



CHCCOM006 - Establish and manage client relationships

This unit covers the skills required by practitioners to establish and maintain effective communication with the client throughout all interactions and provide basic counselling as required and as appropriate to facilitate the treatment or health service being provided.

REQUIRED SKILLS AND KNOWLEDGE

This describes the essential skills and knowledge and their level required for this unit.

Essential knowledge:

- Effective communication strategies
- Principles and practices of services provided
- Various modes of communication appropriate to therapeutic practice
- Basic counselling techniques
- Basic information on counselling styles and theories
- Basic information on human psychological development and needs
- Basic information on human psychopathologies including personality disorders
- Local professional counselling resources
- Organisation policies, procedures and guidelines
- Legal and ethical issues relating to practitioner — client relations

Essential skills:

Ability to:

- Respond appropriately to a range of clients in a range of situations
- Respond appropriately to special needs
- Appropriately prepare and present information for a range of enquiries
- Make appointments to meet a range of client needs in accordance with established business practice
- Handle difficult situations
- Follow workplace guidelines
- Assess the need for professional counselling
- Use basic counselling skills to facilitate various goals and to recognise the limitations of own counselling skills
- Communicate effectively including:
 - active listening
 - clear, concise and correct written and verbal communication
 - passing on verbal and written messages
 - documentation and record keeping
 - correct presentation of correspondence
 - clarify and ascertain correct meanings from communication
 - establish rapport
 - communicate on a one-to-one and group basis
 - use correct grammar, spelling and punctuation
- Seek assistance if necessary
- Elicit information



Establish professional relationship with the client

Evaluate practice to maintain a high standard of client service

Identify and respond to *special needs* of clients

Special needs may include:

- Disability
- Communication difficulties
- Language difficulties
- Presence of children/spouse
- Need for uninterrupted privacy
- Need for communication aids

Use *effective communication* with clients

Effective communication includes:

- Active listening
- Appropriate language
- Appropriate communication aids
- Appropriate modes of communication
- Appropriate demeanour and body language
- Appropriate tone and presentation
- Observation
- Questioning, clarifying, advising
- Providing appropriate and accurate information
- Honesty and integrity

Encourage clients to voice queries and/or fears and address these appropriately

Take into consideration *cultural and personal factors* when consulting or interacting with clients

Cultural and personal factors may include:

- Religious background
- Racial background
- Gender
- Age
- Dis/ability
- Family or social factors

Exercise discretion and confidentiality appropriately, outlining and explaining to clients boundaries of confidentiality as required

Define and apply *boundaries* of the practitioner/client relationship

Boundaries may refer to:

- Confidentiality
- Privacy
- Respect
- Acknowledgement of individual needs
- Appropriate sexual boundaries
- Appropriate physical boundaries
- Use of enquiry only as appropriate and necessary
- Practitioner awareness of possibilities of client transference
- Practitioner staying within area of expertise



Provide effective response to client enquiries

Present *relevant information* clearly and comprehensively and in sufficient detail to meet the needs of the enquirer

Relevant information may include:

- Confirmation of appointment date and time
- Number, length and costs of visits
- Location directions
- Costs and payment options
- Referrals
- Medical reports
- Medication information
- Procedure and practices
- Information about client condition or treatment
- Information about general health and self care
- Background information about the practice
- Information about the expertise of the practitioner

Select appropriate *modes of communication* to suit the enquiry and the purpose and context of the enquiry

Modes of communication may include:

- Verbal/non-verbal
- Written
- Formal/informal
- Direct/indirect
- Personal/using technology

Identify and acknowledge *enquirer's expectations*

Enquirer expectations may include:

- Potential for improved health/wellbeing
- Duration for treatment
- Costs
- Availability for health fund rebates
- Workcover eligibility
- Hours and locations of visits

Discuss any unresolved concerns or issues with enquirers

Make appointments for clients according to workplace guidelines

Respond effectively to difficult or challenging behaviour

Plan responses to difficult or challenging behaviour and *manage appropriately*

Manage appropriately may include:

- Managing emotions
- Defusing anger
- Clarifying the issues
- Attending to client needs
- Maintaining composure and professional attitude
- Providing support
- Seeking assistance

Maintain professional integrity at all times



Use basic counselling skills as required to facilitate treatment

Determine *need for basic counselling*

Basic counselling skills may include:

- Attending skills, use of body language
- Paraphrasing
- Reflecting feelings
- Open and closed questioning or probing
- Summarising
- Reframing
- Exploring options
- Normalising statements

The need for basic counselling may include:

- To support client
- To facilitate case taking
- To facilitate negotiation with client
- To facilitate education of client
- To facilitate information giving
- To assess the need for professional counselling

Provide *basic counselling* to facilitate treatment/ services when necessary and in accordance with *practice specific guidelines*

Practice specific guidelines refers to:

- Basic counselling is used only in order to facilitate the treatment
- Clients requiring professional counselling are referred
- Counselling is used as a communication tool and for emotional support when necessary to treatment
- Client boundaries are respected at all times
- Counselling is provided in accordance with level of training

Record details of services provided according to *workplace guidelines*

Workplace guidelines may include:

- Guidelines and procedures
- Mission statements
- Codes of practice

Communication, assessment, documentation and treatment plans

- One of the most important skills of a massage therapist, is their ability to efficiently and effectively communicate with the client. It is important that you establish and maintain clear communication with the client before, during and after the massage.

Communication:

Includes client intake and adjusting the equipment to best support the clients body, as well as communication with the client during and after the massage.

We have virtually no eye contact with the client once we begin massage, and so communication before commencing is important. Furthermore, high noise levels at sporting events, trade shows, concerts etc can hinder verbal communication. More regular and intense communication is required when doing therapeutic work, relaxation does not require the same level of communication to be effective with specific complaints.

Also helps you to determine the clients specific needs, usually when the client has a specific complaint he is seeking help with.



→ It is also important to communicate to the client upon initial consultation, their eligibility for rebates from a health fund provider, many clients coming to you may well be expecting to claim under their private health insurance. Practitioner's who do not hold membership to a professional body will not be eligible as health fund providers.

The following is an excerpt from the Journal of Australian Massage Therapists Ltd, September 2008 edition.

Written by Rebecca Barnett

Assessment: Private Health Insurance (Accreditation) Rules 2008

These rules have been drafted under the Private Health Insurance Act 2007 and are part of a broader quality assurance initiative being pursued by the Department of Health and Aging (DHA). The rules set eligibility criteria for practitioners who wish to offer private health insurance rebates for their treatments. Before I go into more detail, let me assure you that AMT members who continue to hold current insurance and maintain their CEU status will meet the criteria and do not need to take any specific action (other than maintain their association membership!).

The rules are interesting in that they specify that therapists must hold membership to a professional Association to be eligible as a provider of rebatable services. The onus is then on their Association to monitor and fulfil specific criteria.

Rule 10, which applies directly to our industry, states that:

"the health care provider providing the treatment must be a member of a professional organisation which covers health care providers who provide that type of treatment (the profession) and which:

- (a) is a national entity which has membership requirements for the profession; and
 - (b) provides assessment of the health care provider in terms of the appropriate level of training and education required to practise in that profession; and
 - (c) administers a continuing professional development scheme in which the health care provider is required, as a condition of membership, to participate; and
 - (d) maintains a code of conduct which the health care provider must uphold in order to continue to be a member;
- and
- (e) maintains a formal disciplinary procedure, which includes a process to suspend or expel members, and an appropriate complaints resolution procedure."

In other words - and this is a bit surprising - practitioners who do not hold membership to such a professional body will not be eligible as health fund providers. This is an unusual thing for the government to codify in legislation since there does appear to be Trade Practices issues with setting such a requirement which effectively freezes out individuals who choose not to take out professional association membership. I can't help but wonder whether this will be challenged at some point due to the apparent anticompetitive ramifications of the Rule.

The good news for AMT members is that your Association meets the specified criteria and is well-placed to continue promoting the membership to the private health insurance industry. You will no doubt have noted the requirement for professional associations to administer a continuing professional development scheme - something that AMT has been doing for 14 years now. We were well ahead of the pack in this regard.

The Private Health Insurance Accreditation rules for Massage Therapists are due to come into effect on July 1, 2009. The DHA have been generous in allowing professional Associations plenty of time to fall into line with the requirements, although several health funds have already made contact with AMT seeking definitive confirmation of whether we meet the criteria.

Documentation:

Helps you communicate with other providers, possibly the clients physician or insurance company. It can also help you communicate the clients condition to another therapist that may see the client in your absence. Most commonly however, documentation serves to remind you of prior treatments, techniques, findings and results.



Treatment plans:

Creating a treatment plan for each individual client based on their specific needs, available equipment etc.

The relationship between a client and a massage therapist is built on trust and communication. The client has to learn to trust their therapist. The therapist has to earn the clients trust. This is accomplished through communication, both verbal and non-verbal.

At the beginning of a massage therapy session, an initial interview takes place between the client and therapist. If it's your first time with the client, this is a critical and important interview. You as the therapist will explain the procedures, and also ask several important questions regarding your clients health history, physical condition, what type of work they do, and several other questions that may be pertinent to the outcome of the massage session. With the information you gather, you can start to form a plan of action for the treatment you are going to perform. You will need to explain the treatment you are planning to the patient.

This is also the time that your client will start to form an opinion of the therapist. They will be thinking about what the therapist said. Did they sound knowledgeable? Did they understand everything that was explained?

A good therapist will listen to their clients questions, and explain anything about the massage session that they are unsure about. This is where the client/therapist trust starts.

The importance of communication cannot be stressed enough; between you as the massage therapist and the client. Once the massage starts, the therapist may not speak very often; depending on the type of massage planned/ requested. As a client, if you are having a "general relaxation massage" you probably don't want to be asked a bunch of questions while you are trying to relax and relieve stress.

Occasionally the therapist should check in about the amount of pressure used, but that may be the extent to the communication during a relaxation massage.

On the other hand, if you are delivering a therapeutic massage, you should be asking a lot of questions while you have your client on the table. A therapeutic massage requires a lot of communication between you and your client. As you discover "knots" you will ask if they are tender, if the knot causes any pain. You will want to know if the pain radiates to a particular part of their body. These are all questions that will help direct the therapist as to what type of treatment they need to deliver.

So many times a client has said that the last therapist they had did not go deep enough, or went too deep. A good therapist welcomes the clients input, and makes adjustments accordingly.

Communication in massage therapy is the most important aspect of receiving a good massage. The client / therapist communication is the key to making the massage an enjoyable and beneficial part of the clients health care plan. Ensure your client is not afraid to express any concerns or ask for more (or less) pressure.

Every day we interact with people who have different opinions, values, beliefs, and needs than our own. Our ability to exchange ideas with others, understand another's perspective, solve problems and offer a professional therapeutic approach to a clients health care will depend significantly on how effectively we are able to communicate with others.





Communication is the process of sharing information or exchanging thoughts, feelings and behaviour. In a simplistic form information is sent from a sender to a receiver.

Good communication skills are essential for the massage therapist: it is the art and technique of using language effectively, imparting one's ideas and therapeutic concept. Communicating effectively with a client and developing a manner that is friendly makes the client feel comfortable and secure and ensures a beneficial treatment for the client.

Communication Involves Three Components:

- **Verbal Messages** - refers to the content of our message , the choice and arrangement of our words
- **Paraverbal Messages** - how we say what we say - the tone, pitch, pace and volume of our voices
- **Nonverbal Messages** - the message we send through our body language and other cues

7% of all communication is verbal

93% of all communication is non-verbal

In order to communicate effectively, we must use all three components to do two things:

- Send messages: Send clear, concise messages.
- Receive messages: Hear and correctly understand messages someone is sending to us.

Sending Messages

Verbal Messages

Effective Verbal Messages:

- Are brief, succinct, and organized
- Are free of jargon
- Do not create resistance in the listener
- Try to sense the mood of a client, watch body language, expressions and tone of voice.
- Know the audience you will be conversing with and tailor the language you use as appropriate. Adapt your material and your manner to the person (or persons) with whom you are talking.
- Choose your words with the intent of making your message as clear as possible, avoiding jargon and unnecessary, tangential information. Avoid the use of jargon unless you are conversing with a person who is fluent in the jargon you use.
- Be an active listener. An alert face and good body posture tell the other person that you are interested. Eye contact is essential.
- Avoid monopolizing the conversation.
- Avoid the use of words that are critical, blaming, judgmental or accusatory tend to create a resistant and defensive mindset.

Nonverbal Messages

The power of nonverbal communication cannot be underestimated. The messages we send via nonverbal communication: through our posture, gestures, facial expression, and spatial distance accounts for 55% of what is perceived and understood by others.

Nonverbal messages are the primary way that we communicate emotions:

Postures: A client's posture can communicate many different attitudes, emotions, feelings and messages. Our body postures can create a feeling of warm openness or cold rejection. For example, when someone faces us, sitting quietly with hands loosely folded in the lap, a feeling of anticipation



and interest is created. A posture of arms crossed on the chest portrays a feeling of inflexibility. Postures can convey a degree of formality and the degree of relaxation in the communication exchange as well as a response to the communication.

Facial Expression: The face is perhaps the most important conveyor of emotional information. It is often observations of the face, which will help us create an impression of a person. A smile, frown, raised eyebrow, yawn, and sneer all convey information. A face can light up with enthusiasm, energy, and approval, express confusion or boredom, and scowl with displeasure. The eyes are particularly expressive in telegraphing joy, sadness, anger, or confusion.



Personal Space: The distance one stands from another frequently conveys a non-verbal message. Personal space is your "bubble" - the space you place between yourself and others. This invisible boundary is different for each person and will differ across cultures.

Touch: Communication through touch is an integral part of the job for a massage therapist. Shaking hands, touching, holding, embracing, pushing, or patting on the back all convey messages. Used properly it can create a more direct message than dozens of words; used improperly it can build barriers and cause mistrust. You can easily invade someone's space through this type of communication. If it is used reciprocally, it indicates solidarity; if not used reciprocally, it tends to indicate differences in status. Touch not only facilitates the sending of the message, but the emotional impact of the message as well.

Let's consider some general responses to touch:

- People differ in their response to touch
- Some forms of touch will differ in different settings: eg in a clinical setting placing hands confidently on a patient's body where they complain of pain will communicate professionalism, in a café, this may be construed as inappropriate!
- Touch if correctly timed and sincerely motivated can help to establish a positive bond. Consider shaking a patient's hand when you meet them in the reception area.
- Unexpected touch can cause embarrassment and suggest overfamiliarity. Consider placing your arm around a patient when you meet them in the reception area.
- Different rules for the use of touch can be culturally dependent.
- A person may interpret touch differently than is considered normal according to personal life experience.
- Touch can be used in a dominating or threatening way
- Touch can be supportive, reassuring and affirmative
- Touch can easily be misinterpreted
- Touch can reassure about physical attractiveness and suggest sexual attraction; or can be sexually suggestive.

Eye Contact: A major feature of social communication is eye contact. It can convey emotion; signal when to talk or finish, or aversion. The frequency of contact may suggest either interest or boredom. Eye contact is an important communication tool to use when listening to a patient.



Environment: The design of your clinic can greatly affect the communications within it. How do you arrange the objects in your environment - the desks, chairs, tables, and bookcases? The environment can affect the level of your comfort and your status and facilitate or hinder the communication process.

Paraverbal Messages

Paraverbal communication refers to the messages that we transmit through the tone, pitch, and pacing of our voices. It is *how we say something*, not *what we say*. A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice. For example, the statement, "I didn't say you were stupid" can have many different meanings, depending on which word is emphasized.

"I didn't **say** you were stupid"

"I didn't say **you** were stupid"

"I didn't say you were **stupid**"

Some points to remember about our para-verbal communication:

- When we are angry or excited, our speech tends to become more rapid and higher pitched.
- When we are bored or feeling down, our speech tends to slow and take on a monotone quality.
- When we are feeling defensive, our speech is often abrupt.

Receiving Messages

Listening

The key to receiving messages effectively is *listening*.

Listening is a combination of hearing what another person says and psychological involvement with the person who is talking. Listening requires more than hearing words. It requires a desire to understand, an attitude of respect and a willingness to try and see things from another's point of view. Listening requires a high level of concentration and energy. It demands that we suspend judgment, evaluation, and approval in an attempt to understand another's frame of reference, emotions, and attitudes.

Learning to be an effective listener is a difficult task for many people. However, the specific skills of effective listening behavior can be learned. As a therapist, exceptional listening skills are essential.

Key Listening Skills:

Nonverbal:

- Give full physical attention to the speaker;
 - Lean gently towards the speaker;
 - Face the speaker squarely;
 - Maintain an open posture with arms and legs uncrossed;
 - Maintain an appropriate distance between you and the speaker;
 - Moving your body in response to the speaker, i.e., appropriate head nodding, facial expressions.
- Being aware of the speaker's nonverbal messages;

Verbal:

- Pay attention to the words and feelings that are being expressed;



- Using **reflective listening tools** such as paraphrasing, reflecting, summarizing, and questioning to increase understanding of the message and help the speaker tell their story.

Barriers to Effective Communication

When people are under stress, they are more apt to inject communication barriers into their conversation. These barriers can exist in any of the three components of communication (verbal, paraverbal, and nonverbal). People use communication barriers 90% of the time in conflict situations that will inevitably, have a negative effect on communications:

Nonverbal Communication Barriers

- Flashing or rolling eyes
- Quick or slow movements
- Arms crossed, legs crossed
- Gestures made with exasperation
- Slouching, hunching over
- Poor personal care
- Doodling
- Staring at people or avoiding eye contact
- Excessive fidgeting with materials

Verbal Communication Barriers

- Using attacking language and styles
Interrogating, criticizing, blaming, shaming
- "You Messages"
moralizing, preaching, advising, diagnosing
- Showing Power
ordering, threatening, commanding, directing
- Other Verbal Barriers
shouting, name calling, refusing to speak, interrupting others when they speak.

Treatment Communication

Clear Instructions

Once you have conducted the initial interview with your patient, you will need to continue to employ effective communication skills to continue the treatment. As a therapist, it is important to employ all of your effective communication tools to ensure that your treatment is professional and effective.

- Determine your aim and therefore the outcome
- Give the reasons for doing the exercise/assessment/movement
- Follow or talk through the steps of the task, in order
- Use action words (avoid abstract words) when describing what you wish the patient to do.
- Have the patient paraphrase the instructions
- Use words that the patient will understand
- Demonstrate the skill/exercise/movement (or use pictures or drawings)
- Ensure the patient understands, ask them if they do
- Encourage questions
- Allow good timing i.e. do not rush through
- Follow patients progress and gain feedback

Special Circumstances

Communicating effectively to different audiences

You may need to vary your communication style for different audiences. Not all audiences will respond well to one style of communication. Consider the following:

- A patient who speaks English as a second language
- A deaf person
- A child
- A male vs. Female client
- A patient with a disability
- A person who has had a negative experience with a therapist in the past.
- A person who is sensitive about their physical appearance

How is communication different in each of these situations? Cultural and personal factors must be taken into consideration when interacting with clients/patients. In some circumstances it may be necessary to employ communication aids to enable effective communication.

Special Circumstances

Clients with special needs are those who require an adaptation of your communication style due to their unique health-related challenges or circumstances. This topic is discussed in further detail further on in this unit.

Cultural and personal factors may also influence your communication style.

- Religious background
- Racial background
- Gender
- Patient with special needs with a carer
- Age
- Disability
- Family or social factors

Guidelines for communication:

- Remember that if you are uncomfortable, the client will sense your discomfort.
- Recognise the source of your discomfort and deal with it
- Honest communication is best. Discussion will lead to understanding
- Do not ignore a person's disability or condition.
- Speak directly to the client, avoid speaking to a carer or parent and ignoring the patient
- If you are unable to deal with your issues with the patient, refer them to another therapist.



The following article was originally published in *Massage & Bodywork* magazine, February/March 2005.

By Nina McIntosh

We touch clients with our voice and words, as well as with our hands. What we say and how we say it can either add to or detract from the client's comfort and ease. How can we talk to clients in a way that enhances our hands-on work, makes our jobs easier, and adds to a positive experience for them?

Most of us realize that talking with a client, especially when she is on the table, is not the same as talking with a friend. Our clients are more vulnerable in significant ways. First, clients are more emotionally exposed. Clients want to -- and usually will -- enter into an altered state during a session, a state of deep relaxation. Although the best way to help clients enter that state is by our silence, there will be times when talking is



necessary or useful. We have to keep in mind that, during a session, clients are more emotionally open, less defended, and closer to their unconscious mind than in their everyday lives. As a result, our words can sink in more deeply.

In addition, our clients are physically exposed (even if draped, they have little or no clothing on.) They are also in a relatively passive, dependent position. In these circumstances, we can become, in their eyes, the expert, the authority, or even a parent figure. Clients will give more weight to our words than they ordinarily would. For instance, they may hear us as being critical when that isn't our intention. Likewise, our kind and comforting words can have greater effect.

We want to provide a space within which clients can turn off their thinking minds and drop into an altered state, and we also want to be sensitive to a client's vulnerability during the work. Following are some guidelines for how to accomplish these goals.

- Speak softly -- not in a normal conversational voice.

Use a lighter tone and softer volume than normal conversation. Take care not to say anything that might be upsetting or jarring. You want to speak as if you were talking with someone who is about to fall asleep.

Even though there are times when you want to educate your clients, you don't want to engage people's brains with long explanations, speeches, or stories. Don't ask them questions that take thought to respond to (except very early on in the session before they are deeply relaxed). A question such as, "How many times have you hurt this foot?" -- harmless as it seems -- would take a client too much into his head. You don't want to get clients involved in left-brain activities such as figuring out, counting, or analyzing. You can ask them questions about feelings or sensations, such as, "How does this feel?" or "How is this pressure?" Anything you say to clients who are in an altered state should be a no-brainer. Or at least a no left-brainer.

- Keep instructions simple.

To avoid getting people to think, you want to keep instructions simple. For example, some people have trouble distinguishing between right and left, and most people, when they are deeply relaxed, have to think to remember which is which. It can be helpful just to tap lightly on the appropriate side and say, "Would you turn over on this side please?"

- Avoid interpretations and analysis. Say the obvious.

Honor clients' vulnerability by staying within your scope of practice. Don't intrude on clients with interpretations and analyses that are beyond your training or not what they have agreed to. If clients want only a relaxing massage, for instance, we can violate their boundaries by offering our opinions about what is going on with them psychologically or emotionally.

However, it can be very effective to describe what you see in front of you, if it is part of your expertise. For instance, you could say, "You seem to be having a difficult time letting go of your hand. It's been in a fist for much of the session." You don't have to make up fancy explanations or add interpretations. Sometimes just bringing a bodily habit or pattern to a client's awareness makes a big difference.

- Use images that convey the possibility of change.

You want to let clients know they can get better, not give the idea they are stuck in an uncomfortable condition. As an example, rather than saying, "This hip is like concrete," you can say, "This hip joint seems to need more flexibility." Or if an area doesn't have much movement in it, don't say, for example, that it looks "dead." You can say that it looks "quiet" or "asleep" or "as if it wants to move."

- Find something positive to say about clients or about how they are taking care of their bodies.

Compliment them for their self-care. They're coming to get a massage or bodywork -- that's a good start. However, don't comment on how attractive they are. It could sound as if you're interested in them sexually. Speak of "healthy-looking tissue" and legs that "look strong," for example. Avoid making negative comments. A colleague reports, "I didn't appreciate when a massage therapist told me, 'You have the tightest shoulders I've ever seen.' That's a title I didn't want to have."



- Use images to express possibilities.

Images can help clients stop thinking and let go. They can also enlist the client as an active partner. Images can touch clients who are in an altered state more deeply and stay with them longer than dry instructions. For example, you could say, "What if this shoulder were as loose as a rag doll's?" or "Think of your back as a vast Montana sky." Tailor the images to the client's background and interests.

- Use only gentle humor.

Teasing and sarcasm have a hidden hostility, whereas gentle humor can work well. For instance, to a client with a tight upper back, you could say, "I've been wondering who's been carrying the world around for the rest of us. Looks like it was you."

- Of course, no flirting.

There is no such thing as harmless flirting. It is sexual harassment to flirt with a client. Take care even with your tone of voice so you don't give the wrong impression.

- Be extra careful when working around a client's head or face.

When you're near a client's head and face, your words can go even more deeply into the subconscious. Also, you're so close to clients' ears that it's easy to sound loud and jarring. It's best not to talk at all. If you do speak, use positive words and images.

If you say, for instance, "I want to make your neck looser so you won't have a headache," what may stick in the client's mind is the word "headache." You could say, "It would be great to have more ease here." Or using an image: "See if you can let your neck be as soft as a kitten's."

- Be sympathetic in your tone.

It's easy for clients to think we're criticizing them. For instance, a comment such as, "You're so uptight" can sound like a judgment. You could say instead, "It looks like you've been under some stress."

- Keep the focus on the client.

When a client says, "My husband makes me mad because he won't wash the dishes," you don't need to add, "Oh, mine, too. Isn't it a drag?" Clients are paying for your time and attention, not your life story. There are times when such a remark would go unnoticed, but sometimes it could be a problem. Suppose your client is an overworked person who feels she doesn't get enough personal attention in her life anyway. She may -- rightfully -- feel intruded on if you take the spotlight away from her.

- Suggest and persuade rather than order.

What could be less relaxing than to have someone order you to "RELAX!"? Instead of that, or commanding, "Let this arm go," you could say, "I wonder how it would be if this arm could let go."

Knowing the right words to say isn't always easy. Because each client and each situation is unique, there will always be challenges. No matter how long we are in practice, there will always be times when we find ourselves searching for the correct words and occasionally stumbling. Our goal is to know that what we say makes a difference and to keep looking for words that connect with our clients.





The Massage process

It is common for the massage therapist to adopt a system or strategy to use when dealing with clients, to ensure they complete each necessary task in a prompt and orderly fashion. Such formulas are usually abbreviated to acronyms, eg, SOAP (Subjective, Objective, Assessment Plan) or ASTER (Assess client needs, Select treatment plan, Treat, Evaluate and Record).

ASTER is a basic formula for the massage student to learn to effectively conduct a massage consultation and treatment. ASTER will be looked at further in this module, as it is a handy tool to have as a beginning therapist and may be used well into the advancement of the therapist's profession.

A- Assess client needs

- Involves evaluating the clients own goals for massage therapy and establishing the clients previous medical history. Discussion of the presenting symptomatology, any aggravating circumstances, any changes in activity due to the complaint and the onset or initial cause of the symptoms.
- Such information will assist in determining the client's needs and expectations for the massage. Gathering such information may also assist in determining whether a massage is the appropriate treatment for the presenting condition. The therapist can also use the information to establish any indications or precautions to the use of massage therapy. A massage should be a safe and effective treatment option for clients to utilise, for this reason massage therapists must gather as much information as they can to determine the correct plan.
- A health history form will generally be used (an example is shown over the page). These forms should be given prior to commencing treatments, or mailed before the clients scheduled treatment session. The details would be discussed in further details in the pre-treatment screening.
- A form should contain the following:
 - name
 - address
 - phone number/s
 - date of birth
 - emergency contact details
 - occupation
 - recreational activities
 - previous massage treatments
 - areas to be included/excluded from the treatment
 - previous medical history
 - current medical history
 - current medications
 - recent treatment
 - consent to massage therapy
 - outline of scope of practise of the massage therapist
 - outline of the confidential nature of consultation and related procedures
 - statement that all information provided is true and correct



Example of a Health History pre-screening form for the client to complete prior to treatment

CONFIDENTIAL MASSAGE HEALTH HISTORY FORM

Please complete this form as best as you can and return it to the receptionist. Please print clearly.

Name:

Address: Post Code:

Phone Home: Work:

Occupation:

Date of birth:

Recreational activities:

Contact telephone number in case of emergency:

How did you first hear about us?

Have you had a massage before? Yes No

Do you experience any difficulty lying on your front? Yes No

Do you experience any difficulty lying on your back? Yes No

Please tick (✓) all conditions that apply now. Put a P for past conditions.

<input type="checkbox"/> Heart, circulatory problems	<input type="checkbox"/> Cancer/tumours	<input type="checkbox"/> Vision problems or contact lenses
<input type="checkbox"/> High/low blood pressure	<input type="checkbox"/> Asthma or lung conditions	<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Varicose veins	<input type="checkbox"/> Hernias	<input type="checkbox"/> Fatigue
<input type="checkbox"/> Blood clots	<input type="checkbox"/> Abdominal or digestive problems	<input type="checkbox"/> Depression
<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Seizures
<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Numbness or tingling	<input type="checkbox"/> Stroke
<input type="checkbox"/> Rash, athlete's foot/tinea	<input type="checkbox"/> Muscle, bone injuries	<input type="checkbox"/> Skin disorders
<input type="checkbox"/> Allergies	<input type="checkbox"/> Muscle or joint pain	<input type="checkbox"/> Previous motor vehicle accident/trauma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Prosthesis or dentures
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Headaches or migraines	

Other medical conditions or injuries not listed (past and present):

.....

Current medications, including aspirin, ibuprofen, herbs, vitamin, etc:

.....

Recent surgeries:

.....

Consent is required to massage each part of the body. Please indicate which areas you would like included:

Back Buttocks Legs Feet Arms Stomach Chest Face Head

I understand that:

In accordance with the scope of practice of a massage therapist as well as adhering to regulatory and statutory requirements it is not the role of the massage therapist to diagnose injury or illness, or prescribe medication.

Signature:..... Date:





Once a pre-screening form has been completed, the client will be required to answer questions relating to their reasons for massage:

ALL INFORMATION OBTAINED THROUGH PRE-TREATMENT INTERVIEW SHOULD BE APPROPRIATELY RECORDED

- Q- What brings you in for a massage today?
- Q- Have you ever had a professional massage? And if so, when was the last time you had a massage?
- Q- What are you looking for in a massage?
- Q- Which part/s of your body becomes fatigued or aches?
- Q- In which part/s of your body do you feel stress most often (head, neck, shoulders, back, digestive tract, extremities, other)?
- Q- Do you have a preference for music or aroma?
- Q- You have indicated on health history pre-screen form that you would like the following areas massaged. Can I clarify these?

→ THE FOLLOWING QUESTIONS EVALUATE INDICATIONS AND CONTRAINDICATIONS

- Q- You have marked _____ on your health history forms, can you tell me how this condition affects you?
- Q- How long have you had this condition?
- Q- What treatments, if any, are you receiving for this condition?
- Q- Who is/are the health professionals providing the treatment? Do I have permission to contact them?
- Q- Are you currently taking any medications?

→ QUESTIONS TO EVALUATE CURRENT SYMPTOMS

- Q- Do you have any pain, discomfort or stiffness today?
- Q- Can you show me where the pain, discomfort or stiffness is?
- Q- What is the pain like?
- Q- How and when did the symptoms begin?
- Q- What makes the pain worse?
- Q- What relieves the pain?
- Q- Is there any time of day that the pain eases or is worse?
- Q- How has the problem affected your life?
- Q- Have you seen a health professional for this problem? If so, do you mind if I contact them in relation to your condition?



S- Select treatment plan

- Once the pre-screening form has been completed and its contents discussed with the client, the therapist should determine the best course of treatment, with consent from the patient.
- The therapist has an ethical and professional duty to discuss the treatment with the client, when devising a plan. All treatment plans should be determined taking into account the clients individual needs and condition. All benefits and risks should be explained prior to commencing treatment
- The therapist AND the client both have the right to refuse treatment for any reason, (see “right to refuse” section)
- A consent agreement may be issued and is becoming more and more popular amongst clinics and patients. If these agreements are to be used, it should be noted in their file that they have consented to the following
- Such an agreement should state the following:
 - treatment goals
 - areas of the body that will be massaged/treated
 - duration of the massage
 - degree of undress required, and draping expectations
 - the position of the client during treatment
 - procedure for getting on/off the treatment table/chair
 - the obligation of the client to inform the therapist of any unusual sensations or feelings during the treatment
 - explanation of any DOMS or potential muscle soreness that may be experienced afterwards
 - the role of massage
 - the right of the client to alter any part of the massage and/or cease treatment at any time during massage

T- Treat

- Upon completion of all previous assessments, the therapist should be ready to begin treatment.
- Palpation is a skill that is learnt through cumulative practise. This is where the treatment should begin. Palpating the skin and tissue for any problem areas, in order to assess their condition. Palpation has been described as the four “T’s” (Rattray and Ludwig, 2000)
 - Temperature: heat may indicate infection or swelling from injury etc
 - Texture: the way the surface feels beneath the fingertips, hard, soft etc
 - Tenderness: the client may experience extra tenderness in certain areas, over certain tissue etc. they may wince, flinch or tell you it hurts
 - Tone: the tension within a muscle at rest. A muscle will usually be guarded if it is injured, tensing at the touch and contracting (Hypertonic muscle lesion). If a muscle is under utilised it may be the opposite, and the muscle becomes weak and flaccid (hypotonic muscle lesion).
- During palpation, each of the four T’s provide valuable information relating to the tissues condition.

E- Evaluate

- Evaluating the client begins at the first communication of appointment, and is ongoing.
- The fourth part of the ASTER process is the formal evaluating required at succession of treatment. During any massage treatment, the therapist should perform regular evaluations of the tissue to note any progression or changes in the muscle or tissue.
- Any verbal feedback received during treatment should also be noted, good or bad.

R- Record



- The client record is considered to be an accurate account of the clients history. This is an ongoing record that is updated with each visit, called charting.
- Reasons for keeping a clients records include:
 - to enable the therapist to track a clients progress
 - to assist the therapist to recall previous assessment, treatment and evaluation, enabling the therapist to deliver more specific and beneficial treatments
 - to allow the therapist to communicate with the other health care professionals in the same clinic who may be treating the same client
 - to form part of a medico-legal report if required
 - to provide a record of treatment for health insurance if required
 - to provide the therapist with accurate information of the entire consultation if the therapist is ever called as a witness in any legal proceedings



Conflict Resolution

Conflict is a state of opposition, disagreement or incompatibility between two or more people or groups of people. It is an expression of a struggle between people who perceive incompatible goals. Conflict can arise from sources such as

- Varied perspectives on a situation
- Different belief systems and values
- Different objectives and interests

Conflicts can occur between a massage therapist and a client when communication is inadequate or when expectations are not met. For example, if the therapist is late starting a massage, problem areas pointed out by the patient are not addressed by the therapist during the massage, or a client cancels an appointment on a number of occasions in a row.

Conflict can have detrimental affects on your productivity as a therapist, service quality/delivery, team/individual morale and working relationships. However conflict is important. If it is managed well, it can identify and support effective change.

Ways to deal with conflict

Conflict resolution aims to resolve the tension between people. Negotiations and resolution strategies are part of being a competent therapist and are necessary in maintaining a healthy relationship. There are many approaches to conflict resolution, and every situation may require a different approach, or more than approach.

Denial or withdrawal

- A person attempts to eliminate the conflict by denying that it exists and refusing to acknowledge the issue.
- The conflict may be short lived and may resolve itself and hence denial can be a constructive process
- The conflict may not go away, but may develop to an unmanageable level.

Suppression or smoothing over

- The situation causing the conflict is acknowledged but glossed over
- The source of the conflict rarely goes away
- Can be useful when the situation is of little significance and the desire to conserve the relationship or working conditions is considered important

Power or Dominance

- Often used to settle differences or conflict
- Power may be inherent in ones position (such as therapist vs. client)
- Power strategies result in 'winners' and 'losers' which can lead to greater conflict over time
- This form of conflict resolution may be necessary when other avenues have been exhausted

Compromise or Negotiation

- Each side of conflicting parties gives in a little to 'meet halfway'
- Usually works well when speedy decisions must be made and resources are limited
- Can lead to problems if the compromised solution is watered down to the point where it is no longer effective

Integration or Collaboration

- Suggests that all parties in the conflict recognise the interests and abilities of the others.
- Each individual's interest, positive intentions and desired outcomes are thoroughly explored in an effort to solve the problem
- The process takes time, openness and energy
- Participants are expected to modify their position as the resolution progresses



Outcomes of conflict/conflict resolution

When resolving conflict it is important to keep written documentation. Include details about the nature of the conflict, the types of resolution attempted, the success of the conflict resolution and the outcome.

If the conflict cannot be resolved satisfactorily, documentation of the conflict is important in the event that the situation escalates to legal action.

Complaints process

- many people make enquiries without lodging a formal complaint
- approx 50% of telephone inquiries result in lodgement of a complaint
- complaint must be received in writing
- a person must have standing to make a complaint
- consent is obtained from complainants to send their complaint to the respondent
- approx 90% of all complaints are resolved informally
- approx 10% of all complaints go to conciliation
- if a complaint is not resolved through conciliation the complainant may request the complaint be referred to VCAT for hearing

Offences

- ✓ unlawfully requiring consent- by threat, intimidation, or false representation
- ✓ unlawful destruction, defacing or damage to health information to evade the Act
- ✓ unlawful requesting or obtaining access to health information
- ✓ persuading another not to exercise rights under the Act
- ✓ failure to attend before the health services commissioner
- ✓ summary offences- charges would be brought before the magistrates court, penalties may apply

Results of non-compliance

The commissioner is able to serve compliance notices where serious breaches occur or if the breach constitutes a serious or flagrant contravention of the Act.

- Serious breach is defined as 5 episodes within the last 2 years

The commissioner can make rulings that specify to remedy the complaint

- penalties apply for failing to comply with a compliance notice

Health Services Commissioner

Contact details

Level 30, 570 Bourke ST

Melbourne

03 8601 5222

Toll free: 1800 136 066

Website : www.health.vic.gov.au/hsc

Understanding Boundaries of the Client/Practitioner relationship

In general terms, a boundary may be defined as a line, or a set of parameters, which indicates the limits of an area or territory. Boundaries can be personal or professional.

- ❖ Personal boundaries are self created limits for the purpose of establishing and maintaining a healthy sense of separateness from others.

- These boundaries offer protection, recognition, and a sound sense of self. These boundaries relate more to the experience of living, a person's identity and perception of the world and themselves.
 - They are determined by beliefs, prejudices, personal experiences, family upbringing, culture and customs.
 - Tend to be 'subjective' in nature, this term refers to an individual's personal, emotional experiences – 'belonging to the individual, consciousness or perception'
 - (objective on the other hand, is dealing with outward things or exhibiting fact uncoloured by feelings or emotions. Eg. sex, age, gender, medical history)
- ❖ Professional boundaries are limits established for the purpose of promoting and maintaining integrity in professional relationships.
- A professional therapeutic relationship is where there is a balance between safety and objectivity, and between care and distance.
 - These professional boundaries are dictated by the relevant professional associations, which dictate guidelines for scope of practise, code of conduct, ethical responsibilities, and standards of practise.

An awareness of these boundaries is vital for all health care therapists. It is particularly relevant in massage therapy, as it necessitates the therapist 'invading' the personal space, or transgressing what is normally perceived as 'intimate distance'.

As a health care professional, it is up to the massage therapist to create clear, healthy boundaries with their clients. It is their Professional Duty. Well located boundaries provide a safe, supportive and sustainable environment for therapist and client alike.



Self Disclosure

In order to gain as much information as possible about a client before formulating an understanding of their condition of health and determining a treatment plan, it is important to encourage them to openly and honestly disclose details of their current situation pertaining to their health.

→ Defined as the act of verbally or non-verbally communicating to others some degree of personal information.

One way to assist the client in feeling at ease with a line of questioning is to provide them with an explanation of how the information may contribute to a better treatment result. It is important to explain to the client how the questioning is relevant to the consultation/treatment.

The client may feel obliged to have to answer all questions the therapist asks, whether they are comfortable or not with the degree of disclosure. Clients may begin to ask the therapist questions back, putting the therapist in an uncomfortable unprofessional position. If this occurs, it is important to remain professional, honest and tell them that they are not comfortable with the direction of the conversation. When the therapist does this in a friendly, positive manner, it will give the client the confidence to be able to do the same when they are not comfortable with the questioning.

Right to refuse

Both the client and the therapist have the right to refuse the treatment- receiving and/or giving.

- The therapist: can refuse treatment if they feel unable to express positive regard for the prospective client, due to personal boundary issues, or because they feel that the client will not respect their professional boundaries. The therapist should be able to justify their decision with the client.
- The therapist should explain the clients rights to refuse any or all aspects of the treatment also. This will empower the client and give them a sense of safety, and make the client-therapist relationship flourish.

Dual Roles

Dual roles can occur where the therapist has more than one type of relationship with the client. This may provide a different set of expectations and responses. Examples of relationships may include:

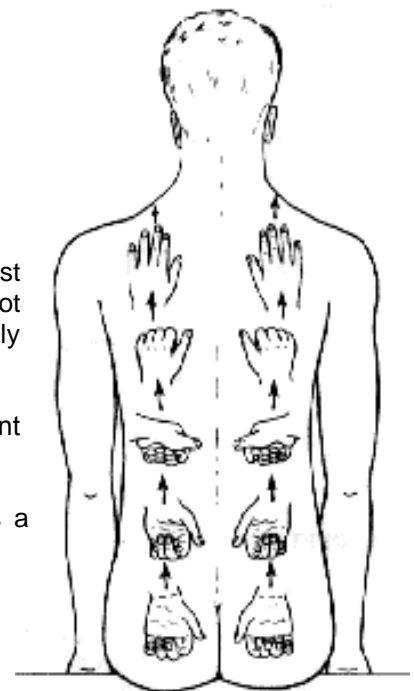
- Family
- Social
- Friendship
- Dating
- Sexual
- Employee/employer
- Client/ therapist

Stepping into a dual role can be challenging position.

When dealing with dual role situations as a therapist, the therapist must always remember that the power advantage they hold in that role must not be abused regardless of whether the client is a stranger, friend, family member, employer or acquaintance.

When considering discounting pricing policies or “mates rates” it is important to take into account the following:

- Does this pricing structure support your value and skill base as a professional therapist?
- What is an equitable exchange for your time and energy?
- Is the discount sustainable with respect to your ability to make a living?



Physical Boundaries

→ In a physical environment the physical space between people is generally arms length. This would generally hold true of any non-intimate relationship, as people need a certain amount of physical space between themselves and the next person.

A massage therapist will be asking their clients to undress, they will touching their bare skin, and palpating them, a degree of physical contact usually saved for intimate relationships. In order for this to remain in the professional realm, the following protocols should be considered:

- create a treatment plan with the client so that the purpose and sequence of events are mapped out prior to conducting them, to put the client at ease
- the client should be reassured wherever possible and appropriate, to speak up and voice any concerns they have if they become uncomfortable
- the client should be made aware of the degree to which they must undress at the beginning of the session, as confusion over what they must remove may cause embarrassment
- leave the room as the client undresses, leaving them with appropriate draping so they can cover themselves up

- avoid massaging or touching erogenous zones, that may be extra sensitive to stimulation

Emotional Boundaries

→ These boundaries are fluid and can change between client to client, and in the same session with the client. The degree of intimacy is usually an unspoken contract between two people. There are some obvious limits within the professional relationship, in that sexual intimacy is not an option, yet the degree of connection the therapist has with the client is reflective of the boundaries of both the client and the therapist.

Much of how people interact or respond with other people, can occur on an unconscious level, by transference and counter-transference.

Transference: the client may project a personal relationship onto the therapist

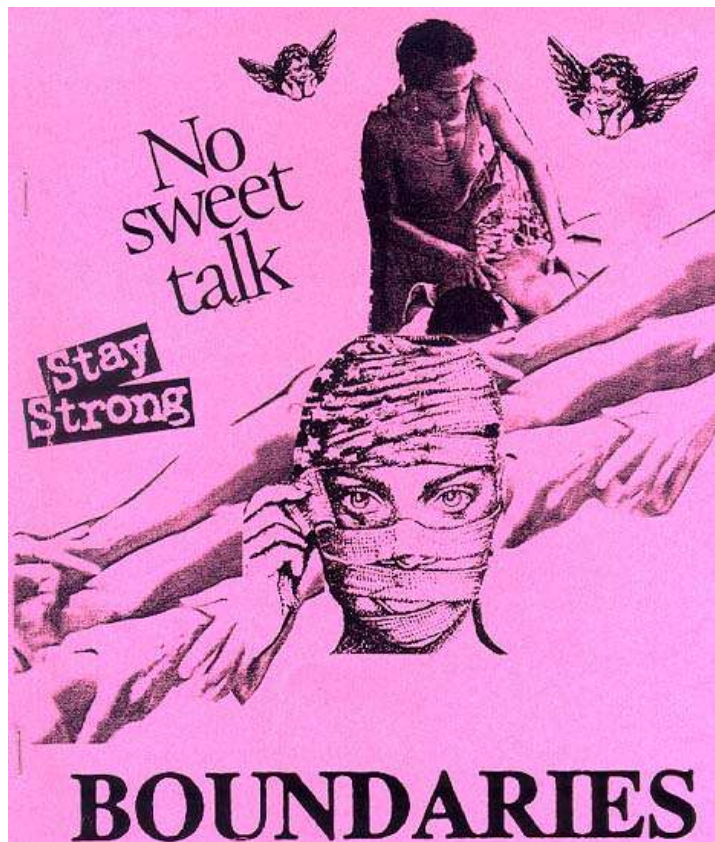
Counter-transference: the therapist may respond to the projection, knowingly or unknowingly.

Sexual Boundaries

Massage may be a very intimate and personal experience, so it is not surprising that it may evoke sexual feelings and/or responses. This becomes a problem if either party feels unsafe, uncomfortable, or violated in some way. Such confusion may also arise due to marketing and advertising, as the massage industry is still largely associated with the sex industry.

Suggestions for promoting clear sexual boundaries:

- assume a professional phone manner, ensuring you provide a clear description of the services you offer
- dress professionally, considering the image you wish to convey
- ensure your workplace is professional in appearance and function
- explain the treatment procedures that you wish to implement, including the parts of the body you will be massaging/treating. Gain the clients consent prior
- give clear instructions about what clothing you need the client to remove/retain
- drape the client appropriately with towels, etc.
- make your touch deliberate and purposeful
- explain the parasympathetic nervous response to the client, to avoid any embarrassment or concerns they may have about becoming aroused.



Cultural considerations

Massage therapy is practised in many forms throughout the world, each with its own style, customs and techniques. Australia is a multi-cultural nation offering massage therapists the potential to work with a variety of clients from a variety of backgrounds, each bringing with them a different experience and expectation of massage from the therapists. It is important to be aware of cultural differences, and to adapt the treatment accordingly.



A pressing issue regarding clients of different cultures may be the issue of body boundaries. People of some ethnic groups, may have different perceptions of their physical body. To some the body may be considered sacred. To others it may be held as very private, something that cannot be revealed readily to others. In addition, beliefs about the shape and size of the body can differ significantly from one culture to another.

You must:

- Establish the possible influence of the clients ethnicity and culture on proposed treatment.
- Encourage the client to ask questions and express themselves freely during the case taking and the massage treatment.
- Accommodate the clients perspective of their illness when determining the best treatment approach
- Refer where appropriate to other health therapists
- Avoid ethnic stereotyping

Questions that can be used to determine the influence of culture on treatment of clients:

- Place of birth- city or rural?
- Length of time in Australia and did you have any family here before immigrating (may determine familiarity with cultural setting)
- Occupation in country of origin
- Occupation in Australia
- Describe the nature of your health problem
- What do you thin may have caused it?
- How has it affected you? Home/work
- What results do you hope the treatment will give?

In conclusion to boundaries, sound therapist protocols in the massage setting not only help to define the professional relationship, but also remove impediments to therapeutic outcome. Client and therapist safety requirements must also be met and the treatment expectations must be mutual. These various objectives can be created and maintained by the careful monitoring and maintaining of workable boundaries between therapist and client.

To avoid most misunderstandings, the following can be used:

- ✓ Solid communication skills
- ✓ High level of professionalism
- ✓ Awareness and adherence to the professional code of ethics
- ✓ Sensitivity to the clients boundaries
- ✓ The therapists awareness of their own subjective boundaries



The National Privacy Principles

1. COLLECTION

This section sets out the health professional's requirements for collecting information. Only necessary personal information can be collected by lawful and fair means. Before collecting the individual's personal information the health professional must explain the purpose for collecting information and any law that requires specific information to be collected, as well as gaining client consent before collecting the information.

2. USE AND DISCLOSURE

This section prohibits the use or disclosure of personal information about an individual for any purpose other than the primary reason for collecting the data, unless: the client has consented to it; the information is not of a sensitive nature; the information is health information and is necessary for research relevant to public health or safety; to prevent serious and imminent threat to the client's life, health or safety or to public health and safety; or if it is required or authorised by or under law.

3. DATA QUALITY

The health professional must take reasonable steps to ensure the personal information collected, used or disclosed is accurate, complete and up to date.

4. DATA SECURITY

The health professional must ensure reasonable steps are taken to protect the client's personal information from misuse and loss, or from unauthorised access, modification or disclosure.

5. OPENNESS

This section requires the health professional to be open about what client records are held, why and how they are kept, how they are collected and how they are used. This section also requires the health professional to develop a policy document on how client information is managed. This document must be made available to all who ask.

6. ACCESS AND CORRECTION

This section gives the client the right to access their personal records and a right to have the information corrected if incorrect, incomplete or out of date.

7. IDENTIFIERS

This section limits the use of identifiers (a number assigned by an organisation to identify the client, such as a Medicare number or private health insurance number) by a health professional to the purposes for which they were issued. That is, these identifiers cannot be used as client identification codes.

8. ANONYMITY

Where lawful and practicable, the client has the option of not identifying themselves when presenting at the clinic.

9. TRANSBORDER DATA FLOWS

This section sets out the terms for transferring client information out of Australia.

10. SENSITIVE INFORMATION

The health professional may collect sensitive information from the client only when the client has consented or is required to by law.



Counselling Skills

Counselling is a very large topic, and a specialised modality in its own right. So, what do we mean by counselling? And how is it relevant to the health care context? Both of the scenarios in the following example illustrate that regardless of our role, we may be required at some point to exercise the skills of counselling – as a ‘core’ skill or as an adjunct to other modalities in which we may work.

Example:

Troy ran away from home at 15. He has been living in a squat for the last two years. He was picked up last night ‘off his face’, and threatening passers-by in the city with a machete. He is 17 years old, and so still falls within the juvenile justice system in South Australia. At interviews he presents as quiet, withdrawn, shy. He slowly (and with some reluctance) tells you that he left home ‘because of some stuff with my dad, sex stuff’. His indication of the amount of pills and alcohol he has been consuming is significant. He says he has been popping pills and drinking every night for the last six months. His girlfriend (a runaway) hasn’t been seen for the last five nights. He makes the comment, almost in passing, that ‘no one would miss me if I disappeared off the face of the earth.’ Pauline is a care worker who attends Stephen, a 45-year-old client with muscular dystrophy. Her client is increasingly reliant on mobility aids and is spending less and less time out of his wheelchair. Pauline notices that Stephen is increasingly withdrawn, not his usual jovial self. She feels uncomfortable, wishing to broach the subject with Stephen (with whom she has previously enjoyed very open communication), but not quite knowing where to go with her observations. **Note:** The focus in the context of this publication is on *basic* counselling – working within the limitations of our expertise, and referring on as appropriate. With this proviso, let us begin by exploring what we mean by counselling and then go on to address some of the basic skills of counselling, applied to the health context.

Definitions of the word counselling are numerous and often misleading. If asked the question, “what is counselling” most people would use the terms ‘giving advice’ in their response. This is a correct assumption on face value, however, this can be the opposite aim of a good counsellor. Effective counselling takes place when a person enlists the help of another in order to deal more effectively with a problem. Rather than give advice, the goal of a good counsellor is to help a client locate and trust their own capabilities and strength to solve their problem.

Rather than being a trained counsellor or therapist, a massage therapist is a physical therapist who uses counselling skills as part of their work. As a massage therapist, the role as a counsellor is a secondary or supportive one. A massage therapist aims to address the physical ailments of a client. In successfully addressing physical ailments, it may sometimes be necessary to use basic counselling skills to facilitate treatment.

Qualities of an effective counsellor

- Basic self esteem
- Interest in people
- Competence in relation to counselling skills
- Understanding of self
- Respect for cultural diversity
- Acceptance of people from different racial and religious groups
- Creative and flexible thinking
- Sense of humour
- Ability to experience and communicate empathy
- Ability to deal with personal problems and ask for help when necessary
- Clear emotional boundaries
- Ability to be honest and genuine in relation to self and others.

When to employ counseling techniques

- To support client
 - As a part of the therapeutic process, it may be necessary for a client to work through a personal problem.
 - People can often present with physical manifestations of emotional problem



- Muscle tension and pain may represent stresses a client is experiencing in their daily life
- To facilitate negotiation
 - In situations of conflict, counselling skills can help to resolve the situation
- To facilitate education/information exchange
 - To offer a thorough and holistic approach to health care, education of the client is important
- To assess the need for professional counselling
 - Basic counselling can uncover some more complex and demanding issues
 - Good counselling skills will help to identify any potential issues and allow the therapist to refer the client to the appropriately trained professional counsellor.

Guidelines

Basic counselling is provided to facilitate treatment when necessary and is employed in accordance with practice specific guidelines

- Basic counselling is used only in order to facilitate treatment
- Counselling is used as a communication tool and for emotional support when necessary to treatment
- Counselling is provided in accordance with the level of training
- A massage therapist is not a qualified counsellor and must not market themselves as such (unless they have undergone relevant training)
- Clients who require professional counselling are referred to an appropriate therapist
- Client boundaries are respected at all times
- Details of care are recorded in clinical records according to clinic guidelines, as listed in a code of practice

Basic counseling skills

The skills a therapist uses and needs to be proficient in include the following

Active listening

- Listening is an active process that requires effort and concentration
- Involves the skill of observing and receiving non-verbal messages
- Attending skills, use of body language

Paraphrasing

- This is a concise statement of the content of the speaker's message.
- A paraphrase should be brief, succinct, and focus on the facts or ideas of the message rather than the feeling.
- The paraphrase should be in the listener's own words rather than "parroting back", using the speaker's words.

"You feel that your injury is holding hindering your team's chances in the finals."

Reflected feelings

- The listener concentrates on the feeling words and asks herself, "How would I be feeling if I was having that experience?" then restates or paraphrases the feeling of what she has heard in a manner that conveys understanding.

"You are very worried about the impact that failing to complete the marathon might have on your self esteem".

Open and closed questions

Use of open-ended questions (questions which can't be answered with a 'yes' or a 'no') encourages clarification and information.

This helps the client focus on the topic, encourages the client to talk, and provides the client the opportunity to give feedback.

"Can you tell me more about your experience when your manager pushes deadlines at you?"

"Tell me more about the after school tutoring sessions."



"I'm confused - are you worried that work cover assessment may lead to more time out of work or is there something else?"

Summarising

The listener pulls together the main ideas and feelings of the client to show understanding.

This skill is used after a considerable amount of information sharing has gone on and shows that the listener grasps the *total* meaning of the message.

It also helps the client gain an integrated picture of what they have been saying.

"You're frustrated and angry that this assessment has taken so long to come about and confused about why the referral to the right practitioner wasn't made earlier since that is what you thought should have happened."

"You're worried that you won't make adequate progress if you don't get regular treatment, and you feel that you need to be getting more advice about things you can do at home to speed up your recovery"

Let's look at the process of booking client appointments.

Appointments

All health service providers have a schedule for managing, treating or providing care for clients. Each health business or organisation will have set ways of managing appointment times. The important aspects to consider if you are setting up an appointment schedule or making appointments are: the days on which the allied health professional is consulting the times for consultation scheduled work breaks emergency times type of clinical procedure time required for each task client variations that may affect the task. These considerations will vary from one workplace to another and for each type of allied health service. Each type of health clinic may even use a different time management system. There are two methods of booking and keeping a record of client appointments: Using a computer software package (some of which also incorporate other aspects, eg: records, accounts and the client's status – they have arrived, are waiting, or in consultation). Using an appointment book.

As the cost involved in the use of computer software can be prohibitive to small or medium sized organisations, many will use an appointment book. Most appointment books have columns to be headed with the day, date and practitioner's name. The day is then divided into hours and, within the hours into 15 minute sections. When an appointment is made, the client's name is written in against the appropriate time slot. If the client requires longer than 15 minutes, a line or lines are drawn through the required number of time slots, eg: a 45 minute appointment for 9.00 am would entail the client's name being written against 9.00 am and lines being drawn through 9.15 and 9.30, leaving the next available appointment at 9.45 am.

Example 1:

The appointment book you are required to use may look similar to the following:



Day _____ Date _____ Practitioner _____	TIME	Day _____ Date _____ Practitioner _____	Day _____ Date _____ Practitioner _____	TIME	Day _____ Date _____ Practitioner _____
	00 00			00 00	
	15 8 15			15 8 15	
	30 30			30 30	
	45 A.M. 45			45 A.M. 45	
	00 00			00 00	
	15 9 15			15 9 15	
	30 30			30 30	
	45 A.M. 45			45 A.M. 45	
	00 00			00 00	
	15 10 15			15 10 15	
	30 30			30 30	
	45 A.M. 45			45 A.M. 45	
	00 00			00 00	
	15 11 15			15 11 15	
	30 30			30 30	
	45 A.M. 45			45 A.M. 45	
	00 00			00 00	
	15 12 15			15 12 15	
	30 30			30 30	
	45 A.M. 45			45 A.M. 45	
	00 00			00 00	
	15 1 15			15 1 15	
	30 30			30 30	
	45 P.M. 45			45 P.M. 45	
	00 00			00 00	

Length of appointment

The standard length of appointments may vary according to your situation.

Example 2:

While the length of appointments will be fairly uniform in a general medical practice, this is not true for many complementary practitioners. Many disciplines require close and detailed discussion about the client's lifestyle, background and health history. This takes time and could be anywhere from 30-60 minutes for an initial consultation. Subsequent appointments may or may not be of the same duration. A massage therapist is likely to have set times for a back massage and a full body massage. These will not vary, regardless of how many times the client has been treated. In addition to booking appointments on site, you may need to book appointments that are to occur in another location. You may also be required to mark times that are not to be used for client appointments.

Example 3:

The practitioner/s may consult elsewhere on some days, or even conduct home or hospital visits. Time will need to be blocked out in the appointment book for these activities, so that appointments are not made then. With any type of appointment system, it is important that the allied health assistant ensures the system works efficiently for both the clients and the allied health professional. If the system is too busy or disorganised, the allied health practitioner may be rushed and find it hard to complete or carry out tasks effectively. Another common problem with poor appointment management is that clients may be kept waiting too long. This may cause them to be late for other commitments and make them apprehensive or irritated, which could, then, make treatment or therapy difficult. Sometimes, it may be unavoidable to keep clients waiting. In these situations, the best way to manage this is to:

- inform them of the delay
- apologise and explain the reason for the delay
- let them know when they will be seen
- reassure them that they are important to the clinic.

It is important for all members of the reception staff to be familiar with the timing of appointments, so that these are booked realistically and do not result in frustrated clients having to wait for long periods.



Appointment cards and reminders

Clients need to attend appointments at the right place and time to assist the health office to run efficiently. If a client makes an appointment at the clinic, a common method for reminding the client of his or her appointment is for you to write down the day, date and time on an appointment card. If the client rings to make a time, give the person the details (day, date and time), and repeat them again before he or she hangs up. It may be beneficial, then, to send a written confirmation of the details of the appointment. Check with the office/clinic you are visiting or working in, about their protocol.

Some health businesses send reminders a day or so before the appointment. You can phone home, work or mobile numbers. (Make sure that if you are ringing a work number, it is appropriate for you to speak to your client, as some workplaces do not allow private phone calls.) Other increasingly common ways of contacting clients are text message or email.

Referrals

Quite often for a client to be eligible to visit an allied health service, some referral method is used. To 'refer' is to send or advise someone to go to another professional for action or help. The process of sending or advising a client to another health or welfare source is called a 'referral'.

Most health agencies have policies relating to referrals. Agencies may have a standard form or devise a letter to the other professional. Referrals are important for providing continuity of care for clients. A referral could be from one health professional to another.

Example 4:

Your child has been seeing a speech pathologist. The child is also having problems coping at school, because of the speech problem and other issues. When you discuss this with the speech pathologist, he recommends that it might be a good idea to visit one of his colleagues who is a psychologist. The office of the speech pathologist then organises an appointment and referral letter to the psychologist. Some referrals may be more informal, such as a recommendation from a friend or your neighbour.

Cancellations and rescheduling

On rare occasions, a practitioner may need to cancel some appointments. If this should occur, you need to contact all clients affected, apologise and give a brief explanation for the cancellation and offer each person a new appointment. Generally, you will find that people are understanding and will reschedule happily.

Clients may have to, or choose to cancel appointments. This may be for any number of reasons. Something might have happened with their employment commitments, which means they cannot keep their original appointment, a parent may need to care for a sick child who cannot be left unattended, or the appointment may just have become inconvenient.

If a client rings to cancel an appointment, it is important for you to thank them for calling. That appointment now becomes available for someone else. In most cases, when a client calls to cancel an appointment, they will reschedule. However, if the client chooses not to, there may be certain actions you are required to take.

Example 5:

You may be required to report to the practitioner or the practice manager (in larger practices), who will then decide what action, if any, should be taken. If the client is part way through a treatment program, cancellation of an appointment may slow down or even jeopardise their recovery. If the client has chosen to cancel because they are dissatisfied with their treatment, it is important that someone contacts them to discuss the problem. Bad publicity is something no health care practice needs.

Rescheduling of appointments can usually be accomplished easily, as long as everyone does not want to make an appointment at the same time. You will find that some times of the day are busier than others and you will need to encourage clients to avoid those times if possible, e.g.: appointments after school finishes are often in high demand, as are early morning appointments and those after 5.00 pm when people have finished work. At times, you will not be able to accommodate the client's wish for an appointment time. Offer them alternatives until you find one that suits them.

In accordance with practice guidelines

We provide basic counselling in accordance with practice guidelines, i.e.: our role is not that of ‘trained counsellor’, unless we are just that: a trained counsellor. Within the context of practice guidelines, we generally provide counselling as required in the following circumstances: offering basic counselling, in order to facilitate treatment using basic counselling skills as a communication tool we offer basic counselling to the level of our training and ability we respect the boundaries of client/patient at all times. In the context of practice guidelines, it is worth noting the importance of referral. It may become obvious during the course of your interactions with a client that they require more than you are able to offer, personally or within the boundaries of what your organisation offers. It is your professional responsibility to be aware of when a client should be referred on.

If you are unable to meet the client’s needs, or if you are practising beyond the level of your training or expertise, then you need to make the client aware of this, and to search out the possible alternative services that they may find more satisfactory. This is still about keeping the client’s best interests as your central focus.

There may also be cases where you become aware that your client requires additional services to those your organisation is offering, whilst still maintaining your service. You need to be aware that although you are establishing an ongoing relationship with the client, you may not have the skills required to offer them support with their problems. You are not a counsellor. You may through your contact with the client gain enough of an idea about their situation and their issues to see that they need to be supported by a professional counsellor – someone with the training and experience to support them through the difficult process of realisation and change. Do not assume that you are capable of this role. Refer the client to someone.



PLAN, DO, CHECK, ACT cycle

Description

The plan–do–check–act cycle (Figure 1) is a four-step model for carrying out change. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.



Figure 1: Plan-do-check-act cycle

When to Use Plan-Do-Check-Act

- As a model for continuous improvement.
- When starting a new improvement project.



- When developing a new or improved design of a process, product or service.
- When defining a repetitive work process.
- When planning data collection and analysis in order to verify and prioritize problems or root causes.
- When implementing any change.

Plan-Do-Check-Act Procedure

1. Plan. Recognize an opportunity and plan a change.
2. Do. Test the change. Carry out a small-scale study.
3. Study. Review the test, analyze the results and identify what you've learned.
4. Act. Take action based on what you learned in the study step: If the change did not work, go through the cycle again with a different plan. If you were successful, incorporate what you learned from the test into wider changes. Use what you learned to plan new improvements, beginning the cycle again.