

# VTCT Level 4 Diploma in Stress Management Strategies

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Operational start date: **1 October 2015**  
Total Qualification Time (TQT): **480**  
Guided learning hours (GLH): **360**  
Qualification number: **601/8038/9**

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## Statement of unit achievement

By signing this statement of unit achievement you are confirming that all learning outcomes, assessment criteria and range statements (if/where applicable) have been achieved under specified conditions, and that the evidence gathered is authentic.

This statement of unit achievement table must be completed prior to claiming certification.

Unit code	Date achieved	Learner signature	Assessor initials	IQA signature (if sampled)
Mandatory units				
UCT8M				
UCT9M				
UCT10M				
UCT11M				

# The qualification

## Introduction

The VTCT Level 4 Diploma in Stress Management Strategies has been designed to develop further the knowledge and understanding of the complementary therapist of stress and the strategies used to manage stress. All units within this qualification are mandatory.

Through this qualification you will develop your interpersonal skills while expanding your understanding of providing complementary therapies within a healthcare setting. More specifically, you will explore the principles of stress, strategies used to cope with stress as well as methods of mentoring a client with stress.

## Prerequisites

You must have completed at least one Level 3 qualification in complementary therapies, to include body massage, aromatherapy or reflexology in order to study this qualification.



## Progression

This qualification is designed to lead employment in a variety of roles, either self employed, in a complementary therapy clinic, beauty or spa facilities or private practice. This qualification may also lead to employment within a hospital, hospice or other healthcare environments.

Further advanced study at Level 4 is also an opportunity, the following VTCT qualification are available:

- VTCT Level 4 Diploma in Providing Therapies for Clients with Cancer or Other Life Limiting Conditions
- VTCT Level 4 Diploma in Complementary Therapies
- VTCT Level 4 Diploma in Aromatherapy for the Complementary Therapist
- VTCT Level 4 Diploma in Reflexology for the Complementary Therapist
- VTCT Level 4 Diploma in Massage for the Complementary Therapist

# Qualification structure

**Total GLH required - 360**

All mandatory units must be completed to achieve this qualification.

## Mandatory units

VTCT unit code	Ofqual unit reference	Unit title	Level
UCT8M	M/507/8518	Understand stress and strategies used to manage stress	4
UCT9M	K/507/8517	Mentor the client in the use of techniques to manage stress	4
UCT10M	T/507/8519	Principles of providing complementary therapies in a healthcare setting	4
UCT11M	K/507/8520	Interpersonal skills for the complementary therapist	3

# Guidance on assessment

This book contains the mandatory units that make up this qualification. Optional units will be provided in additional booklets (if applicable). Where indicated, VTCT will provide assessment materials. Assessments may be internal or external. The method of assessment is indicated in each unit.

## Internal assessment

*(any requirements will be shown in the unit)*

Assessment is set, marked and internally quality assured by the centre to clearly demonstrate achievement of the learning outcomes. Assessment is sampled by VTCT external quality assurers.

## External assessment

*(any requirements will be shown in the unit)*

Externally assessed question papers completed electronically will be set and marked by VTCT.

Externally assessed hard-copy question papers will be set by VTCT, marked by centre staff and sampled by VTCT external quality assurers.

## Assessment explained

VTCT qualifications are assessed and quality assured by centre staff. Work will be set to improve your practical skills, knowledge and understanding. For practical elements, you will be observed by your assessor. All your work must be collected in a portfolio of evidence and cross-referenced to requirements listed in this record of assessment book.

Your centre will have an internal quality assurer whose role is to check that your assessment and evidence is valid and reliable and meets VTCT and regulatory requirements.

An external quality assurer, appointed by VTCT, will visit your centre to sample and quality-check assessments, the internal quality assurance process and the evidence gathered. You may be asked to attend on a different day from usual if requested by the external quality assurer.

This record of assessment book is your property and must be in your possession when you are being assessed or quality assured. It must be kept safe. In some cases your centre will be required to keep it in a secure place. You and your course assessor will together complete this book to show achievement of all learning outcomes, assessment criteria and ranges.



## Creating a portfolio of evidence

As part of this qualification you are required to produce a portfolio of evidence. A portfolio will confirm the knowledge, understanding and skills that you have learnt. It may be in electronic or paper format.

Your assessor will provide guidance on how to prepare the portfolio of evidence and how to show practical achievement and understanding of the knowledge required to successfully complete this qualification. It is this booklet along with the portfolio of evidence that will serve as the prime source of evidence for this qualification.

Evidence in the portfolio may take the following forms:

- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies

All evidence should be documented in the portfolio and cross-referenced to unit outcomes. Constructing the portfolio of evidence should not be left to the end of the course.

Useful information about VTCT qualifications is detailed in the Learner FAQ section of the VTCT website [www.vtct.org.uk](http://www.vtct.org.uk).

Other questions should be raised with your tutor, lecturer or assessor.

## Case studies

To achieve this qualification you must carry out and document evidence of the following case studies:

**UCT9M - Mentor the client in the use of techniques to manage stress:** You must carry out and document evidence for at least 16 treatments on a minimum of four clients (four case studies).

# Unit assessment methods

This section provides an overview of the assessment methods that make up each unit in this qualification. Detailed information on assessment is provided in each unit.

Mandatory units				
		External	Internal	
VTCT unit code	Unit title	Question paper(s)	Observation(s)	Portfolio of Evidence
UCT8M	Understand stress and strategies used to manage stress	0	✗	✓
UCT9M	Mentor the client in the use of techniques to manage stress	0	✓	✓
UCT10M	Principles of providing complementary therapies in a healthcare setting	0	✗	✓
UCT11M	Interpersonal skills for the complementary therapist	0	✓	✓

# Unit glossary

	Description
<b>VTCT product code</b>	All units are allocated a unique VTCT product code for identification purposes. This code should be quoted in all queries and correspondence to VTCT.
<b>Unit title</b>	The title clearly indicates the focus of the unit.
<b>National Occupational Standards (NOS)</b>	NOS describe the skills, knowledge and understanding needed to undertake a particular task or job to a nationally recognised level of competence.
<b>Level</b>	Level is an indication of the demand of the learning experience; the depth and/or complexity of achievement and independence in achieving the learning outcomes.
<b>Credit value</b>	This is the number of credits awarded upon successful achievement of all unit outcomes. Credit is a numerical value that represents a means of recognising, measuring, valuing and comparing achievement.
<b>Guided learning hours (GLH)</b>	The activity of a learner in being taught or instructed by - or otherwise participating in education or training under the immediate guidance or supervision of - a lecturer, supervisor, tutor or other appropriate provider of education or training.
<b>Total Qualification Time (TQT)</b>	The number of hours an awarding organisation has assigned to a qualification for Guided Learning and an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training. This includes assessment, which takes place as directed - but, unlike Guided Learning, not under the immediate guidance or supervision of - a lecturer, supervisor, tutor or other appropriate provider of education or training.
<b>Observations</b>	This indicates the minimum number of competent observations, per outcome, required to achieve the unit.
<b>Learning outcomes</b>	The learning outcomes are the most important component of the unit; they set out what is expected in terms of knowing, understanding and practical ability as a result of the learning process. Learning outcomes are the results of learning.
<b>Evidence requirements</b>	This section provides guidelines on how evidence must be gathered.
<b>Observation outcome</b>	An observation outcome details the tasks that must be practically demonstrated to achieve the unit.
<b>Knowledge outcome</b>	A knowledge outcome details the theoretical requirements of a unit that must be evidenced through oral questioning, a mandatory written question paper, a portfolio of evidence or other forms of evidence.
<b>Assessment criteria</b>	Assessment criteria set out what is required, in terms of achievement, to meet a learning outcome. The assessment criteria and learning outcomes are the components that inform the learning and assessment that should take place. Assessment criteria define the standard expected to meet learning outcomes.

# UCT8M

## Understand stress and strategies used to manage stress

The aim of this unit is to explore the principles of stress to include the symptoms, types, models, methods of measuring and the effects of stress on the workplace and economy.

You will study the physiology and patho-physiology of stress, including the fight or flight response, the connection between prolonged stress and physical and mental health issues. This will include research into the use of potentially addictive methods/habits to reduce stress and the adverse effects they can have.

Ultimately you will investigate strategies and methods to manage and reduce stress, including the use of relaxation, complementary therapy, physical activity and changes in nutritional habits.

Level

4

Observation(s)

0

External paper(s)

0



# Understand stress and strategies used to manage stress

## Learning outcomes

On completion of this unit you will:

1. Understand the principles and effects of stress
2. Understand the physiology and pathophysiology of the stress response
3. Understand coping strategies to manage and reduce stress

## Evidence requirements

1. *Knowledge outcomes*  
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
2. *Tutor/Assessor guidance*  
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
3. *Prerequisite*  
A Level 3 qualification in Complementary Therapy.
4. *External paper*  
There is no external paper requirement for this unit.

# Developing knowledge

## Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below\*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

## Additional information for Assessors/tutors

Assessment for this unit will be via internally set assignment/s and any supporting case study work completed in conjunction with the other units within this qualification.

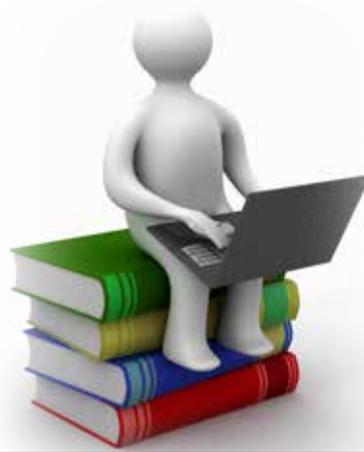
Learners should practise the techniques with each other in the learning environment. Opportunities should be given to learners to practise the stress management techniques both with individual clients and with groups.

Where possible, visits to stress clinics or therapy centres or the use of visiting lecturers should be used to broaden the experiential knowledge of treatment strategies.

It is expected that this unit will be undertaken alongside 'Mentor the client in the use of techniques to manage stress' so that the techniques learned can be put into practice.

*\*This is not an exhaustive list.*

# Knowledge



## Learning outcome 1

### Understand the principles and effects of stress

You can:	Portfolio reference
a. Explain the definitions of stress	
b. Describe the symptoms of stress	
c. Investigate internal and external sources of stress	
d. Explain different types of stress	
e. Compare and contrast recognised models of stress	
f. Evaluate methods of measuring stress	
g. Investigate effects of stress on the workforce and economy	



## Learning outcome 2

### Understand the physiology and patho-physiology of the stress response

You can:	Portfolio reference
a. Explain the 'fight or flight' response	
b. Evaluate the connection between prolonged stress and the development of physical ailments	
c. Investigate the connection between prolonged stress and addictive habits	
d. Investigate the relationship between stress and mental health	



### Learning outcome 3

## Understand coping strategies to manage and reduce stress

You can:	Portfolio reference
a. Investigate techniques to instigate positive change	
b. Investigate goal-related activities and their application to aid self-motivation	
c. Evaluate the use of relaxation techniques in the management of stress	
d. Explain the role of physical activity in the management of stress	
e. Investigate the link between nutrition, stress and stress management	
f. Investigate the use of complementary therapies in the management of stress	

# Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

## Learning outcome 1: Understand the principles and effects of stress

**Definitions:** Currently in use, UK Health and Safety Executive (HSE), USA National Institute for Occupational Health and Safety (NIOSH), World Health Organisation (WHO), International Labour Organisation (ILO), International Stress Management Association (ISMA), term 'stress' is used/ defined in different ways, dependant on individual's perception and cognition.

**Symptoms of Stress:** Psychological, physiological, behavioural, the impact of unresolved stress on others with whom the client is in contact.

**Stress:** Internal and external sources, reasons that these factors cause stress.

**Environmental:** Noise, traffic, pollution, weather.

**Social:** Poverty, unemployment, housing, crime, being a carer, interpersonal, financial, relocation, job interview, work presentations, redundancy, bullying, exams.

**Physiological:** Chronic illness, disability, injuries, adolescence, menopause, retirement, aging, inadequate sleep, poor nutrition, lack of exercise, sports/activities, excitement.

**Psychological:** Challenges, threats, living with a mental illness (anxiety disorders, depression, psychosis) and associated stigma, type A/B personality, negativity, poor levels of resilience, low self-esteem, loss and grief.

**Eustress:** Good stress, healthy response, feeling of fulfillment, positive feelings, enhances functioning, motivation, not

overwhelmed, enjoyable events e.g. sports, scary movies, roller coasters, challenges, opposite of distress.

**Distress:** Negative stress, leads to anxiety, depression, withdrawal, opposite of eustress.

**Models:** Different models, different categories, Yerkes-Dodson Model (1908), General Adaptation Syndrome (Hans Selye, 1936), Person-Environment Fit Model (Caplan and Harrison 1982), Theory of Cognitive Appraisal (Lazarus and Folkman, 1984), Demand/Control/Support Model (Karasek and Theorell 1990), others.

**Measuring stress:** Questionnaires, International Stress Management Association (ISMA 2013), Life Events, Holmes and Rahe Rating Scale (1981), Wheel of Life (ISMA 2013) Signs and Symptoms (ISMA 2013), Coping Styles Questionnaire (Jim Boyers, PhD, 1999), others, analysis of methods, analysis of assessment data against accepted norms.

**Investigate effects:** Reputable sources, research/evidence based.

**Workplace stress:** Harmful effects, undue pressure and demands, sickness, time off work, cost to employers. Causes – factors intrinsic to the job, interpersonal relationships, control, personal development, changes in remits, role in the workplace, home/work interface, work/life balance.

**Economy:** Production and consumption of goods and services, supply of money, effects of stress.



## Learning outcome 1: Understand the principles and effects of stress (continued)

### **Legislation governing workplace stress:**

To include UK Health and Safety Executive (HSE), HSE Management Standards ([www.hse.gov.uk](http://www.hse.gov.uk)), workplace initiatives to manage the impact of stress, the use of complementary stress management techniques in the workplace to improve coping strategies to deal with pressure.

## Learning outcome 2: Understand the physiology and patho-physiology of the stress response

**Fight or flight response:** Hyper-arousal, acute stress response, response to perceived harmful event, attack or threat to survival.

**Physiological response:** Autonomic nervous system, sympathetic and parasympathetic nervous system, the adrenal-cortical system, adrenal glands, adrenaline, nor-adrenaline, production of stress hormone cortisol, pituitary gland, hypothalamus, corticotropin-releasing factor (CRF), adrenocorticotrophic hormone (ACTH).

**Prolonged stress:** Chronic stress, sustained high levels of chemicals released in fight or flight response.

**Physical ailments:** Specific cortisol connection to the manifestation of ailments during periods of unresolved stress hypertension, coronary thrombosis, stroke, migraine, asthma, colitis, digestive problems, diabetes, skin disorders, rheumatoid arthritis, menstrual difficulties, lower immunity, infertility.

**Addictive habits:** Dependency on nicotine, caffeine, alcohol, drugs (prescribed and recreational), over/under eating, specific cortisol connection to each.

**Mental health:** How a typical behaviour can result from unresolved stress, living with a mental illness (anxiety disorders, depression, psychosis) and associated stigma, type A/B personality, negative self talk, negativity, poor levels of resilience, low self-esteem, loss and grief.



### Learning outcome 3: Understand coping strategies to manage and reduce stress

**Techniques:** For solving problems, positive affirmations, assertiveness, anger management, cognitive behavioural therapy techniques, developing resilience, mindfulness.

**Goal related activity:** Prioritising of activities, time management, self-motivation, empowerment, self-actualisation (Mazlow Hierarchy of Needs, 1948), setting short, medium and long term goals, developing an action plan, think SMART, Stages of Change (Prochaska and DiClemente 1983) – pre-contemplation, contemplation, preparation, action, maintenance, relapse.

**Relaxation Techniques:** Breathing exercises (abdominal, sighing, alternative nostril breathing, breath counting), postural exercises, word by word deep muscle relaxation, progressive muscular relaxation, autogenic training, meditation, visualisation, use of music for individual clients and groups.

**Exercise and stress:** Improved resistance to stressors, decrease overall levels of tension, elevate and stabilise mood, improve sleep, improve self-esteem, small amounts of aerobic exercise can stimulate anti-anxiety effects.

**Nutrition and stress:** Link between stress and nutrition, less likely to suffer stress if you have a healthy, balanced diet, foods that can trigger/aggravate stress e.g. tea, coffee, energy drinks, alcohol, fast food and take-aways, sugar, meat and shellfish, butter, cheese, coconut oil, soda, soft drinks, chocolate drinks, foods containing neuro-stimulators, role of vitamins and minerals and stress reduction, build up of carbon dioxide and lactates, foods to

reduce stress e.g. water, fresh fruit and vegetables, fish, soups, yoghurts, herbal products.

**Recognised complementary therapies:** Massage therapies, aromatherapy, reflexology, Indian head massage, Reiki, vibrational therapies and others, refer to current literature on the use of complementary therapies and their effects on reducing stress.

# UCT9M

## Mentor the client in the use of techniques to manage stress

This unit is designed to develop further the skills of the complementary therapist using techniques/strategies to manage and reduce stress. You will be able to assess clients to evaluate sources of stress, establish current levels of stress, and advise clients of the adverse effects of unresolved stress and stress related habits. You will also carry out evaluation of the stress management treatment, as well as your own performance and make suggestions for improvement.

Level

**4**

Observation(s)

**2**

External paper(s)

**0**



# Mentor the clients in the use of techniques to manage stress

## Learning outcomes

On completion of this unit you will:

1. Be able to assess the source and nature of the client's stress
2. Be able to explain and respond to the client's stress assessment
3. Be able to select stress management techniques
4. Be able to bring stress management sessions to a close

## Evidence requirements

1. *Environment*  
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. *Simulation*  
Simulation is not allowed in this unit.
3. *Observation outcomes*  
Competent performance of Observation outcomes must be demonstrated on **at least two occasions**. Assessor observations, witness testimonies and products of work are likely to be the most appropriate sources of performance evidence. Professional discussion may be used as supplementary evidence for those criteria that do not naturally occur.

Assessed observations should not be carried out on the same day for the same learning outcome. There should be sufficient time between assessments for reflection and personal development.

You need to meet the same standard on a regular and consistent basis. Separating the assessments by a period of at least two weeks is recommended as competence must be demonstrated on a consistent and regular basis.

4. *Tutor/Assessor guidance*  
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
5. *Prerequisite*  
A Level 3 qualification in one of the complementary therapies.
6. *Case studies*  
You must carry out and document evidence for at least 16 treatments on a minimum of four clients (four case studies).
7. *External paper*  
There is no external paper requirement for this unit.

# Achieving observations and range

## Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of competent observations required is indicated in the Evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through professional discussion and/or oral questioning. This evidence will be recorded by your assessor in written form or by other appropriate means.

Your assessor will sign off a learning outcome when all criteria have been competently achieved.

## Achieving range

There is no range section that applies to this unit.

## Case studies sign off

To achieve this unit you must carry out and document evidence for at least 16 treatments on a minimum of four clients (four case studies).

Your assessor will complete the table below when **16** treatments have been completed and are documented in your portfolio of evidence.

Date achieved	Assessor initials

## Additional information for Assessors/tutors

Assessment of this unit will be via internally set assignment and successful case study presentation.

It will be beneficial for learners to undertake visits to stress clinics or therapy centres and visiting lecturers should be used to broaden the experiential knowledge of treatment.

It is recommended that learners access placement opportunities in business and/or community settings in a realistic working environment (RWE) to mentor a range of clients with stress and provide support and guidance to clients throughout a devised course of session.



# Observations

## Learning outcome 1

### Be able to assess the source and nature of the client's stress

You can:

- a. Undertake client consultation
- b. Elicit information concerning the source and nature of the client's stress
- c. Carry out suitable assessment measures to quantify client's current level of stress

*\* May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



## Learning outcome 2

### Be able to explain and respond to the client's stress assessment

You can:

- a. Explain to the client possible adverse effects of unresolved stress
- b. Advise the client of potential dangers of some methods used to resolve stress

*\*May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



### Learning outcome 3

## Be able to select stress management techniques

You can:

- a. Select appropriate techniques/strategies to minimise stress
- b. Recommend physical activities to reduce stress and manage stress
- c. Recommend nutritional improvements to reduce stress and maintain wellbeing
- d. Perform relaxation techniques on clients
- e. Carry out appropriate complementary therapy techniques

*\* May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



## Learning outcome 4

### Be able to bring stress management sessions to a close

You can:

- a. Evaluate session and outcomes
- b. Reflect and monitor own performance

*\*May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		

# Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

## Learning outcome 1: Be able to assess the source and nature of the client's stress

**Information to gather:** Establish clients' current state of wellbeing, conduct a verbal and visual assessment (observe body language), elicit emotional state, lifestyle, activity levels, nutritional habits, medical health, physical ailments, any contra-indications to complementary therapies, any medical/professional advice taken, refer where appropriate (outside of scope of practice, where professional guidance is needed).

**Clients' needs and expectations:** Establish clients' expectations, clients' needs, objectives, ability and willingness to make changes to resolve/reduce stress.

**Establish source(s) and impact of stress:** Occasional, unresolved, short term, medium term, long term, internal, external, establish effects and impact of stress.

**Establish clients' symptoms/responses to stress:** Stress overload, stress underload, psychological, physiological, behavioural, responses to unresolved stress (addictive habits, strategies used, self-medication, self-help techniques, other).

**Assessment measures:** Recognised measurement tools for assessing levels of stress, compare findings against accepted norms, stress assessment questionnaire sources, e.g. International Stress Management Association (ISMA,2013), Life Events Holmes and Rahe Rating Scale (1981), Wheel of Life (ISMA 2013), Signs and Symptoms (ISMA,2013), Coping

Styles Questionnaire (Jim Boyers, PhD, 1999), re-assess over time to monitor and record progress.



## Learning outcome 2: Be able to explain and respond to the client's stress assessment

**Unresolved stress:** Cortisol connection to the manifestation of the client's symptoms or ailments, how occasional stress may become chronic stress.

### **Adverse effects:**

**Physical** – hypertension, coronary thrombosis, stroke, migraine, asthma, colitis, digestive problems, diabetes, skin disorders, rheumatoid arthritis, menstrual difficulties, lower immunity, infertility.

**Psychological** – anxiety disorders, depression, negativity, low self-esteem, loss and grief.

**Behavioural** – how a typical behaviour can result from unresolved stress, eating disorders, addictive responses.

**Possible harmful methods used to resolve stress:** Self-medication as it affects the client – the addictive/harmful nature of nicotine, caffeine, alcohol, drugs (prescribed and recreational), over/under eating and their relationship to the production of cortisol, pretence of 'nothing being wrong'.



### Learning outcome 3: Be able to select stress management techniques

**Select techniques/strategies:** To empower client, to encourage client to feel that they may be the instigator of positive change, e.g. positive affirmations, assertiveness, anger management, cognitive behavioural therapy techniques, developing resilience, mindfulness.

**Techniques:** Relaxation, complementary therapy, physical activity, nutritional changes, other (appropriate to clients' needs).

**Strategies:** Client reflection of lifestyle (factors that cause stress), stress/food diaries, assessment of stress levels, adoption of outside interests, positive thinking, goal related activity, meditation, use of music, sleep patterns, rest as applicable, further appointments, professional help (where necessary advise the client of the value of psychological and counselling services, e.g. local services available to client, doctor, counselling services, charities, support groups, Citizens Advice Bureau, service manager, line manager).

**Considerations when choosing techniques:** Show regard to constraints imposed by environmental, cultural, physical, interpersonal or time factors in client's lifestyle, consider variations of techniques to fit in with lifestyles, agree realistic targets and timescales within given time allotted for treatments.

**Goal related activity:** Think SMART, time management, setting short, medium and long term goals, self motivation, developing an action plan taking fully into account clients' responsibilities, time and physical constraints, awareness of substitution as a stress avoidance technique: hobbies and outside interests, substitution activity. Stress diary. As applicable to the client.

**Physical activity:** Recommend increase in clients' current physical activity levels (minimum as per government recommended daily activity levels), embed in daily routine, increased activity can be achieved by structured exercise classes and non-structured activities, e.g. housework, gardening, walking the dog.

**Nutritional improvements:** Encourage a nutritional balance, fats, proteins, carbohydrates, water, vitamins and minerals, importance and benefits of eating regularly, effects of regular eating on energy levels and mood, nutritional imbalances, increase in water intake as specific to the client, foods that increase stress levels, foods that reduce stress levels.

**Relaxation Techniques:** Breathing exercises (abdominal, sighing, alternative nostril breathing, breath counting), postural exercises, word by word deep muscle relaxation, progressive muscular relaxation, autogenic training, meditation, visualisation.

**Complementary therapy technique:** Delivered by therapist during the consultation and/or instructed for home use; hand or foot reflexology, neck and shoulder massage, self massage, aromatherapy massage, essential oils for home use, baths, essential oil burners, as applicable to the client.



#### Learning outcome 4: Be able to bring stress management sessions to a close

**Feedback:** Client feedback (session, programme, advice given), self evaluation (of performance, treatments), questionnaires, stress assessment methods (to review progress).

**Review:** Effectiveness and appropriateness of methods/techniques used, outcomes of relaxation session, outcomes of complementary therapy treatment, emotional and physical outcomes, review progress, subjective and objective information.

**Self reflection:** Evaluate own performance constructively, consider what (what happened, strengths, weaknesses, areas to develop), so what (the consequences), what next (what will you do to improve your practice), what now (additional learning needed, CPD, further study), current research/literature

**Monitor:** Own personal development, changes in self, record responses to change, reflective journal/log.

# UCT10M

## Principles of providing complementary therapies in a healthcare setting

The purpose of this unit is for complementary therapists to understand how to deliver their skills safely and in line with accepted protocol to patients in the healthcare environment in co-operation with healthcare professionals.

Through this unit you will develop an understanding of the underpinning principles of providing complementary therapies within a healthcare setting in line with current guidelines and recommendations, such as the Guidelines and Criteria for Complementary Therapies (London Cancer Alliance 2013), Guidance on Cancer Services - Improving Supportive and Palliative Care for Adults with Cancer The Manual (NICE 2004) and the National Guidelines for the Use of Complementary Therapies in Supportive and Palliative Care (Prince of Wales's Foundation for Integrated Health 2003).

You will explore the extent and use of complementary therapies for patients with a range of long term medical life-limiting conditions or the clinically frail and the effects and potential benefits. You will also address effective communication techniques in providing complementary therapies whilst developing an understanding of limitations of treatment and scope of practice. In addition, you will evaluate the means of obtaining complete and accurate client assessment, along with the accepted protocol for report writing and recording of treatments in the healthcare setting.

Level

**4**

Observation(s)

**0**

External paper(s)

**0**



# Principles of providing complementary therapies in a healthcare setting

## Learning outcomes

On completion of this unit you will:

1. Understand the use of complementary therapies in the healthcare setting
2. Understand the limitations of working with clients in the healthcare setting
3. Understand the effects and benefits of complementary therapies in the healthcare setting
4. Understand how to communicate effectively in the healthcare setting
5. Understand how to manage client assessment and reports

## Evidence requirements

1. *Knowledge outcomes*  
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
2. *Tutor/Assessor guidance*  
You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit. All outcomes must be achieved.
3. *External paper*  
There is no external paper requirement for this unit.

# Developing knowledge

## Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below\*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

## Additional information for Assessors/tutors

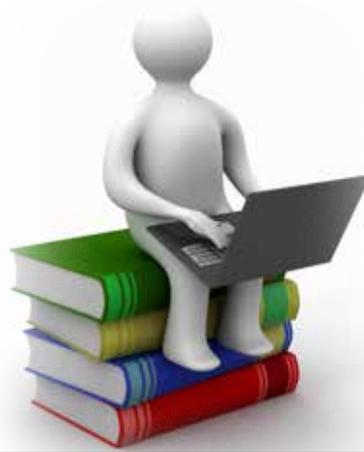
It is intended the therapist acquire, over time, a broad understanding of the client's condition, treatments and implications. This would not imply the therapist is or could become an expert in relation to these in the absence of an additional health professional qualification.

Under no circumstances is the therapist entitled to offer medical advice, information, diagnosis or prognosis. Any questioning regarding any of these must be referred to a healthcare professional.

The tutor should refer learners to suitable texts, current literature and guidelines for working with clients with cancer and other long term or life limiting medical conditions and working within a healthcare setting.

\*This is not an exhaustive list.

# Knowledge



## Learning outcome 1

### Understand the use of complementary therapies in the healthcare setting

You can:	Portfolio reference
a. Explain the extent of the use of complementary therapy provision within the healthcare environment	
b. Compare and contrast the relationship of different complementary therapies	



## Learning outcome 2

### Understand the limitations of working with clients in the healthcare setting

You can:	Portfolio reference
a. Evaluate the potential impact of diagnosis of long term or life limiting medical conditions on clients and those close to them	
b. Explain the limitations that may be placed upon the therapist and therapy due to the client's environment and situation	
c. Explain the factors the therapist will have to consider in relation to the client's condition	
d. Explain the limitations that may be placed upon the therapist and therapy, due to client's treatment and medical interventions	
e. Describe the implications of Healthcare Associated Infections (HAI's) in relation to providing complementary therapies in the healthcare environment	
f. Explain the modifications and adaptations to complementary therapy, suitable for clients in the healthcare environment	



### Learning outcome 3

## Understand the effects and benefits of complementary therapies in the healthcare setting

You can:	Portfolio reference
a. Investigate the importance of touch received during complementary therapies in the healthcare setting	
b. Critically evaluate the placebo effect in terms of the provision of complementary therapies in the healthcare setting	
c. Explain how to ensure agreement to treatment plan and full understanding of what may be achieved	



## Learning outcome 4

### Understand how to communicate effectively in the healthcare setting

You can:	Portfolio reference
a. Explain possible communication difficulties with client's in the healthcare settings	
b. Evaluate means of effective communication with clients, carers and colleagues	
c. Explain how to ensure agreement to treatment plan and full understanding of what may be achieved	
d. Explain means of dealing with challenging situations	



## Learning outcome 5

### Understand how to manage client assessment and reports

You can:	Portfolio reference
a. Evaluate means of obtaining an accurate and complete case client assessment	
b. Assess means of ensuring accurate treatment reports when working with clients in the healthcare setting	

# Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

## Learning outcome 1: Understand the use of complementary therapies in the healthcare setting

**Therapies:** Aromatherapy, reflexology, massage, reiki, acupuncture, hypnotherapy and other accepted therapies.

**Extent and use:** Accepted use nationally and internationally, position held by orthodox medical practitioners, the possible benefits to clients in the healthcare environment, regulation (voluntary, by mandate or statute).

**Therapies:** Aromatherapy, reflexology, massage, reiki, acupuncture, hypnotherapy and other accepted therapies, the benefits and disadvantages of using several therapies together.



## Learning outcome 2: Understand the limitations of working with clients in the healthcare setting

**Impact:** Physical, psychological, emotional, social and spiritual, changes that can be brought about by illness, individual differences in resilience in response to illness and treatment, stages of illness (pre and post diagnosis, waiting for results, undergoing treatment, remission, flare-up, recovery, end of life).

**Physical:** Pain, discomfort, surgery, disfigurement, side effects and others.

**Psychological:** Mental health implications, anxiety, depression and others.

**Social:** Relationships, attitudes, financial implications, requiring supported living, altered position in family, relocation.

**Emotional:** Fear, waiting for results, anticipation of treatments, surgery and investigations, altered body image, differences in the way clients and those close to them cope with illness and changes in condition, the process of grief and loss, disbelief, anger, guilt, denial, acceptance, withdrawal.

**Spiritual:** Changes in strength of religious and other spiritual beliefs.

**Environment:** Hospital, hospice, nursing home, care home, intensive care and high dependency unit, ward beds, wheelchair, clinic/out-patient department/other waiting area, day-care facility, community setting, client's home (living alone or with family/relatives).

**Limitations:** Maintaining lines of communication and contact, applying therapy in an open ward situation, maintaining client dignity and respecting confidentiality, interruptions, ward rounds, nursing/medical procedures, investigations, allied healthcare therapies, refreshments

and meal times, domestic services, noise, visitors, means of providing an environment conducive to treatment.

**Considerations:** Need a broad understanding of the diagnosis and condition of the client, moving and handling issues, changes in the client's condition, unrealistic expectations, expected and unexpected reaction to complementary therapy.

**Cautions:** Thrombocytopenia, fever, recent surgery, bruising, petechiae, \*lymphoedema, bowel obstruction, tumour sites, metastases, bony protrusions, cord compression, ascites, DVT, skin viability, nutritional status, oedema, inflammation, anxiety, pain, fatigue, nausea, bleeding/haemorrhage, mucus and secretions, vomiting, peripheral neuropathy, altered sensation, breathing difficulties, confusion, disorientation, mobility and relationship of cautions to therapy insurance.

**\*NB:** Lymphoedema management is the remit of specialist-trained practitioners. For clients where lymph nodes have been damaged or surgically removed avoid the affected limb or area, specific precautions apply for massage of unaffected areas of the body: use light pressure and always massage towards the heart and well away from removed or damaged lymph nodes, further massage should not be attempted until specialist training is undertaken.

**Medical constraints:** Keeping within parameters agreed by healthcare professionals, conflicts that may occur with the needs of the client, the therapy and the medical situation.

**Limitations:** Specific to treatment/medical intervention, specific to client,



## Learning outcome 2: Understand the limitations of working with clients in the healthcare setting (continued)

therapists should research purpose and potential outcomes of possible diagnostic investigations, procedures and interventions, medical and/or surgical treatment relevant to client.

### **Treatment and medical interventions:**

For example, chemotherapy, radiotherapy, steroid therapy, hormonal treatments, multi-modal treatments, target treatments, drug trials, analgesia, anti-coagulants, side-effects, no treatment, any other considerations of medical and/or surgical treatments and interventions, avoidance of surgical wounds, radiation sites (entry and exit), stomas, drips, drains, catheters, stents, Hickman lines, catheters, colostomy bags, oxygen therapy, breathing apparatus, tracheostomy, nutritional systems, prosthetics, possible interaction of medical treatments and complementary therapy, list is not exhaustive.

**Micro-organisms:** MRSA, Clostridium difficile, E.coli and other HAI's, super bugs, smart bugs and antibiotic resistance.

**Infection control:** Means of transmission, precautions and prevention, safe and hygienic practice, compromised immunity, implications for practice.

**Complementary therapy:** Massage, aromatherapy, reflexology and other accepted touch therapies, inclusion of relaxation techniques and breathing exercises (where appropriate), keeping within parameters agreed by healthcare professionals, awareness that interruptions in therapy may occur in the healthcare setting.

**Consider adaptations and modifications to meet client's needs:** Client's individual situation (location, position, condition,

diagnosis, treatment and medical interventions, body areas to be treated), pain and discomfort, fear, anxiety, depression and anger, effects of therapy on conditions and interaction with medical treatments, impact of oils on others, treatment options, base mediums, use of essential oils, essential oils to avoid, essential oil blends and dilutions.

**Take into account:** Awareness of client's resilience, how they are dealing with illness (physically, emotionally, psychologically and spiritually), during therapy (time for silence, time for rest, time to talk), risks of increasing pressure.

**Adapt and modify:** Pressure, pace, length of treatment, pressure points and cross reflexes (as specific to the therapy and competency), effleurage and stroking touch, holding touch, bi-hand holds, mindful and careful touch.

**Adapt and respond to feedback:** Verbal and visual, listen to client, respond appropriately, ask for feedback, monitor body language, be prepared to modify or terminate treatment.

**Communication with others:** Changes in the client's condition must be brought to the notice of the medical carers to ensure therapy treatment may continue (even in modified form), knowing how and when to ask for help.



### Learning outcome 3: Understand the effects and benefits of complementary therapies in the healthcare setting

**Importance of touch:** Connection to others, reduce anxiety, bonding, rapport, lower blood pressure, improve outlook, sensory input.

**Placebo effect:** Place in complementary therapies, measuring effects of complementary therapies, considerations for the client, reference to evidence based research.



## Learning outcome 4: Understand how to communicate effectively in the healthcare setting

**Communication difficulties:** For client, for the therapist, cultural differences, language barriers and environmental issues arising from the client's situation, lines of communication, maintaining contact, clients able to communicate fully, unable to communicate or understand, unwilling or reluctant to communicate, differences in communication, written word, diagrams.

**Effective communication:** Establishing trust, the presence or assistance of medical personnel, carers, relatives and others (help or hindrance), maintaining confidentiality, professional manner, positive attitude, appropriate posture and demeanour, ensure form, manner and level is respectful of the client as an individual and fellow being, consider verbal and non-verbal nuances of the client and appropriate responses, empathy versus sympathy, understand how good communication can assist treatment effects.

**Verbal communication:** Open questions, closed questions, paraphrasing, chunk and check, volume and pace, effective communication.

**Listening skills:** Active listening, non-verbal language, eye contact, facial expressions, and body language.

**Ensure full understanding and agreement to treatment plan:** Ensure client is relaxed and willing to participate in discussion, ensure explanations are accurate, concise and understood, discuss full range of treatment options (to reflect client's location, position, mobility and condition), give full information to enable client to make informed choice, ensuring client needs are assessed and proposals,

effects and limits of the therapy fully explained, ensure limitations are made clear (to client and carers), ensure client is in control at all times, clients able/ encouraged to make own decisions whenever possible, avoid offering advice or specific guidance, ensure the client's expectations are identified and realistic, do not make exaggerated claims, offer diagnosis or prognosis, aftercare advice limited to therapy and client's condition, referral to other support organisations and other complementary therapies where appropriate.

**Challenging situations:** What to do when something goes wrong, complaints, resolving misunderstandings, saying sorry, avoiding conflict, insurance issues, managing the distressed or embarrassed client, dealing with anger and grief, dealing with difficult questions, therapist embarrassment and distaste/revulsion, appropriate responses towards client, knowing how and when to ask for help or assistance, reflection, building resilience in self, grounding, taking closure.



## Learning outcome 5: Understand how to manage client assessment and reports

**Obtaining and recording medical approval to treat and the reasons for this:** Insurance issues, medical constraints, limitations of the therapist's competence.

**Client assessment:** Methods must take into account current physical and emotional wellbeing of the client, limitations placed on both the client and therapist, ensuring consultations are not intrusive for the client, questioning, observation, use of diagrams, methods of obtaining information if the client is unable to participate in discussions, recording medical history as appropriate, confirming diagnosis and current treatments, medication and surgical procedures, recording contra-indications, contra-actions and cautions and appropriate information on the way the client is dealing with their illness, recording changes wrought by illness, include relevant lifestyle matters as they affect the proposed therapy, use of other support organisations and complementary therapies, liaising with others concerned with the client to optimise therapy treatment, completing records in accordance with specific requirements of the clinical location and in compliance with local healthcare protocols and procedures and legislation, the client's right to confidentiality, the responsibilities of the therapist to the client and other personnel in terms of confidentiality, obtain permission to access to medical notes/ records and know what can and cannot be done with and without the client's specific consent, client privacy during consultation, respect for personal and cultural beliefs and values, complete paperwork in a clear and concise manner, broad understanding of medical terminology and abbreviations specific to the client.

**Consent:** Obtaining and recording client consent in accordance with protocols and legislation, the scope of consent must be made clear to the client, ensure consent is fully informed and given voluntarily, obtaining and recording consent when the client is unable to give it directly - from carer, representative, power of attorney.

**Treatment reports:** Ensure compliance (with required procedures and protocols for the specific setting), knowing what information should be included, who to give reports to, who else should receive feedback on the therapy treatment, reasons for informing the client about reporting to medical personnel and others (relatives, carers etc.), what information is and is not available to others, knowing why there may be a need for a companion of the client to be present at discussions and why this should be recorded, issues of confidentiality, written documents may become the property of the healthcare setting (become legal documentation - may be presented in a court of law).

**Means of reporting:** Written, verbal, and electronic, written (must be accurate, clear and concise and written up in ink immediately and fully, avoid use of specific therapy terminology e.g. reflex, effleurage, pressure point as these may not be understood and may have a different meaning in medicine, they must be written up in ink and contain the therapist's name and signature), reasons for and methods of reporting to relevant medical personnel.

# Notes

Use this area for notes and diagrams



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# UCT11M

## Interpersonal skills for the complementary therapist

Through this unit you will learn to improve the client's treatment experience through the application of effective communication skills. Good communication is vital in assessing the client's expectations for treatment outcomes.

It has always been the case that discussion on a wide range of issues occurs when touch therapies are applied. The reason a client is seeking complementary therapy treatments may be obscure or the stresses and strains that affect them may be difficult to pinpoint. The manner in which you, the therapist, communicate with the client is as important as the treatment itself. You will work within the limitations of professional complementary therapy practice and know when to advise that further appropriate help is sought.

Level

**3**

Observation(s)

**2**

External paper(s)

**0**



# Interpersonal skills for the complementary therapist

## Learning outcomes

On completion of this unit you will:

1. Be able to apply effective communication skills to identify client requirements
2. Understand how communication skills can be used effectively to identify client requirements

## Evidence requirements

1. *Environment*  
Evidence for this unit may be gathered within the workplace or realistic working environment (RWE).
2. *Simulation*  
Simulated role play scenarios can be practised and assessed to cover the required range of consultations between client and therapist where it does not naturally occur.
3. *Observation outcomes*  
Competent performance of Observation outcomes must be demonstrated on **at least two occasions**. Assessor observations, witness testimonies and products of work are likely to be the most appropriate sources of performance evidence. Professional discussion may be used as supplementary evidence for those criteria that do not naturally occur.  
  
Assessed observations should not be carried out on the same day for the same learning outcome. There should be sufficient time between assessments for reflection and personal development.

You need to meet the same standard on a regular and consistent basis. Separating the assessments by a period of at least two weeks is recommended as competence must be demonstrated on a consistent and regular basis.

4. *Range*  
All ranges must be practically demonstrated or other forms of evidence produced to show they have been covered.
5. *Knowledge outcomes*  
There must be evidence that you possess all the knowledge and understanding listed in the Knowledge section of this unit. In most cases this can be done by professional discussion and/or oral questioning. Other methods, such as projects, assignments and/or reflective accounts may also be used.
6. *Tutor/Assessor guidance*  
You will be guided by your tutor/assessor on how to achieve learning outcomes and cover ranges in this unit. All outcomes and ranges must be achieved.
7. *Prerequisites*  
This unit has been designed for experienced Complementary Therapists who already hold a relevant Level 3 Complementary Therapy qualification and wish to further develop their communication skills
8. *External paper*  
There is no external paper requirement for this unit.

# Achieving observations and range

## Achieving observation outcomes

Your assessor will observe your performance of practical tasks. The minimum number of competent observations required is indicated in the Evidence requirements section of this unit.

Criteria may not always naturally occur during a practical observation. In such instances you will be asked questions to demonstrate your competence in this area. Your assessor will document the criteria that have been achieved through professional discussion and/or oral questioning. This evidence will be recorded by your assessor in written form or by other appropriate means.

Your assessor will sign off a learning outcome when all criteria have been competently achieved.

## Achieving range

The range section indicates what must be covered. Ranges should be practically demonstrated as part of an observation. Where this is not possible other forms of evidence may be produced. All ranges must be covered.

Your assessor will document the portfolio reference once a range has been competently achieved.



# Observations

## Learning outcome 1

### Be able to apply effective communication skills to identify client requirements

You can:

- a. Demonstrate a professional appearance, attitude and behaviour which contribute to the clients trust
- b. Establish a rapport with the client
- c. Communicate effectively with the client
- d. Establish client expectation is realistic in line with expected treatment outcomes

*\* May be assessed by supplementary evidence.*

Observation	1	2
Date achieved		
Criteria questioned orally		
Portfolio reference		
Assessor initials		
Learner signature		



# Range

\*You must practically demonstrate that you have:

Used effective communication skills with <b>all</b> clients	Portfolio reference
Reticent	
Distressed	
Anxious	
Angry	
Forthcoming	

It is strongly recommended that all range items are practically demonstrated. Where this is not possible, other forms of evidence may be produced to demonstrate competence.

# Developing knowledge

## Achieving knowledge outcomes

You will be guided by your tutor and assessor on the evidence that needs to be produced. Your knowledge and understanding will be assessed using the assessment methods listed below\*:

- Projects
- Observed work
- Witness statements
- Audio-visual media
- Evidence of prior learning or attainment
- Written questions
- Oral questions
- Assignments
- Case studies
- Professional discussion

Where applicable your assessor will integrate knowledge outcomes into practical observations through professional discussion and/or oral questioning.

When a criterion has been orally questioned and achieved, your assessor will record this evidence in written form or by other appropriate means. There is no need for you to produce additional evidence as this criterion has already been achieved.

Some knowledge and understanding outcomes may require you to show that you know and understand how to do something. If you have practical evidence from your own work that meets knowledge criteria, then there is no requirement for you to be questioned again on the same topic.

*\*This is not an exhaustive list.*

# Knowledge



## Learning outcome 2

### Understand how communication skills can be used effectively to identify client requirements

You can:	Portfolio reference
a. Describe how professional appearance, attitude and behaviour contribute to client trust	
b. Identify the methods used to achieve effective communication with the client	

# Unit content



This section provides guidance on the recommended knowledge and skills required to enable you to achieve each of the learning outcomes in this unit. Your tutor/assessor will ensure you have the opportunity to cover all of the unit content.

## Learning outcome 1: Be able to apply effective communication skills to identify client requirements

### **Behave in a professional manner:**

Demonstrate respect to clients and colleagues, demonstrate good communication skills and provide good customer service, explaining the treatment/service/product to the clients. Demonstrate correct client care and professionalism at all times, maintain professional appearance, personal hygiene and behaviour, demonstrate understanding of salon requirements for professional behaviour, only carrying out treatments that you are qualified to practise.

**Professionalism:** The importance of reasons for the consultation process and checking for contra-indications, clear treatment explanation, compliance with any particular rights, restrictions and acts applicable to the respective service or treatment. Understanding the relevant code of practice/ethics, identifying the need for insurance and professional association membership. Demonstrate methods of maintaining client care, protecting client modesty, maintaining a duty of care, your personal appearance and hygiene, trust, confidentiality, the need never to diagnose. How to follow referral procedures. The importance of demonstrating integrity and how all of the above contribute to client trust.

**Establish a rapport:** Ways to ensure the client is relaxed and willing to participate in a discussion, greeting the client by name, using open facial expressions, direct eye contact, appropriate touch, plan

your physical position in relation to the client, posture and demeanour, observe different client body language and make correct responses, physical mirroring and reflecting, empathy vs. sympathy, self disclosure in context, maintaining a positive attitude, establishing trust; ensure form, manner and level of discussion is respectful of the client as an individual and fellow being, acknowledge client characteristics, personal beliefs and preferences.

**Effective communication:** Use good communication skills to optimise the treatment outcomes, use the discussion process to facilitate client communication, achieve effective communication without distress to the client, provide information and explanations which allow the client to make informed choices, enable the client to identify real concerns and objectives, use written word, diagrams as applicable, establish client requirements and expectations, realistic, unrealistic, confirm full and accurate disclosure of information, avoid giving specific guidance in relation to problems or client-identified solutions, ensure all constraints on communication are identified and minimised, ensure the client remains in control at all times, maintain records without causing distress to the client and with the client's full approval, remain detached from the client's problems, remain within the therapist's professional limitations and do not become a substitute for other professional help.



## Learning outcome 1: Be able to apply effective communication skills to identify client requirements (continued)

### **Effective interpretations of the communication outcomes:**

**Make** treatment recommendations based upon consultation, information gathered and relevant tests, to select, adapt and provide the correct treatment, products, tools and equipment based upon client consultation, needs and preferences and make further recommendations for on-going treatments, home and aftercare advice, check the client's understanding, know how and when to provide written confirmation/information. Know how to assess the client's commitment, the possible restrictions to ongoing treatment. Also know how to identify when it is not appropriate to treat a client.

### **Understand the importance of providing the client with clear advice and recommendations:**

Give a clear explanation of treatment, product and/or service to facilitate the client's understanding, confirming your understanding of the client's needs and wishes. The need for clear explanations of how the provision of therapy treatments/products can meet the client's expected outcomes, the scope of therapy and its limitations, full and accurate information and explanations which allow the client to make informed choices. Know how to encourage the client to judge the overall appropriateness of each option and why the client is encouraged to choose an option. Know how to establish client expectations from the therapy treatment. Know how to confirm mutual understanding between the client and therapist. Know how to answer client's questions fully and accurately, identify the client's preferred course of treatment plan, short term, medium term and long

term goals. The possible likelihood of a successful outcome, the plan for future course of treatment, client options relating to acceptable referrals to the medical profession or other therapies where it arises.



## Learning outcome 2: Understand how communication skills can be used effectively to identify client requirements

**Professional appearance:** The reasons why you need to wear the appropriate uniform/professional dress, name badge, have neatly groomed hair, wear minimal or no jewellery.

**Professional attitudes:** Show confidence in your abilities; be sensitive, supportive and attentive. Have a respectful approach, positive attitude, integrity and good time-keeping. Demonstrate understanding of personal space and how invading it can make the client feel uncomfortable. Understand the different aspects to consider which may affect their comfort i.e. ethnicity, age, gender, religious beliefs, nationality, sexual orientation, education, physical appearance, etiquette, social class, economic status.

**Professional behaviour:** Display appropriate qualifications and professional membership and insurance certificates, provide a suitable treatment room appropriately set up, ensure that client records are accurate and confidentiality is maintained. Do not use or have mobile phone on show – even for timekeeping purposes.

**Verbal communication:** Verbal mirroring (visual, auditory, kinaesthetic (Thinking Styles: Steven Covey, 2004)), open questions, closed questions, paraphrasing, volume and pace, responsiveness.

**Listening skills and non-verbal communication:** Active listening, non-verbal language, eye contact, facial expressions, therapist and client body language, consider verbal and non-verbal nuances of the client and appropriate responses.

**Communication difficulties:** Constraints on communication, client, therapist, ethical constraints, cultural differences, language barriers, environmental issues arising from the client's situation, client's ability to communicate fully, inability to communicate or understand, unwillingness or reluctance to communicate, presence of carer or other, differences in communication.

**Clients:** Reticent, distressed, angry, anxious, forthcoming.

**Adaptation of communication techniques:** Verbal is used when communicating with clients face to face, or on the telephone, it aids in the provision of and/or gathering information for consultation and retail opportunity purposes. Non-verbal methods are actively employed to give encouragement and/or convey empathy. Body language is utilised to project professional persona or 'open' body language to appear less intimidating. Further adaptation techniques include use of Braille home care advice leaflets for blind clients, use of sign language for deaf clients, use of written information for mail shots, or for promotions and advisory purposes. The use of telephone to book and/or confirm appointments. The use of text message service to confirm appointments or e-mail to contact customers, communication is also adapted to the use of websites and ICT to advertise services and treatments.

**Communication through consultation:** Consulting is most effectively done in a private, comfortable area. The use of positive body language, positioning of the client (no barriers between you and the client) appropriately adapted communication skills (asking open and/



## Learning outcome 2: Understand how communication skills can be used effectively to identify client requirements (continued)

or closed questions where appropriate) as well as using verbal and non-verbal techniques. The demonstration of your professionalism, confidence and enthusiasm will assist effective communication outcomes.

**Advantages and disadvantages of different types of communication:** All forms of communication have advantages and disadvantages, it is essential that you are aware of these in order to select the most appropriate methods to use with your client for effective communication to identify the client's needs and expectations. The positive and negative aspects of the following methods; indirect verbal (via 3rd person), verbal, non-verbal, Braille, larger text on documents, sign language, text messaging service, body language, written, telephone, e-mail.