stephanie speaks to you; in particular, the volume of her voice and the words she uses'. Mrs Dalazzi agrees.

Reflect feeling

Diego goes on to say to Mrs Dalazzi, 'So you don't like Stephanie talking down to you and you are angry because you feel there is no respect?' Mrs Dalazzi agrees that this is how she feels.

Summarise

Diego summarises the issues raised by Mrs Dalazzi. Then he asks her for feedback on the way forward by saying, 'What would you like to see happen now, Mrs Dalazzi?'

Practice task 2

Re-read the previous example.

1. State three examples of communication micro-skills that will assist the development of the client–counsellor relationship.

2. What are three active listening techniques that Diego could use to let Mrs Dalazzi know that her thoughts and ideas are important?

3. Describe two ways that Diego seeks clarification of content.

[Click to complete Practice task 2](#)

1C Integrate the principles of effective communication into work practices

Often in the counselling setting, time is confined to set appointment or scheduled times. The first component of the counselling process is to fully explore the issues the person is coming to seek assistance with. As discussed, using specialist micro-skills is important to assist understanding and to explore the issue. Another key area to consider when communicating with individuals in the counselling process is how that person processes information. Individuals have a preference for absorbing information through one of the following methods:



- ▶ Visual
- ▶ Auditory
- ▶ Kinaesthetic

A person will also be able to process information through the other channels other than their main preference for information processing.

How you present information about the counselling sessions will be detailed in the organisations policy and procedures. It is useful to become familiar with these to ensure the information that you present meets the organisation's guidelines. The organisation's guidelines will also have information on how to document and keep the person's case file notes.

Learner styles

People have a preference for learning through a variety of learning styles. Most people will have a stronger preference for one type but this does not prevent them from using another style as well. When giving information to a person it is helpful to know what learning style the person prefers. This allows the counsellor to choose information in one of these formats to be more effectively processed. Check to see if some of the following characteristics may apply to you.

Visual learners

Visual learners attend to information most effectively when they see something; for example, pictures, diagrams, films and videos or demonstrations. Good visual information processing means being able to quickly and accurately process and analyse what is being seen, and store it in visual memory for later recall.

Characteristics of visual learners:

- ▶ Remember what they see rather than what they hear
- ▶ Remember diagrams and pictures
- ▶ Prefer to read and write rather than listen
- ▶ Have trouble remembering verbal instructions
- ▶ Need an overall view and purpose before beginning a project
- ▶ Prefer art to music
- ▶ Sometimes tune out when trying to pay attention

Auditory learners

Auditory learners are more interested in learning through spoken words. They prefer to learn by listening.

Characteristics of auditory learners:

- ▶ Can follow verbal instructions easily
- ▶ Like to hear someone explain and like explaining to someone else
- ▶ Like debating and discussing with others
- ▶ Tend to talk to themselves while working
- ▶ Enjoy reading aloud
- ▶ Like music more than art

Kinaesthetic learners

Kinaesthetic learners prefer to be involved in activities. They need to apply the information and make it their own by constructing something or practising a technique or skill.

Characteristics of kinaesthetic learners:

- ▶ Often they take notes or even draw pictures or doodle while listening
- ▶ Remember best what they did
- ▶ Memorise by working and seeing
- ▶ Prefer 'hands on' activities and group interaction

Document information about the intervention

You have a responsibility to document information regarding a counselling session in an accurate manner and ensure all records adhere to organisational procedures and guidelines. Take care to provide clear, accurate records based on fact rather than opinion.

The documenting process enables you to keep a record of the person's progress throughout the counselling sessions and to alert team members of any other important details derived from:

- ▶ other services involved with the person
- ▶ reports on the person from doctors or other professionals
- ▶ the person's family or support network.



Organisational procedures

Policies and procedures for maintaining accurate and up-to-date records for an individual are based on legislative requirements that are directed at community organisations to be accountable for the services they provide.

An individual's case notes and records are used as a reference for organisations to take responsibility for their actions and provide appropriate services to people accessing the service. At various times, courts may request certain documentation to resolve legal matters related to service provision.



Document an individual's information

Most organisations have their own procedures for writing case notes or documenting information about clients. Consider some of the general principles, such as the following:

- ▶ Accuracy and clarity
- ▶ Objectivity
- ▶ Language
- ▶ Completeness
- ▶ Timeliness
- ▶ Alterations

Accuracy and clarity

- ▶ Records must be accurate and written in a way that can be clearly understood by others. Always check what you have written to make sure it is clear and that the report includes your name, signature, and the date and time you wrote it.

Objectivity

- ▶ Write only facts about what you see, hear and do. Avoid personal opinions and feelings, and illustrate your points with factual descriptions of behaviour. If you do not have all the facts about a situation, make sure that you make this clear and do not infer that you know more than you do. If you are reporting what someone else has said, use direct quotes as much as possible.

Language

- ▶ Use bias-free language and a neutral tone as far as possible. In particular, descriptions of client behaviour and presentation may need to use tentative language, such as 'appears to ...', 'presented as ...' or 'is possibly ...'. Avoid using clichéd or emotive language and slang. Remember that your client may read your report.

Completeness

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

Timeliness

- ▶ You should write your reports as soon as possible after contact with the client to ensure accuracy and to make sure the client's records are kept as up to date as possible. If records are written on any day other than the day of contact, always indicate this in your notes; for example, '27/4/16 Appointment with client on 26/4/16'.

Alterations

- ▶ Any alterations made to your records should be done neatly and initialled. You should not use white-out on client records. Never change what someone else has written.

Use appropriate terminology

Ensure you use appropriate terminology when making written or verbal reports about a person involved in counselling sessions. This means using terminology that is consistent with current usage in the counselling field and within a particular organisation.

Be aware that terminology may change over time and vary between treatment approaches and organisations. Suitable terminology may include 'alcohol dependency' or 'problems with alcohol'. Other terms that have negative connotations include 'alcoholic', 'drug addict' or 'junkie'. These terms label people in a negative way and imply that the individual may be dangerous and out of control.

It is also important to use the correct terminology with the person. This may involve explaining the terminology and not using technical jargon. At times it may be appropriate to use an interpreter service to ensure the person fully understands the communication.



Email and written communication rules

Most organisations have policies or guidelines regarding the type of language they expect you to use when sending correspondence on behalf of the organisation. The same rules that apply to printed correspondence also apply to email correspondence. You need to know what is expected in your workplace.

As with other forms of business correspondence, emails should be written in clear, plain English, using professional language. If you do not know the person you are writing to, then use the conventional 'Dear Mr ...'. If you have a good business relationship with someone, it is acceptable to use 'Hello'. Be careful of being too informal and friendly. You do not know who else might read your email. Remember that text messaging should not be a form of email; only a short reminder for appointments or similar.

Rules for email and written communication:

- ▶ Emails should be brief and to the point.
- ▶ Use uncomplicated words, short sentences and simple language.
- ▶ Do not overuse capital letters or bold font to emphasise points in your message.
- ▶ Never send aggressive messages or criticise other people in emails.
- ▶ Think about it overnight before you send it, if the message is difficult or stern.
- ▶ Respect people's privacy,
- ▶ Only give out someone's email address with permission.
- ▶ Use proper spelling, grammar and punctuation.
- ▶ Do not leave out the message thread.
- ▶ Do not overuse Reply to All.

Example

Integrate the principles of effective communication into work practices

Frank has been talking to his doctor about the things he is finding difficult around the house. With Frank's consent, his doctor makes a referral to the aged care assessment team (ACAT). Frank is reluctant to let the Commonwealth Home Support Programme (CHSP) team in to assess his home environment. Greg, the counsellor for the program, has been asked to meet with Frank to discuss his concerns.



Frank is identified as being eligible for home care services under the CHSP program. Greg organises a home visit to find out more about the services Frank needs and the environment he lives in. During the visit, Greg checks with Frank that the information on the ACAT assessment form is correct, in terms of the activities he can do on his own and the tasks he requires some assistance with. Greg asks Frank's permission to record information about emergency contact details and significant people in his life. Frank discloses that he is unsure about the service and is worried that it is the first step to being moved to an aged care residential home. Frank is nervous about filling in forms and discloses to Greg that he does not understand the questions that the CHSP team asked and thought that they were criticising his home. Frank also tells Greg that he does not understand what the support worker would do and if he needed to buy new equipment for them to use.

When Greg and Frank are satisfied that the CHSP assessment form is a true reflection of Frank's needs, Greg asks Frank for permission to have a look at his house and the environment the support worker will be working in. Frank shows Greg every room of his house and the backyard. Greg asks how Frank feels about having service workers coming to the house to support him and leaves some brochures that outline what services the local council can assist him with. Greg also leaves a copy of the assessment form for Frank's information.

Greg later emails the council and suggests that a support worker do a practical session of how they would support Frank.

Practice task 3

1. List the types of adult learner styles and identify what type Frank would be most comfortable in using.

2. Describe three areas that Greg needs to be aware of when sending an email to the local council.

3. Identify three things a counsellor should be aware of in regard to completing a person's case file notes.

[Click to complete Practice task 3](#)

1D Observe and respond to nonverbal communication cues

Research into human communication has shown that words alone account for as little as a tenth to one half of the total effect and perception of the message that is received. This means that nonverbal communication plays a significant role in all human interactions.



In order to communicate effectively, you will need to become skilled in watching and interpreting other people's nonverbal behaviour. You will also need to be aware of your own nonverbal behaviour and how that can impact the message you are trying to get across. Nonverbal communication also involves the way in which verbal communication is spoken or how the message is given.

Functions of nonverbal communication and body language

Here are examples of functions that nonverbal communication can perform. Communicate a feeling of safety with open, relaxed body language.

Body language and nonverbal communication can:

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

Types of nonverbal communication that the counsellor can observe

Posture

A person's posture can also convey different messages. Examples of posture often denote a closed attitude to the message.

Examples:

- ▶ Crossing arms is often a protective behaviour
- ▶ Brisk erect walk projects confidence. A person walking hunched over can denote dejection.

Personal space

The amount of space a person will let someone into surrounding their body indicates how much trust they have in the relationship.

Examples:

- ▶ Intimate zone (family and close friends) – a depth of 18 inches in circumference
- ▶ Social zone (friends and social acquaintances) – 1.5–4 feet in circumference
- ▶ Strangers – 4–12 feet in circumference

Eye contact

This can be dependent on culture.

Example:

- ▶ In Western culture it is accepted that when conversing that you maintain eye contact. In some cultures this is seen as a sign of disrespect.

Hand gestures

Some individuals use hand gestures to convey emphasis to their messages. At times emotions can cause a person to involve their hands in the communication process.

Other hand gestures are known as adaptors and can assist in determining a person's emotions. Adaptors are manipulations of the person or an object.

Examples :

- ▶ Touching the ear or hair
- ▶ Tapping of fingers

Symbolic hand gestures

Hand movements that convey meanings such as waving goodbye or a thumbs-up to signal all is right. Gestures may also vary according to the culture of the person.

Facial expressions

The facial expression of a person can also convey messages.

Examples:

- ▶ Raising of the eyebrows to express surprise
- ▶ Smiling to express engagement
- ▶ Wrinkling of the nose to express reluctance or distaste
- ▶ Frowning to express disapproval
- ▶ Eye rolling to express disapproval
- ▶ Shock by opening eyes and mouth

Presentation

The appearance of a person, clothing and grooming also convey a message.

Examples of this include types of uniforms in different occupations.

Voice

When speaking the tone of the voice, the emphasis on certain words as well as the speed and pauses all present messages that enhance or change the verbal message.

Touch

Touch is also a method in which communication takes place. Touch is also dependent on cultural factors. There are different types of touch and they are often dependent on:

- ▶ the spoken message
- ▶ the emotions of the person – a comforting touch if a person is distressed
- ▶ the familiarity of each person to the other – handshake with new acquaintances; an embrace or a kiss for close friends
- ▶ the length of the touch
- ▶ the area of the body.

Silence

Silences in verbal communication can indicate a number of other messages to the counsellor. This may assist the counsellor to gain an understanding of further information that the person may require, if the plan needs to be adjusted or the issue further explored.

Examples:

- ▶ Silence may denote the person trying to assimilate information.
- ▶ Silence may indicate strong emotions associated with the information.
- ▶ Silence may indicate the person's level of willingness to explore certain issues and concerns.

Read body language and nonverbal communication

Other aspects of nonverbal communication need to be kept in mind. Generally speaking, nonverbal messages reflect feelings more authentically than verbal messages. At all times the aim should be to use nonverbal communication to build a relationship of trust and safety.

Complex aspects of nonverbal communication

- ▶ Nonverbal cues are often ambiguous and can be interpreted in several different ways.
- ▶ The same feeling can be expressed nonverbally in different ways.
- ▶ The same nonverbal cue can be open to different interpretations in different contexts and situations.
- ▶ Different cultures and social groups interpret different nonverbal cues in different ways; for example, eye contact.
- ▶ Verbal messages and nonverbal messages may be contradictory.

How to respond to nonverbal communication cues

When communicating with a person during the counselling session you may also receive messages from the nonverbal communication cues discussed above. Nonverbal communication cues can give the support worker information on how to move forward in the counselling session with the person.



If a person is showing interest in the information or message you are sending to them it is a good time to further explore that interest. This can be providing more information in the written format for own knowledge or a time to provide more education surrounding the topic of interest.

If a person is looking bored and not showing much participation it may be a good time to swap strategies – perhaps to include challenging in the counselling session and further explore the area as the person may have switched off if it is an area they are uncomfortable with. It could also denote that the person has other more immediate concerns that they are focusing on.

Some nonverbal communication cues may just be the person sending a message that the environment is not conducive to communication. This can be a time to check if the room is suitable, that there is privacy and no distractions for the person.

Remember all nonverbal communication is a message that can be sent and interpreted.

Follow-up actions in response to communication

As a community services worker it is important that you respond appropriately to the information you are receiving. Your response is a combination of your verbal and nonverbal language and any actions that follow.

You will need to be aware of how you are positioned and what your body language is saying, and that it is consistent with the verbal response you are giving so you don't confuse the message. For example, if you say, 'Yes, I believe you', but smirk and roll your eyes as you end the conversation, then the message the person is actually receiving will be more along the lines of, 'I don't believe you and I'm just agreeing so that you stop talking'.



Sometimes communication will require a follow-up action and other times it may not. It is important that the reason for the communication is clear so that you respond appropriately. For example, if Mary tells you that she doesn't like the way her daughter is talking to her, she may want empathy and acknowledgement or she may want you to arrange a family meeting to discuss relationship issues. If Mary just wants empathy then she is not going to appreciate you breaching her confidence and telling her daughter that they have unresolved issues.

If you are unsure of how to appropriately respond to a message, then it probably means you need further clarification about what is wanted and expected of you as a direct result of the communication.

Example

Observe and respond to nonverbal communication cues

Harry has been referred to Martin’s AOD assessment and referral organisation as a condition of his suspended sentence for possessing heroin.

Harry is reluctant to cooperate and appears sullen and disinterested. Harry looks down at the floor and does not make eye contact. Martin notes that Harry’s posture is slumped with arms crossed and his walk is slow. Harry takes the chair furthest away from Martin. Martin will be undertaking Harry’s assessment. He meets with Harry to complete an intake assessment and provide him with information about the comprehensive assessment.



Martin begins the session with the following explanation:

‘I’ve been asked to collect some initial information from you that’ll help us to make sure you’re given the best types of support we can offer. Tomorrow, I’ll spend an hour or two talking with you in more detail so that we can properly understand your drug use and help you to avoid any further problems with the law. It’s important that you know you’re the most important person in this process. You can choose not to answer questions, but I give you my assurance that what you do tell me can help us work together so you can manage your situation in the future, whether you choose to continue to use heroin or try to get clean. Your decisions and input will guide how we work together.’

When Harry realises that Martin is not going to preach to him or force him to change, his attitude relaxes and he appears more willing to talk. Martin notes that Harry’s arms uncross and he leans forward in the chair indicating interest in the conversation. Harry nods as Martin goes through the explanation and makes eye contact with him.

Practice task 4

Re-read the previous example.

1. Describe three nonverbal communication cues that indicate that Harry is defensive.

2. Explain how nonverbal communication can contribute to the communication process.

3. When Martin notes that Harry is paying more attention, what should Martin do next?

[Click to complete Practice task 4](#)

1E Consider and respond to the impacts of different communication techniques on the client–counsellor relationship

Communication if undertaken well will see a change in the client–counsellor relationship. If it is undertaken well the person and the counsellor will have a therapeutic relationship based on trust and respect for each other. It will enable the counsellor and the client to address issues of concern and move the person closer to achieving their goals. If the communication does not meet the needs of the person the relationship between client and counsellor will not evolve into one where progress can be made.



The use of different micro-skills of communication also has an impact on the client–counsellor relationship. As each change to the relationship occurs the counsellor needs to assess the change and implement strategies to maintain the boundaries of the relationship and to keep the person moving forward towards their desired goals.

Motivational interviewing

Motivational interviewing focuses on increasing the client’s motivation to change, even if they have not yet made a decision to change, or are not sure that they can or want to change their drug use. The technique, devised by Miller and Rollnick (1991), uses open questions, affirmations, reflections and summaries to encourage the individual to explore their reasons for behaviour and reasons for changing it. It accepts that ambivalence is a normal part of changing any entrenched behaviour and works with the person at the stage they are at to explore their impediments to change.

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

Motivational interviewing techniques involve:

- ▶ building the person’s confidence and belief in their ability to change
- ▶ using active and reflective listening skills to gain insight and show empathy
- ▶ encouraging the person to consider how their present pattern of behaviour may affect the achievement of important life goals
- ▶ avoiding arguments with the person about their behaviour as this may result in them becoming defensive and resisting change.

Assess readiness for change

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

Some people are highly motivated to change their behaviour and others are ambivalent or unwilling to do so. The Stages of change model recognises that people go through a number of stages before they actively begin to implement change.

The type of counselling session the counsellor provides each person is influenced by the stage of change they are in. A person in the pre-contemplation stage is often unaware of, or does not wish to acknowledge the possible harm their behaviour is causing. Therefore, the most appropriate type of session will be one that raises their awareness of these issues.

The benefit of the Stages of change model is that it helps the person to understand that change is an ongoing process with defined steps. All parties should accept that relapses are likely to occur and that the person may need to repeat the change cycle until they are able to maintain behavioural changes. The type of communication skills that will be used will depend on the stage of change the person is at and the presentation of the person. If a person is very emotionally upset, then more supportive communication strategies will be used rather than challenging strategies. As the person goes through the different stages, the relationship between client and counsellor changes to adapt to these.

Pre-contemplation

The person is not considering change. Workers can provide information about the harm associated with current behaviour and encourage the person to consider healthier behaviours by looking at the positive and negative aspects of their current behaviour and their effects on the person's life.

If you encounter a person at this stage, you should try to:

- ▶ engage the client – if you are able to appropriately engage with a client, this means that they are more likely to come to you if or when they are thinking of doing something about their drug use
- ▶ raise awareness of risks involved in drug use – this can be achieved by using motivational interviewing techniques.

Example:

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

Contemplation

The person is ambivalent. There is an awareness of the need for change, but they are not yet ready to invest time, money or energy into the process. Effort is put into increasing the person's awareness of the negative aspects of their current behaviour and the possibilities of a new life if the change does occur. Being ready to change requires two things:

- ▶ The goal has to be important to the person; therefore, discussion needs to be about what they want out of life, relationships that they want and values they hold.
- ▶ The person must have confidence in their ability to achieve the goal; if they do not, they are less likely to try, so focus discussion on what supports will help improve the person's confidence.

Example:

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

Preparation

The person is trying to make changes and is planning for change. During this phase, the person makes decisions and actively plans for the change; for example, making doctors' appointments or contacting support services. Support and encouragement are vital here. 'I came here to get help, but I want to know what that involves before I make any decisions.'

Example:

- ▶ 'I've moved away from the people I used to go to the Pokies with but I would like to see them again.'

Action

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

Examples:

- ▶ 'I've seen my doctor and he's given me a lot of information about the methadone program.'
- ▶ 'I've come to get help and I will do whatever is needed to get drugs out of my life.'

Maintenance

The person is committed to sustaining new behaviour. The person moves into this stage when they have sustained the new behaviour for more than six months. They require support from trusted people, as well as ongoing development of coping strategies.

Example:

- ▶ 'I haven't lost my temper for the last six months. It's been tough and I need some more help to get through the difficult times.'

Relapse

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

After a relapse, a person may enter the change model at any stage. Where they enter largely depends on the way they perceive their relapse.

Example:

- ▶ 'I tried relaxation therapies, but I went straight back to yelling when I got involved in an argument again.'

Personality and communication

There will be various personality types present in each group. Researchers have identified a number of personality types as described here. You need to understand the person's personality to choose the type of communication strategy to use. This helps you ensure that the person will contribute to the counselling or communication approach. For example, some people are eager to participate in exploring and communicating their concerns to a counsellor; others need support and encouragement to assist them to participate. Identifying the person's personality is one of the factors that the counsellor needs to assess to encourage communication and develop a trusting relationship.

Researchers have identified a number of personality types, as described here.

The talker

- ▶ Talkers have something to say about everything. If allowed, they will dominate the discussion and will need minimal encouragement to explore the issue. The counsellor should aim to slow talkers down, not silence them. The rotation technique is effective with talkers. This means they have to wait their turn. You can also try gently interrupting and presenting your own ideas.
- ▶ It may be necessary to use more closed questions to restrict the amount of talking the person does.

The silent one

- ▶ For discussions to be effective, each person needs to participate. If a person is silent, the counselling session does not get the benefit of their input but the silences are still communicating a message. It is the counsellor's responsibility to encourage silent members to participate without being obvious or overdoing it. To build up silent members' confidence, counsellors should call on them with questions they can easily answer or ask a non-confrontational question to encourage participation.

The wanderer

- ▶ Wanderers distract from the counselling plan and often like to complain. The counsellor needs to keep everyone on track. If the wanderer wants to socialise, cut it off. Be kind, thank the person for their contribution, and then ask the person a question to get discussions back on track. However, if the wanderer has a complaint that is legitimate and solvable, allow the person to discuss it and encourage them to come up with a way forward. The aim of the counselling is to explore issues; for some people, complaining is a way to bring up a topic for exploration.

The bored one

- ▶ There may be a person who is uninterested in communicating. They may be preoccupied, inattentive or fail to turn up for the meeting. They may feel superior and wonder why they need to spend so much time on the obvious. To keep people motivated, the counsellor can assign the board member a task like collating information, recording ideas in a journal. Asking specific questions to stimulate the communication process can also be effective. Exploring topics that the person enjoys to start the communication is also helpful.

The arguer

- ▶ The arguer likes to be the centre of attention and enjoys arguing for the sake of it. The counsellor should resolve conflict but should not get into an argument with the arguer. If the conflict is personal, cut it off. Try to keep the discussion moving and minimise the opportunity for confrontation.

The shy one

- ▶ Some people would like to participate but are too shy to speak up. They need to be encouraged and given positive signs that what they say is valued. Asking closed questions and asking about topics that interest the person is a strategy that can be used to encourage the person to commence communication.

Example

Consider and respond to the impacts of different communication techniques on the client–counsellor relationship

Shelley is Zack’s AOD care worker. She has booked a treatment plan review appointment with Zack, his disability worker and his psychologist. Zack sets a treatment goal of stopping ecstasy and has set tasks of weekly psychologist appointments, spending weekends with friends who don’t use and exploring alternative ways of relaxing and feeling good. Shelly uses the challenging technique in the next interview with Zack, focusing on his behaviour and avoiding personal judgments. Shelley is concerned that Zack has not been able to attend two of the past three appointments scheduled with his psychologist, although he reports that he has managed two weekends in a row without using ecstasy. When Zack relays this information, Shelley acknowledges the effort Zack has made to not use ecstasy and to employ strategies to limit his exposure to this drug use.



When discussed further, it becomes clear that Zack only thinks he needs to attend his psychologist appointment if he has used ecstasy over the weekend. The psychologist clarifies that it can be helpful to attend regularly to build on the work they are completing together and to discuss relapse prevention and alternative ways to relax. They agree to meet for four weeks in a row and review at this point. Zack felt comfortable after the plan was communicated to him and relieved that he was not criticised for non-attendance. Zack has decided he would like to attend a neighbourhood house to look at courses but was uncertain if he could manage the course work. Shelley spent time exploring Zack’s current skill basis and goals for the future, both Zack and Shelley agreed that this would be a positive step towards Zack’s future. This is added to his treatment plan but Zack doesn’t have access to public transport. A support worker agrees to drive him to his local centre. They agree to meet in four weeks for another review. After the appointment, Shelley makes copies of the revised treatment plans and sends them to Zack, the support worker and psychologist.

Practice task 5

1. Explain the techniques of motivational interviewing that Shelley and the other people in the interview used when meeting with Zack.

2. Identify two strategies that Shelley could use if Zack demonstrated personality traits of being bored.

3. Outline two strategies for counselling a person who has the personality of an 'arguer'.

[Click to complete Practice task 5](#)

1F Integrate taking case notes with minimum distraction

Case notes are an important legal and professional issue for counsellors. All sessions as discussed above must be fully documented in the person's case file. There are different techniques for taking case notes. It is important to ensure that the taking of notes does not distract either the participant or the counsellor. If taking copious notes, nonverbal communication may not be observed and vital information relating to the communication message may be missed.

Taking notes manually may also interfere with the client–counsellor relationship as some clients may view this activity as a barrier and may perceive this as a lack of attention. Some areas have moved to video or audio recording while others require physical note taking. You will need to check the organisation's policy and procedures for case notes. If using video or audio taping it is your responsibility to ensure the equipment is working properly before the session commences. Video and audio taping allow you to capture more information than traditional case notes as you are able to observe nonverbal behaviour or tone and pitch of conversation. In all cases informed consent must be obtained before the session commences.

The following outlines examples of ways to take case notes in counselling sessions.

Writing

The advantages of writing during a session are that the counsellor has a physical resource or prompt to immediately refer to in the session. It can be useful to guide the conversation with the person by reviewing the main points of the discussion. It is also useful to go over the session at different points to clarify messages and paraphrasing and summarising the session with the person.

Writing down case notes can have negative impacts on the counselling relationship and the communication process. It may be perceived as a barrier by the person and prevent all of the nonverbal information demonstrated by the person being picked up by the counsellor.

Audio taping

By taping the session, the counsellor is able to go back over what was said and focus on tone of voice and spoken expression to gain more insight into the communication with the person.

Counsellors will still need to jot down points by hand as the conversation is undertaken, paraphrasing and summarising the session with the person.

Video taping

Taping the session allows the counsellor to review the communication with the person and gain the audio components of the communication and the nonverbal communication expressed by the person. It can also be useful as a tool for self-reflection and evaluation of the counsellor.

Availability of space

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



Arrange the space

Once a location has been confirmed, the space itself needs to be conducive to a positive experience. This could simply mean that the space is comfortable. When discussing private matters, the environment should allow for the person's individual needs such as disability access and for all parties to feel comfortable. There are also a number of other important elements relevant to a counselling session to consider about the space, including privacy and seating arrangements.

Privacy

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

Seating

- ▶ Where possible, try to sit in reasonable proximity to the person and make sure that there are no barriers between you; for example, a large desk between you may intimidate the person. Make sure that the chairs are the same height so you do not look down on them. Chairs should be positioned to ensure that eye contact can be made comfortably. There should be enough room for several people to sit comfortably. This will be important in cases where the person requires a support person present, such as an interpreter or other supporter. Also consider risk issues in advance – if you have concerns that an individual may be violent, position yourself close to the door so you can exit easily if needed.

Recording the session

- ▶ Note taking will need to occur and your supervisor can give you guidance on the accepted practice of how and when to take notes. A clipboard or notepad can be used and balanced on your lap if a small table is not available. Alternatively and with the person's permission, you may choose to record the session and write up the case notes after the person has left. Usually a counsellor will always jot down points of the conversation even if taping to refer to when paraphrasing and summarising the session with the person.

Legislation protecting privacy and confidentiality

Each state has different laws that govern privacy and confidentiality, though the guiding principles are similar. You should be familiar with the main points in the legislation that govern the state or territory you work in. There are also Commonwealth Acts that apply to the whole of Australia; for example, the *Privacy Act 1988* (Cth), which protects all personal information handled by businesses.



Most states and territories have laws designed to regulate how information is managed in both the private and public community service systems. Some states have also incorporated information privacy principles and human rights principles into law.

To access the law relevant to your state or territory, search the Australasian Legal Information Institute database at: <http://aspirelr.link/austlii>

Protect privacy and maintaining confidentiality

Privacy and confidentiality are critical to work in the community services sector. Workers will often have access to privileged and sensitive information about the people they work with. The way workers manage confidential information can have a significant impact on a person's dignity, rights, choices and opportunities, as well as their concept of self-worth, self-esteem and wellbeing.

Workers are allowed to, and should, share confidential information about a person receiving their care with their supervisor when necessary. Confidentiality means that workers must have a reasonable purpose for collecting, storing, accessing and distributing information about any person accessing services. Organisations and workers must also not collect generalised information without an implicit reason.

'Privacy' refers to a person's ability to control access to themselves, their space and their possessions, including information about them. Privacy also means taking steps to avoid embarrassment and humiliation. When discussing a person's situation, always be aware of maintaining their privacy. You must protect confidential details. You always need the person's consent if you wish to talk about their situation. Often people are happy to give their consent because they know you want to help.

On 12 March 2014, the Australian Privacy Principles (APPs) replaced the National Privacy Principles and Information Privacy Principles that apply to organisations and Australian Government (and Norfolk Island Government) agencies.

There are now 13 privacy principles that apply to the collection, use and storage of information. Below is further information about the APPs.

Collection, use and storage of personal information

1

Open and transparent management of personal information

Ensures that organisations manage personal information in an open and transparent way.

2

Anonymity and pseudonymity

Requires organisations to give individuals the option of not identifying themselves, or of using a pseudonym. Some exceptions apply.

-
- 3** **Collection of solicited personal information**
Outlines when an organisation can collect personal information that is solicited. It applies higher standards to the collection of 'sensitive' information.
-
- 4** **Dealing with unsolicited personal information**
Outlines how organisations must deal with unsolicited personal information.
-
- 5** **Notification of the collection of personal information**
Outlines when and in what circumstances an organisation that collects personal information must notify an individual of certain matters.
-
- 6** **Use or disclosure of personal information**
Outlines the circumstances in which an organisation may use or disclose personal information that it holds.
-
- 7** **Direct marketing**
An organisation may only use or disclose personal information for direct marketing purposes if certain conditions are met.
-
- 8** **Cross-border disclosure of personal information**
Outlines the steps an organisation must take to protect personal information before it is disclosed overseas.
-
- 9** **Adoption, use or disclosure of government-related identifiers**
Outlines the limited circumstances when an organisation may adopt a government-related identifier of an individual as its own identifier, or use or disclose a government-related identifier of an individual.
-
- 10** **Quality of personal information**
An organisation must take reasonable steps to ensure the personal information it collects is accurate, up to date and complete.
-
- 11** **Security of personal information**
An organisation must take reasonable steps to protect personal information it holds from misuse, interference and loss, and from unauthorised access, modification or disclosure. An entity has obligations to destroy or de-identify personal information in certain circumstances.
-
- 12** **Access to personal information**
Outlines an organisation's obligations when an individual requests to be given access to personal information held about them by the organisation.
-
- 13** **Correction of personal information**
Outlines an organisation's obligations in relation to correcting the personal information it holds about individuals.

Confidentiality

Confidentiality is critical to work in the community sector. As a support worker, you often have access to privileged and sensitive information about the people you work with. The way support workers manage confidential information can have a significant impact on a person's dignity, rights and choices, opportunities and access, and self-concept, self-esteem and wellbeing.



Confidentiality is about data or information and refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using, storing and disclosing information about a person that is outside of the scope for which the information was collected. Confidentiality refers to both written and verbal information. Maintaining confidentiality is part of respecting a person's privacy and individual rights. In practice, confidentiality means not discussing an individual's personal information unless they have given their consent for this to happen. There are exceptional circumstances that do enable you to disclose private information but this is generally only when you become aware that someone may be harmed.

Disclosure of confidential information

There are some situations in which you are permitted to disclose information as part of your duties. For example, if the person is being referred on for medical treatment, then the hospital, specialist or doctor must be informed of the person's history, allergies and personal details. You must always obtain the person's informed consent before you disclose confidential information to a third party.

You may be required to disclose private or confidential information when:

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

Informed consent

In many workplaces, there is a process called informed consent. You must get permission to do an activity or task from the person who is legally able to give the permission such as a parent or legal guardian, if the person is under 18 years of age. Once a person is 18 years of age, they are usually seen as an adult and can consent to take part in an activity or task. In some cases, there may be a court instruction that the person is not able to make their own decisions. In these cases, family members or legal guardians make the decisions for them. If this happens, there will be information in the care plan about who you need to ask for permission to do an activity or task for that person.

Initial requirements for counselling

- ▶ At the beginning of counselling, informed permission must be sought from clients and recorded.
- ▶ If counselling is mandated by a court order, clients are informed of the consequences if they choose not to participate or attend.
- ▶ Client expectations of the outcome of counselling and professional boundaries are fully discussed.
- ▶ Possible models and interventions which may be helpful for the client's presenting problem are explained.
- ▶ Alternatives and adjuncts to counselling are explored; for example, support groups.
- ▶ The risks of interventions are explained; feeling overcome by negative emotions discussing traumatic experiences.
- ▶ The limits of confidentiality are explained.
- ▶ Ethical codes of practice, agency policies and complaint processes are explained.
- ▶ The counsellor's qualifications, experience and role are discussed.
- ▶ Costs of counselling (if any) and cancellation policies are explained.

Case note information

The information that should be in case notes will be outlined in the organisation's policy and procedures. If you are not certain about any requirements you should refer to the supervisor for clarification. All paperwork should be completed using the organisation's approved forms.

Intake information

Intake information, including at a minimum who has referred the client to the service, contact details, date of birth and the nature of the presenting problem. It is also good to obtain a next of kin or contact person that can be contacted if there is a need.

Initial assessment

Notes on assessment sessions are more detailed than ongoing session notes and are usually taken during the session to ensure the record is accurate and includes all relevant details. Details at this point can be added to the initial information recorded in the person's file.

Case plan

The counselling contract or case plan. Information recorded includes the client's goals for counselling, desired outcomes, interventions to be used and number of sessions. The contract demonstrates the client has given informed consent to counselling. The organisation will usually have accepted forms that have been put in place to observe any legal requirements and these should be complied before the session begins.

Session notes

These are recorded as soon as possible after the session has been completed to ensure the record is accurate. Counsellors only record what is relevant to the client's goals and the counselling contract. When new goals are set during the counselling process, these goals should be recorded clearly in the session notes. Each entry should be signed and dated by the counsellor. The counsellor should use the terminology that is required by the organisation and any additions or deletions should follow the organisation's policy and procedures in line with legal requirements for reporting.

Client contact

Contact with clients outside of the counselling session should also be recorded. This includes emails, messages left with reception or on voice mail, phone calls and transcripts of SMS messages. The organisation will have policies and procedures for undertaking this form of contact. If required to attend an outside venue, WHS safety issues should also be addressed and reported.

Summary

At the end of the counselling relationship, it is good practice to write a summary of the counselling process and comment on progress in meeting the initial goals for counselling and whether the presenting problem was resolved. Other goals that were agreed upon and the person's achievement of these should also be recorded. There should also be notation of where the person is in the stages of change model and if there have been any relapses and where the person is now at.

Missed sessions

If a person misses a session or does not return to counselling, this should also be recorded. Follow-up by the counsellor should also be recorded. This could be critical if the person was mandated by a court order to undertake the counselling sessions. There is usually a requirement for the counsellor to report this to the relevant authority. The organisation will have a policy and procedure in place to follow if this occurs. This needs to be reported to the supervisor for their records.

Sources of information

Working in the community services environment will require you to use many sources to gain important information about and on behalf of the people accessing your care.

It is important that you always obtain information in a way that complies with the ethical and legal requirements of your workplace. Sometimes this may mean declining or refusing information that has been obtained through illegal or unethical practices.

At times you may face a dilemma where information you have received from a source will have a direct impact on a person's care, but cannot be disclosed due to privacy and confidentiality laws.

If you ever experience a situation like this or are in doubt about what action to take, then you should discuss the situation with your supervisor.

Here are some potential sources of information.

Information sources
▶ Case notes
▶ Care plans
▶ Medical tests and reports
▶ Family members of the person accessing care
▶ Friends of the person accessing care
▶ Conversations with work colleagues
▶ The media via online, television and newspaper sources
▶ Workplace meetings, emails and memos
▶ Social media

Maintain confidentiality of information

Information relating to people accessing services must be securely stored, with access limited to those working directly on the case, according to organisational policies and procedures.

Confidentiality refers to both written and verbal information. Here are some more examples of both that are considered private and confidential. In some instances an individual accessing the service has given consent to have their details used in a professional area such as a presentation but not outside the parameters of this situation.

Examples of written information

- ▶ Case notes
- ▶ Medical information
- ▶ Contact details of people accessing services
- ▶ Incident reports
- ▶ Relevant letters, emails and faxes
- ▶ Individual plans/goals and reviews for people accessing services
- ▶ Referrals
- ▶ Papers, case studies and practice manuals

Examples of verbal information

- ▶ Telephone calls
- ▶ Meetings
- ▶ Consultations with people accessing services
- ▶ Case conferences
- ▶ Discussions with colleagues and people accessing services
- ▶ Community meetings
- ▶ Group discussions
- ▶ Presentations and speeches

Example

Integrate taking case notes with minimum distraction



Tina works with young people involved in the juvenile justice system and she usually accompanies her clients to court. One of the boys she works with, Justin, has had the time and date for a court appearance changed. Tina has an interview scheduled with Justin the week preceding the court appearance. Tina usually records the session with Justin's consent and transcribes it after the interview. Tina finds that this helps her to focus on the person and is helpful when reviewing the verbal and nonverbal communication.

Tina makes a mental note to record the change of date court appearance when writing up the case files when talking with Justin but forgets to write it in Justin's files. Justin is anxious that people do not overhear his conversations with Tina as he has not told his employer or wife that he has a court appearance scheduled. On the day of Justin's court appearance Tina is sick and has forgotten that she told Justin that she would pick him up and take him to court. The other workers who check the file are unaware that Justin needs to go to court because Tina has not made a note of it. Justin misses his court appearance.



Practice task 6

Re-read the previous example.

1. Describe two things that Tina could do to ensure people cannot overhear the conversation had during the interview.

2. What else could Tina do in the way of making notes?

3. What considerations does Tina need to make in order to record the sessions?

[Click to complete Practice task 6](#)

Summary

1. Community service workers must have an understanding of the legal requirements that underpin every job role. This helps ensure you carry out your work safely and in a manner that addresses client needs and rights.
2. It is important to monitor each component of the communication process and plan to improve each aspect of the process for effective communication.
3. Communication includes verbal and nonverbal communication. Silence in the counselling session can also transmit information to the counsellor.
4. By evaluating and monitoring a client's progress, workers can determine whether current services are meeting the client's needs, whether there is a problem and clients are failing to meet their goals, and whether changes need to be made.
5. Counsellors must regularly monitor their own work performance to ensure the needs of the organisation, team and clients are being met.
6. The type of communication micro-skills that a counsellor will use will vary according to the individual and the stage of the counselling progress.
7. When building relationships with different people, you must consider the communication needs of everyone you work with. Some may have physical or mental disabilities. Some may have language or literacy difficulties. Some may be unreceptive or in a particular emotional state that creates communication barriers.
8. Feedback is an important tool for both the person and the counsellor to monitor progress and plan interventions.
9. To communicate with unreceptive people, you need to take the time to understand their attitudes. You can do this by talking to them and developing a closer relationship with them.
10. When taking case notes the counsellor needs to assess the best method of recording information that complies with relevant legislation including informed consent.
11. Communication barriers can also occur if someone is afraid, angry or frustrated about a potential outcome.