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Cognitive development across the life stages

Cognitive or intellectual development is the process by which individuals learn to reason, solve problems and analyse the world. Intellectual or cognitive development and its relationship to psychological development have been well described by many researchers over the years, including Jean Piaget (1896–1980) and Erik Erikson (1902–1994). According to their research, humans move through a number of stages that can be identified by the presence of particular characteristics.

Cognitive development is a series of stages through which people make qualitative changes as they acquire new knowledge. Problem-solving, planning and decision making are all cognitive processes so a person's intellectual or cognitive development stage can affect the counselling process and success.

Characteristics of different stages

Infancy

A child in the sensorimotor stage in infancy is characterised as experiencing the world largely through the senses. Actions are repeated frequently at this stage and, over time, results mean some actions become more frequent, while others fade.

Preschool children

Preschool children embark on a period of discovery and very rapid cognitive development, which mirrors significant gains in language skills over the same time span. The world and everything in it is explored, discovered, manipulated and employed. The child adds new words, and language forms on a daily or weekly basis.

Older children

Older children in the concrete operational stage (approximately 7–12 years) are able to use logic to solve problems, manipulate objects in their head and imagine doing things that are not actually happening. Memory skills increase and they are able to repeat skills they have been taught previously.

Adolescence

As the child moves into adolescence, they become able to use abstract thought and can create visual images and use objects to represent thoughts, feelings and concepts. They have a well-developed vocabulary and are able to communicate effectively with people from various age and social groups. It is important to note that the adolescent brain is still developing and does not reach full maturity until well into early adulthood (usually the early to mid twenties).

Mental health issues

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

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

Strategies to address mental health issues:

▶ Make sure you use consistent verbal and non-verbal communication.

▶ Watch the person's body language and make sure they feel safe, comfortable and unhurried in their attempt to communicate with you.

Substance misuse issues

Alcohol and other drugs misuse or abuse are often strongly linked to other wellbeing issues and may be the cause or the coping strategy of many issues. AOD issues will add to the complexity of meeting the person's counselling needs and should be managed by an AOD counselling specialist to achieve the best results.

This allows an appropriate plan of support to be made in partnership with AOD professionals.

Co-existing issues can impact each other and make each condition worse, or are one of the contributing reasons why substance misuse has developed in the first place.

If a person appears to be affected by drugs or alcohol at their appointment with you, it is important to help them reschedule to see you another day as they will not be able to fully engage in the session.

Relationship, parenting and/or family issues

Relationship and family issues will add to the complexity of meeting the person's counselling needs and may be managed best by a counselling specialist.

Always refer to a supervisor for clarification and the organisation's safety policies and procedures.

If the person being counselled communicates concerns regarding any violence, abuse or neglect, then it must be reported to a supervisor or manager. In such circumstances, the duty to report overrides any legal obligations to maintain confidentiality.

Example

Identify and consider co-existing issues in selecting courses of action

Rhonda has arrived at her initial counselling session looking tired and emaciated. She complains about being unable to sleep and admits to drinking more alcohol than she normally does after the recent breakdown of her long-term relationship. She has arrived for counselling at the recommendation of a friend.

Rhonda is displaying a number of symptoms that could indicate a range of possible health issues including anorexia, depression, alcoholism and insomnia. Rhonda's counsellor asks her several questions to get an understanding of her drug use history and other factors that could be affecting her health.

It's quite common for people to be upset about the end of a relationship, so Rhonda's counsellor considers that many of her symptoms might be explained by this event. She may also have more-complex issues, which could require referral to other health professionals.

Most appropriate application/use

CBT has demonstrated effectiveness with individuals experiencing:

▶ depression, anger and stress

▶ generalised anxiety and panic disorders

▶ obsessive compulsive disorder

▶ phobias

▶ post-traumatic stress disorder

▶ psychotic disorders such as schizophrenia

▶ eating disorders

▶ addiction

▶ substance misuse

▶ somatic disorders and stress-related ailments

▶ sexual dysfunction

▶ social anxiety

▶ brain injury and/or intellectual disabilities

▶ issues with children and adolescents.

Example

Jenny has difficulty getting out of bed because she is depressed. Through CBT, Jenny practises basic routines like getting out of bed and having a shower and perhaps one other simple activity, such as preparing breakfast. Repeating this routine over time helps Jenny realise that it is possible to get out of bed and achieve small tasks.

Person-centred therapy

The person-centred approach, developed by American psychologist Carl Rogers (1902–1987), aims to create a safe and supportive environment that encourages people to move towards a greater self-awareness. The person-centred approach proposes that the person knows themselves better than anyone else does and the counselling will ultimately be more successful if the sessions involve looking at the person as an individual, rather than just another person with a behavioural problem. This approach guides the person to seek their own understanding about their behaviour and develop their own motivation to change. It recognises that it is the person's needs that should determine the kind of help they require. Using this approach requires you, as their counsellor, to listen carefully and take the person's level of motivation, opinions and preferences into account while you ask questions and provide information.

▶ Genogram – A family tree or schematic diagram that depicts relationships of family members, used to detect recurrent patterns and to help identify problem/s

▶ Homeostasis – In the family therapy context, the tendency of a family system to maintain internal stability or balance and to resist change

▶ Nuclear family – Basic family unit, consisting of a father, a mother, and their biological children

▶ Sibling position – Birth order which can influence family functioning

▶ Triangling – A process in which two family members in conflict lower the tension level between them by drawing in a third member

Key concepts and principles

▶ Family relationships are a principal source of mental health and psychopathology for individuals.

▶ Family interaction patterns tend to repeat across generations.

▶ Family health requires a balance of connection and individuation.

▶ Family flexibility is a core trait that prevents family dysfunction.

▶ The triad is the minimum unit for a complex understanding of family interactions.

▶ Individuals' symptoms frequently have meaning within the family's interaction patterns or worldview.

▶ Circular causality – Family members are interrelated, not linear.

Processes used in application

Family-based counselling typically involves five to 20 counselling sessions. Overall duration of counselling ranges from two to six months, decreasing in intensity towards the end of the period of counselling.

Family therapy usually works within family groups but often includes work with people on an individual basis or, when appropriate, individual sessions within a series of family meetings. Family therapy may also include the social networks around families.

Counsellors often encourage the use of 'I' statements to focus on the effect of an action on the speaker rather than on the action itself. Instead of saying, 'You always do (blank)', a family member would say, 'I feel (blank) when you (blank) because (blank)'.

The counsellor supports the family to:

▶ examine the family's ability to solve problems and express thoughts and emotions

▶ explore family roles, rules and behaviour patterns to identify issues that contribute to conflict – and ways to work through these issues

▶ identify the family's strengths, such as caring for one another, and weaknesses, such as difficulty confiding in one another

▶ pinpoint any specific challenges and how the family is handling them

▶ learn new ways to interact and overcome unhealthy patterns of relating to each other

▶ set individual and family goals and work on ways to achieve them.

Communicate effectively

▶ Provide clear and reliable information to help the person reach their goals and improve their skills and knowledge.

▶ Provide knowledge, clarification and guidance but don't tell the individual what to do or what decisions to make.

▶ Assess the person's history, issues and needs and identify and report any issues that require an immediate response; for example, risk of self-harm.

▶ Explain the counselling process, counselling plan, what to expect from counselling, including goals and how to monitor progress, and confirm the individual understands.

▶ Establish mutually-agreed goals and support and work collaboratively with the person to meet their identified needs and goals.

▶ Observe and listen with your full attention and focus on understanding nonverbal cues and what the speaker is saying and feeling. Ask questions and seek clarification of information to ensure you understand.

▶ Summarise information, respond respectfully and acknowledge what they are saying and feeling, their anxieties and concerns.

▶ Do not make promises you cannot keep or imply that you have the answers to the person's issues; provide support to facilitate their self-awareness through feedback about the counselling session/s.

▶ Advise the person of their rights regarding counselling, privacy and confidentiality and support them in exercising their rights.

▶ Discuss legal obligations regarding mandatory reporting and/or disclosure of information as required.

▶ Document information such as the person's goals, strategies, outcomes and reporting and referral information.

▶ Report issues and/or seek advice from your supervisor if you are unsure of what to do.

Support the person

▶ Undertake work based on the belief that, given the right support, people can find solutions to their own problems and change negative patterns of behaviour.

▶ Adopt a non-judgmental attitude towards individuals and respect their beliefs, values, lifestyle and choices.

▶ Accept that other people have different values and that these are just as important to them as yours are to you. Respect that the individual is the expert in their own life.

▶ Understand what is important to the person and why.

▶ Empathise with the person to move beyond your own frame of reference and see things from the individual's perspective.

▶ Focus on the person's strengths to encourage and motivate them to implement strategies and challenge negative or incorrect thoughts in a gentle, supportive way through questioning to help their progress.

▶ Monitor the person's progress and acknowledge the person's positive progress to motivate the person to continue.

▶ Advocate on the person's behalf if necessary and with the person's consent.

Work health and safety

Everyone has a legal obligation to carry out their work in a manner that maintains the safety of themselves and the people they support. Workers have an obligation to keep themselves and others safe at work and must plan their work with these obligations in mind. Both employers and workers have responsibilities and rights to be safe at work.

On 1 January 2012, the *Work Health and Safety Act 2011* (Cth) came into effect, replacing the *Occupational Health and Safety Act 1991* (Cth). This model legislation was developed by the Commonwealth government to harmonise work health and safety laws that existed across Australian states and territories.

The following table provides the name of the health and safety legislation and the regulator responsible for its implementation in each state and territory. At the time of publication, all states and territories follow the model legislation except Victoria and Western Australia. Regulators have the power to prosecute organisations who breach the Act in the particular state or territory. They also produce guidelines and lots of helpful information for employees and employers on workplace health and safety.

Region	Health and safety legislation	WHS regulator
Commonwealth	*Work Health and Safety Act 2011* (Cth)	Comcare www.comcare.gov.au
Australian Capital Territory	*Work Health and Safety Act 2011* (Cth)	WorkSafe ACT www.worksafe.act.gov.au
New South Wales	*Work Health and Safety Act 2011* (Cth)	WorkCover NSW www.workcover.nsw.gov.au
Northern Territory	*Work Health and Safety Act 2011* (Cth)	NT WorkSafe www.worksafe.nt.gov.au
Queensland	*Work Health and Safety Act 2011* (Cth)	WorkCover Queensland www.worksafe.qld.gov.au
South Australia	*Work Health and Safety Act 2012* (SA)	SafeWork SA www.safework.sa.gov.au
Tasmania	*Work Health and Safety Act 2012* (Tas.)	WorkSafe Tasmania www.worksafe.tas.gov.au
Victoria	*Occupational Health and Safety Act 2004* (Vic.)	WorkSafe Victoria www.worksafe.vic.gov.au
Western Australia	*Occupational Safety and Health Act 1984* (WA)	WorkSafe WA www.worksafe.wa.gov.au

Records management

You have a responsibility to document information gathered in the interview by following the counselling plan and organisational policies and procedures. Information must be collated in an accurate manner to ensure all records adhere to organisational procedures and guidelines. Policies and procedures for maintaining accurate and up-to-date case history notes are based on legislative requirements that direct community organisations to be accountable for the services they provide.

Information must be kept confidential and secure so only share information with the person's consent and only with people who have the authority to view the information such as referrals.

Consider the following summary about information and records management.

Types of information

Depending on the context of the service, individuals may choose to be dealt with anonymously (or by providing a pseudonym) in which case their details will not be subject to privacy laws. If a person does identify themselves, the following will be collected: name, age, sex, contact details, some medical history, their symptoms (if applicable), ethnic background, sexual practice (if applicable), demographic information, language requirements, next of kin or emergency contact details and other items including referral information. This information will be recorded in the organisation's case history record.

Collection methods

Information is usually collected directly from a person when they use the service, or when they send an email or letter, or complete an online or hard-copy form. They may sometimes collect personal information from a third party, such as a residential care facility that is managing a person's care, or from family members contacting the organisation on a person's behalf. If someone calls on behalf of a person in need of support, then the caller's name and contact details must be collected and authorised.

Recording information

All consultations within an organisation must be recorded in a manual or electronic database. Any information collected as a result of a person contacting the organisation is considered personal information.

Maintaining records

Organisational processes should be in place to ensure that records of personal information remain accurate, complete and up to date, including by verifying the information with the service user each time they use the services, or from other sources. The records are retained for up to 25 years as is usual with health information.

have undergone rigorous scientific empirical studies or outcome research. The counsellor then critically applies that therapy (or integrated therapies) to a person's circumstances and preferences.

Current literature describes evidence-based practice in community services work as using current 'best evidence' in making decisions. This involves integrating research evidence with practical expertise and the values and experiences of people receiving services. Evidence-based practice places the person's values, needs and benefits first.

It is the responsibility of the counsellor to remain up-to-date with emerging therapies through their own research. Evidence-based practitioners undertake lifelong learning and continually ask questions that are important to people receiving services; they search objectively and efficiently for current best evidence relevant to each question, and take appropriate action guided by that evidence. An evidence-based practitioner knows what the current best evidence is, uses the best evidence in conjunction with their own individual expertise and with the values and expectations of the person receiving services and is part of a professional culture. This approach includes maintaining professional competency by undertaking continuous professional development; following professional codes of ethics and practice standards; and working within relevant legislation and service standards.

Evidence-based practice for recovery

Empowerment of the person is a key part of the recovery model; a model that refers both to subjective experiences of optimism, empowerment and interpersonal support, and to the creation of positive, recovery-oriented services.

Research data supports optimism about the outcomes for people with mental and behavioural health care needs, when a recovery-based approach is used. One of the most robust findings is that in using this model, a substantial proportion of those with mental and behavioural health issues will regain good social functioning. A growing body of research supports the concept that empowerment is an important component of the recovery process and that user-driven services and a focus on reducing internalised stigma are valuable in empowering the person and improving outcomes. As such, this model is also well-suited to counselling.
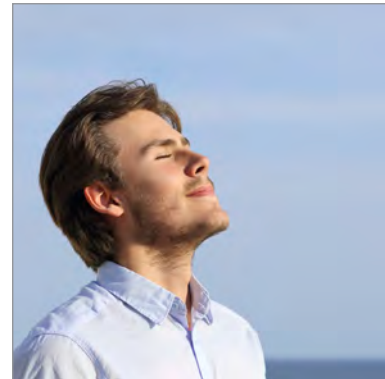
Combine evidence-based practice with the recovery model

Research supports combining the tenets of evidence-based practice with the tenets of the recovery model. Offering choice and information about evidence-based interventions as a resource for people to use in their recovery journey, rather than imposing treatments, is a key component of successful recovery models. Qualitative research also suggests that turning points in people's lives are often linked to authentic encounters with mental health workers. There is also research-based evidence that the impact of beliefs about mental illness is another key factor in recovery. Organisational support and commitment is essential to ensure that support moves towards recovery-oriented models and away from clinical diagnosis-driven models.

Example

Select the most appropriate counselling therapies for situations

Part of Yvette's role is to provide counselling to a range of individuals at the local community health centre. Yvette feels confident she has identified the needs, issues and changes that each individual wants to make in their lives. She has also analysed each individual's developmental status, assessed their readiness for change, established goals and identified potential barriers and co-existing issues.

Her training has given her a good grounding in interpreting information about key counselling theories and therapies. For most of the individuals, the appropriate therapy is evident and Yvette is confident to proceed with implementing these therapies into her counselling sessions.

However, for some individuals with more-complex needs and/or several co-existing issues Yvette decides to carry out research to ensure she implements the best possible counselling therapy into her practice.

Yvette sources information from journal articles, literature reviews and the websites of key industry associations and other reputable sources. She discusses her research with her supervisor who is happy she is taking this evidence-based approach to her practice. He even provides her with more reliable website links and sources of information.

Yvette notes the following research findings:

▶ Methods based on cognitive behaviour therapy, person-centred therapies and family therapy are useful to help individuals identify and change negative patterns of thought and behaviour.

▶ Solution-focused brief therapy can be applied in any context where an individual requires help to identify solutions to problems or issues they are dealing with.

▶ Stages of change and motivational interviewing are commonly used with people experiencing substance misuse, addictive behaviours or other environments where individuals are attempting to break a habit or make changes that are difficult for them.

Yvette views this research as 'refresher training' as it confirms what she already knew. She uses this information to develop an integrated counselling approach that best suits each individual.

Topic 2

In this topic you will learn how to:

2A Use selected therapies to assist the client

2B Effectively combine techniques from different therapies

2C Use counselling skills in context of each counselling modality and technique

2D Identify indicators of the client's issues requiring referral, and report or refer

Use counselling therapies

There is a wide range of therapies that a counsellor can use and it is important to follow your organisation's policies and procedures regarding using their preferred therapy or therapies if required. Ultimately, it is most important to select a therapy that best meets the individual's history, issues, goals and preferences. To do this, a counsellor may need to combine techniques from different therapies. They should also acknowledge when cases are beyond their expertise, report these situations and be prepared to refer the person to another counsellor or agency as required.

Other therapy techniques

There are several hundred different counselling techniques that can be used to help support an individual. The counsellor's role is to choose the techniques that will provide the best support for the person accessing services.

Here are some examples of other counselling techniques often used in community services settings.

Group therapy

Some individuals may prefer the idea of participating in a group session led by an experienced facilitator. This approach may suit people all dealing with a similar issue; for example, anger management, social anxiety, managing addictions or improving some aspect of health and wellbeing. In this situation, participants have an opportunity to share stories with others who have had similar experiences. An experienced group facilitator, who may be a counsellor or psychologist, can facilitate the process to ensure it is a positive experience for everyone and no-one is left out or discriminated against.

Support groups

Support groups are self-help groups set up by people who want an opportunity to mix with and receive support from those in similar situations to themselves; for example, people dealing with AOD issues, carers of people with disability or mental illness, young mothers or those with a particular condition such as depression. Receiving and giving support to others may appeal to those who value the informal nature of support groups and the ability to connect with others who have the same lived experience. To many people, it may seem like a more natural helping relationship than one-on-one counselling and one that is inherently more equal than a counselling relationship where one person is a professional helper.

Community support

Sometimes a person may benefit more from working with a community worker than having counselling. For example, if they need ongoing practical assistance to learn how to live independently, budget, make appropriate food choices when they go to the supermarket or solve problems, having someone to assist them to make good choices at the time they need to make the choice can be more helpful than just talking about it.

Personal exploration

Some individuals may feel counselling does not offer them the freedom to explore their issues in their own way. They may prefer to do personal research and try a number of alternative approaches such as meditation, writing a journal or other activities than formal counselling.

2C Use counselling skills in context of each counselling modality and technique

Counselling is a highly-skilled profession and you may wonder how you can acquire the skills and knowledge necessary to provide the help an individual needs. It may comfort you to know that research shows that it is the quality of the relationship between individual and counsellor, rather than the techniques used that is the most important requirement of any helping relationship.

Although the relationship you develop with the individual is extremely important, you also need to have the skills and knowledge to put into practice the counselling methods your agency expects you to use. If you feel that your skills, knowledge or experience are not sufficient to apply a particular method or meet a person's particular needs, there are a number of ways that you can address the issue.

Counselling skills

The tools a counsellor works with are the skills and knowledge they bring to the helping relationship.

Some skills are listed below.

Basic counselling skills and abilities
▶ Develop a working relationship with individuals based on empathy and rapport.
▶ Use high-level communication and observation skills to analyse behaviour – active listening and responding skills such as paraphrasing, reflection, clarifying and summarising.
▶ Challenge individuals' inconsistencies and defences when appropriate.
▶ Manage your own values and levels of work stress.
▶ Plan counselling sessions and work within a structured framework.
▶ Explain the counselling process and contract with individuals to achieve the outcomes they want.
▶ Help individuals learn and use problem-solving strategies.
▶ Apply the agency's preferred counselling methods and recognise when you need to refer individuals to other service providers.
▶ Record information accurately and reflect on counselling interactions.
▶ Reflect on your own role, involvement and influence in counselling such as responses, emotions, objectivity or bias.

Example

Identify indicators of the client's issues requiring referral and report or refer

Rada is a counsellor currently working with Drew, a young man who has substance misuse issues, depression and anxiety. In one of his counselling sessions, Drew is unusually distressed and tells Rada that he feels overwhelmed, 'has had enough' and is seriously intending to end his life. Rada takes Drew's statements seriously and talks to him about accessing specialist support services and helps him identify a list of natural supports in the form of family and friends who will know how to help him when he is feeling suicidal.

Drew is still adamant he is planning to take his own life so Rada believes he is at immediate and very high risk of harming himself. She gains Drew's consent to call her supervisor into the session. After further discussions Drew acknowledges that he needs urgent help and breaks down sobbing and banging his hands on the table. With Drew's consent, the supervisor calls an ambulance to take Drew to a hospital for his own safety and to undertake a full mental health assessment.

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Practice task 11

1. Give two examples of when people with certain issues may be referred to another agency.

2. Give two examples of issues that are likely to require referral.

3A Evaluate the use of therapies in the context of individual people

It is important that the counselling plan is well-documented and should contain the counselling strategies and techniques being used. The plan should be developed in consultation with the individual and outline the responsibilities of both the counsellor and the individual. The plan should be kept in the individual's case file notes and stored securely in line with the organisation's policies and procedures. This applies both to written documentation and electronic case files. If using video or auditory tapes within a session they also form part of the individual's case notes.
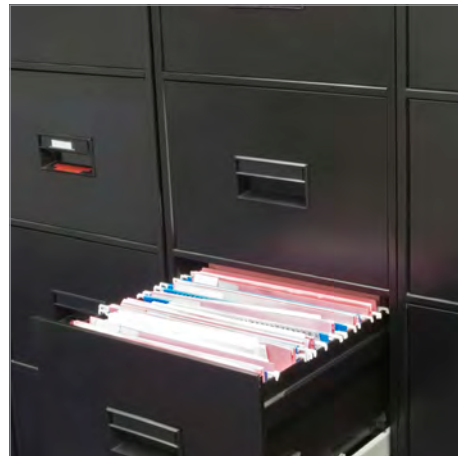
Monitor and evaluate how the use of therapies benefits the individual as part of a practice of continuous improvement. As a counsellor, it is your responsibility to check how well the plan is working and whether the individual's behavioural change is progressing. You then have to decide whether aspects of the plan could be changed to better meet the individual's needs. Any changes need to also be recorded in the counselling plan.

Monitor the person's progress

When evaluating a program the counsellor will look at monitoring all strategies used across the range of plans to ensure that the responses are positive and adaptive.

Here are some guidelines around what needs to be evaluated for monitoring the person's counselling and progress.

Positive responses

A positive response, in the context of providing advanced behavioural support for individuals with behaviours of concern, is the desired outcome as outlined in the behavioural support plan. If the strategies have achieved what they were put in place to achieve in an efficient and effective manner, the individual will show positive behavioural responses.

To ascertain whether the individual has shown positive responses, ask the following:

▶ Has the strategy effectively managed the behaviours of concern?

▶ Do the strategies continue to have the positive impact that was originally observed?

Adaptive responses

Monitoring the effectiveness of strategies involves judging whether the individual has learnt to adapt or change their behaviour as a consequence of the strategies and whether they are maintaining or further developing that changed response.

You also need to assess whether the new behaviour is now so firmly entrenched that the strategies are either no longer necessary (because they have served their purpose) or further development is needed in this area.

Identify what you need	Through feedback obtained from others, your own insights and taking into consideration your plans and career goals for the future, you should have a clear understanding of what areas of practice and personal development you want or need to pursue. For example, you may realise that sometimes you have difficulty developing a constructive working relationship with some individuals and decide you want to develop your skills and abilities in the area of communication, relationship-building and counselling techniques. The professional development options available to address these issues may include seeking advice and guidance from your supervisor and experienced colleagues, and participating in further training through workshops or formal study.

Improvements based on own evaluation

When you are evaluating your own performance against specific competencies, it is important to think carefully about what you currently do well and how you think you may improve in the future.

Some competency areas relate to many different jobs, while others are quite specific and relate more to how you carry out particular aspects of your job. Specific competencies tend to be more focused on your interactions and work with people who use your services, and often include technical skills such as conducting assessments, organising groups, providing targeted support, intervening in challenging situations and carrying out personal care, health or manual-handling tasks.

Here are some areas of performance competency where you may evaluate your performance and decide on areas for possible improvement.

Problem-solving

Community services work presents many opportunities for using problem-solving. This includes resolving issues related to work tasks, dealing with situations, interactions with colleagues and time and resource management. Being good at problem-solving takes time and practice, and there are some specific skills such as using technology and adopting clear thinking practices that can assist you in becoming a better problem-solver.

Communication

In many community services jobs you need to communicate with different groups of people in varying contexts. Sometimes you have time to plan and consider your communication in advance but in some situations you need to respond rapidly and ensure your communication is precise, clear and well received. Good communication is a skill that can be taught and developed over time.

Technical skills

Your day-to-day tasks often depend on technical skills. Depending on your level of responsibility, technical skills may include those related to the care and support of people requiring support, as well as how you work alongside or lead groups of people. Technical skills need to stay current and sometimes require regular updates, particularly in health and emergency management areas.

Coaching

Coaching is a good option if you are interested in progressing to a higher role within your agency and require further skills and knowledge for the role, or if you are acting in a higher position. Coaching may also be useful if you have devised personal goals for developing your skills and knowledge and you need assistance to implement them.

Conferences

Conferences and workshops for skills and knowledge development are vital in the community services sector. Regular participation in conferences enables counsellors to keep abreast of current issues and developments in the sector, and may also provide ideas for areas that may be relevant and appropriate for ongoing formal learning.

Training

All counsellors should have access to training that promotes personal and professional development. Your supervisor will inform you of workplace policies regarding training and professional development, and work with you to identify relevant programs and opportunities. You can also suggest areas of practice that you wish to improve and request relevant training.

There are many ways you can participate in training or personal development to enhance your skills and knowledge.

Training includes the following.

What training involves
Formal training Attending workshops and formal training sessions
Study Undertaking further study including short online courses
Mentoring Working with a mentor or experienced colleague
Volunteering Volunteering with organisations that can provide opportunities to learn new skills
Self-directed Seeking ways to enhance your skills and knowledge such as researching, reading professional journals and texts, and having discussions with experienced practitioners

Document learning

Participating in ongoing skill and knowledge development is an asset to counsellors. For professional recognition, you must keep accurate and up-to-date records of learning plans and any learning you undertake.

Here are some key points about documenting.

Develop

Develop an annual learning plan or skill development plan to encourage your commitment to learning and encourage the commitment of the organisation to follow through with any support required.

Link

Link your learning goals to the goals of the organisation and be clear about how the learning relates to your responsibilities.

Record

Keep records of formal and informal learning by preparing a folio to store and present.

Professional portfolio

Creating a professional portfolio is a method where all your professional education is kept and it can assist you to plan for further self-development and professional activities. A professional portfolio can also assist you in reflection of what it means to be a learning professional who wants to develop their skills and knowledge and apply these to their practice.

A professional portfolio is the evidence of your skills, achievements and professional experience. You will be able to use your professional portfolio to plan your continuing education and professional development. Portfolios generally come in either a hard-copy (print) or an e-portfolio (online) format.

Here are some reasons why a professional portfolio may be necessary.

Transcripts

- ▶ Place a copy of all transcripts that you have obtained in your portfolio as evidence of formal learning.
- ▶ Keep the copy of professional development certificates.
- ▶ Keep a running sheet of in-service activities that you have attended.
- ▶ Keep a running sheet of all journal articles you have read.

Self-assessment

Write and keep a self-assessment plan for your career goals and plans. This plan should be a five-year projection with a re-evaluation each six months to evaluate your progress.

Summary

1. Developing and implementing counselling therapies to form a support or response plan does not complete the process of behaviour management. It is important that you continually monitor the effectiveness of the therapy or therapies you choose and the impact the therapy or therapies may have on the individual's ability to develop and maintain positive responses.

2. The aim of an evaluation is to understand what is working well and what is not, and what might assist in improving progress for the person. The evaluation process involves reviewing the progress made so far and reviewing the person's goals and priorities.

3. Counsellors should regularly use self-reflection to monitor and evaluate their own role and practice. This type of review will ensure they are meeting industry best practice, are up-to-date with emerging trends in counselling and undertaking professional development as necessary.

4. To meet the challenges of your work, it is important that you build support networks and know where you can obtain specialist advice when necessary.

5. The community services industry is constantly undergoing change and development. It is important to keep up to date with these developments and evaluate how you can apply them to improve your own practice.

6. Counsellors should only use credible sources of information on counselling therapies and trends. Information sources may include books, journals, websites and industry associations or networks.

7. Develop and use critical thinking or reasoning skills to evaluate the information you access for accuracy, reliability and impartiality.

8. Emerging trends in counselling include a greater focus on people's specific needs regarding cultural diversity; youth and sexual identity cohorts; ageing; the increasing use of technology in counselling; peer and self-help approaches; and risk management in counselling practice.