The aim of this unit is to develop your knowledge and understanding of the history and influences on the complementary therapy sector.
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level</td>
<td>3</td>
</tr>
<tr>
<td>Credit value</td>
<td>13</td>
</tr>
<tr>
<td>GLH</td>
<td>30</td>
</tr>
<tr>
<td>Observation(s)</td>
<td>0</td>
</tr>
<tr>
<td>External paper(s)</td>
<td>0</td>
</tr>
</tbody>
</table>
On completion of this unit you will:

1. Understand the key historical factors and theoretical background for complementary therapies
2. Understand the main influences on working within the complementary therapy industry
3. Understand the key aspects of good clinical practice

1. **Knowledge outcomes**
   There must be evidence that you possess all the knowledge and understanding listed in the ‘Knowledge’ section of this unit. This evidence may include projects, assignments, case studies, reflective accounts, oral/written questioning and/or other forms of evidence.

2. **Tutor/Assessor guidance**
   You will be guided by your tutor/assessor on how to achieve learning outcomes in this unit.

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.

*This is not an exhaustive list.
Knowledge

Learning outcome 1

Understand the key historical factors and theoretical background for complementary therapies

<table>
<thead>
<tr>
<th>You can:</th>
<th>Portfolio reference/Assessor initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Examine the history and origins of complementary therapies</td>
<td></td>
</tr>
<tr>
<td>b. Identify commonly available complementary therapies</td>
<td></td>
</tr>
<tr>
<td>c. Evaluate the theory of techniques used in commonly available</td>
<td></td>
</tr>
<tr>
<td>complementary therapies</td>
<td></td>
</tr>
</tbody>
</table>

*Assessor initials to be inserted if orally questioned.
Learning outcome 2

Understand the main influences on working within the complementary therapy industry

<table>
<thead>
<tr>
<th>You can:</th>
<th>Portfolio reference/ Assessor initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Summarise the legal obligations of working with clients and the general public</td>
<td></td>
</tr>
<tr>
<td>b. Explain the codes of practice and ethics relating to complementary therapies</td>
<td></td>
</tr>
<tr>
<td>c. Analyse the roles of professional organisations relating to complementary therapies</td>
<td></td>
</tr>
<tr>
<td>d. Evaluate the process of registration and regulation of complementary therapies</td>
<td></td>
</tr>
</tbody>
</table>

*Assessor initials to be inserted if orally questioned.
Learning outcome 3

Understand the key aspects of good clinical practice

<table>
<thead>
<tr>
<th>You can:</th>
<th>Portfolio reference/ Assessor initials*</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Identify the information required for assessment and treatment planning</td>
<td></td>
</tr>
<tr>
<td>b. Explain how to accurately record information, store records and ensure confidentiality</td>
<td></td>
</tr>
<tr>
<td>c. Evaluate appropriate referral procedures and protocols to use with clients and others involved in integrated healthcare</td>
<td></td>
</tr>
<tr>
<td>d. Identify effective communication skills when dealing with clients and colleagues in maintaining good practice</td>
<td></td>
</tr>
</tbody>
</table>

*Assessor initials to be inserted if orally questioned.
**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 key historical factors and theoretical background for complementary therapies**

**History and origins:** Body massage, aromatherapy, reflexology, history and development from ancient times to modern day, for example, Ancient Egypt, China, India, Ancient Greece, Rome, Persia, Europe and the Americas, the history and development of other therapies, for example, acupuncture, Alexander technique, flower essences, Bowen technique, shiatsu, Reiki, remedial massage, kinesiology, herbalism, hypnotherapy.

**Definitions and theories:** Massage (Swedish/classical massage movements, physical and psychological effects and benefits), definitions and theories of aromatherapy (the uses of essential oils, physical and psychological effects and benefits), definitions and theories of reflexology (reflex points, zones and their relationship to body systems, physical and psychological effects and benefits), concept of holism, holistic health, concept of balance and harmony, effects of the physical environment and social, economic and environmental factors on health and wellbeing.

**Theory of techniques:** Body massage, aromatherapy, reflexology, other therapies, for example, acupuncture, Alexander technique, flower essences, Bowen technique, shiatsu, Reiki, remedial massage, kinesiology, herbalism, hypnotherapy, the value of different theories.
Learning outcome 2: Understand the main influences on working within the complementary therapy industry

**Legislative requirements and working practice:** Applicable national/local legislation relating to the workplace, for example, Health and Safety at Work Act, Management of Health and Safety at Work Regulations, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), Health and Safety (First Aid) Regulations, Manual Handling Operations, Control of Substances Hazardous to Health (COSHH), Personal Protective Equipment (PPE) Regulations, Electricity at Work Regulations, Workplace (Health, Safety and Welfare) Regulations, Provision and Use of Work Equipment Regulations, Equality Act, Data Protection Act (UK General Data Protection Regulations (GDPR)), Environmental Protection Act, liability insurance, for example, public, employer’s, professional indemnity, advertising standards, licensing, for example, Massage and Special Treatments licence, further information should be sought from the relevant authorities.

**Legal obligations:** Working with clients and the public, duty of care, disclosure, insurance for example, employers’ liability, personal accident, confidentiality, importance of meeting legal obligations to clients.

**Codes of practice and ethics:** Definition and importance of codes of practice, ethics and professional conduct, developed by the industry and professional associations.

**Roles of professional associations and organisations:** Aims, objectives, roles, activities, functions – awarding organisations, professional associations, voluntary regulatory bodies.

**Process of registration and regulation:** Statutory regulation requirements for example, Disclosure and Barring Service (DBS), regulated qualifications, National Occupational Standards (NOS), accredited registers – for example, Professional Standards Authority (PSA), voluntary regulatory bodies/voluntary regulation – Complementary and Natural Healthcare Council (CNHC), benchmarks for good practice, continuing professional development.
Learning outcome 3: Understand the key aspects of good clinical practice

Information for assessment and treatment planning: Consultation – client positioning to minimise barriers, maintain confidentiality, privacy and comfort. Consultation record keeping, refer to any existing records, ensure information is concise, accurate and in logical order (name, address, contact details, age range, lifestyle profile – work status, medical history, contra-indications, general health and wellbeing, diet and fluid intake, sleep patterns, stress levels, sport/hobbies, recent activities, reason for treatment, treatment history, allergies/hypersensitivity, contra-actions, relevant tests for example, skin sensitivity tests, current regime, treatment requirements, client preferences and expectations, body and skin analysis as appropriate to treatment, adaptations and modifications, recommendations, treatment plan including treatment media, expected outcomes, alternative treatment options/client referral, agree treatment plan with client, obtain client informed consent and signature), treatment evaluation and review process.

Record keeping and confidentiality: Methods of recording and storing information, records updated at the end of the treatment and at each visit, maintained electronically/digitally/paper-based, documented and stored in compliance with current data protection legislation, for example General Data Protection Regulations (GDPR), importance of accurate record keeping, confidentiality, adherence to legislation, following professional codes of conduct, disclosure of information to others, such as referral to other healthcare practitioners, non-disclosure.

Referral procedures and protocols: Working within the limits of own responsibility and qualifications, importance of recommending appropriate treatments for client’s condition, methods of referral, when to refer, to whom to refer, for example, General Practitioner (GP), counsellor, other complementary therapist, member of social care or nursing team, Social Services, Citizens Advice Bureau.

Communication skills:
- **Verbal** – speaking manner and tone, professional, supportive, respectful, sensitive to client, appropriate vocabulary and open questioning related to treatment.
- **Non-verbal** – active listening techniques, body language, gestures, eye contact, facial expressions.
- **Written** – electronic, digital, paper-based, clear and concise, attention to spelling, grammar and presentation of written information.
- **Visual aids** – use of visual aids as appropriate; photographs, digital media, magazines and images can provide inspiration and assist the client’s understanding.

Adapting and tailoring approaches for different clients, for example, new or existing clients according to age, health conditions. Clarification – checking client’s understanding of proposed treatment and expected outcomes, checking client’s comfort and wellbeing throughout. Barriers to effective communication, importance of communication and rapport with others, such as clients, colleagues, employer, other therapists, suppliers.