Principles and Practice of Complementary Therapies (QCF)

Understand the key historical factors and theoretical background for complementary therapies (Learning Outcome 1)

Complementary Therapies

Main therapies: Aromatherapy, Body Massage, Reflexology and Acupuncture, Alexander Technique, Bowen Technique, Chiropractic, Counselling, Craniosacral Therapy, Emotional Freedom Technique, Flower Essences, Healing (Faith, Reiki, Spiritual), Herbalism, Homeopathy, Hopi Candles, Hypnotherapy, Indian Head Massage, Iridology, Kinesiology, Neuro Linguistic Programming, Nutrition, Occupational Therapy, Osteopathy, Remedial Massage, Seated Acupressure Massage (on-site massage), Shiatsu, Sports Therapy, Thai Massage, Yoga Therapy

Concept of Holism

The term "holistic" comes from the Greek word "holos" meaning "whole". This means that any holistic therapy aims to treat the whole person, not the specific ailment. Every client is treated in a unique and individual way. They are not just flesh, blood and bone – they are a dynamic energy system which changes constantly. They are a delicate balance of mental, physical and spiritual aspects which intermesh. In many cases, the cause of illness is far more deep-rooted than external symptoms would have us believe.

The holistic approach is very different to that offered by conventional medicine. It aims to establish the root cause of a problem and then tackle it with a view to achieving homeostasis. According to many holistic health systems, the body has a natural tendency to strive toward equilibrium or 'homeostasis', the maintenance of which is the key to good health.

A holistic therapist will work with their client, looking at all aspects of their life in order to promote and maintain self-healing. The clients past and present life, social and environmental factors, their psychological and emotional state and an indefinable dimension known as 'spirit' are all taken into account.

Most conventional doctors aim primarily to eliminate the "symptoms" of an illness, disease or disorder. Some do take an integrated approach i.e. would treat the symptoms with medication but also seek to address any underlying causes. The public, however, are turning more and more to holistic healing because they are often unhappy with the unpleasant, damaging and sometimes unknown side-effects of conventional medicines. These "symptoms" are often the body's only way of crying out to let us know that something is wrong. Complementary therapists encourage their clients to listen to and work together with their bodies.

In accordance with the holistic philosophy, the MIND, BODY and SPIRIT are the three aspects which bring about a feeling of well-being. The most important underlying principle is that the body will heal itself if given a chance. Therapists encourage clients to have a sensible, nutritious diet, have exercise and take in adequate amounts of fresh air and...
sunshine. Perhaps, most importantly too, they encourage clients to find ways of seeking and finding inner peace and happiness. MIND, BODY and SPIRIT are interrelated; whatever affects one aspect will affect the whole. Therefore any holistic therapy stimulates the body’s own powers of recuperation and self-healing with no harmful side-effects.

Plato wrote the following words two thousand years ago:-

‘The cure of the part should not be attempted without treatment of the whole, and also no attempt should be made to cure the body without the soul, and therefore if the head and body are to be well you must begin by curing the mind: that is the first thing......For this is the error of our day in the treatment of the human body, that physicians separate the soul from the body.’

(Plato, Chronicles)

Know the main influences on working within the complementary therapy industry
(Learning Outcome 2)

Legal obligations for therapists working with clients and the general public
(LO2.1)

In England the law is divided into two main categories: Criminal Law and Civil Law. Criminal law is contained in Acts of Parliament and if a person contravenes Criminal Law he is prosecuted by the State. If found guilty, the offender may be fined or imprisoned. Civil Law concerns the rights of citizens in their relationship to one another and action is initiated by the injured party. If the claim succeeds, the offender is ordered to pay damages for redress of injury.

Legal Advice - Any therapists who find themselves faced with the possibility of legal proceedings whether criminal or civil and however remote, should contact their professional organisation for advice.

Professional Negligence (Duty of Care) - the only Civil Law to which therapists are subject is an action for damages for professional negligence. The meaning of negligence in English law is, very broadly, that in any contract with other citizens a person must have regard for their interests and that, if through some act of commission or omission committed without sufficient regard for another person’s interest, that other person sustains injury, he is liable to pay damages as monetary redress for the injury inflicted.

The relationship of therapist and client automatically imposes on the therapist a duty to observe a certain standard of care and skill in the treatment or advice he gives. Failure to attain to that standard exposes the therapist to the risk of an action for damages.

A ‘professional’ person is by definition one who professes to have certain specialist knowledge or skill not possessed by the layman and, in general, a practitioner of any profession is bound to possess and exercise the knowledge, care and skill of an ordinary competent practitioner of that profession. Professional negligence may take one of two forms; either lack of requisite knowledge and skill to provide the treatment offered, or else, while possessing the necessary knowledge and skill, failure to apply it properly.
It will therefore be seen that the knowledge and skill which therapists profess to have, is of crucial importance in the context of professional negligence. It is essential that therapists do not claim to possess knowledge, or purport to exercise skills, they do not possess.

It should be an essential part of training to ensure that every therapist is aware when a case is beyond the scope of his/her particular skill and when to call in a more skilful person, to refer the client to a medical practitioner, another therapist or to ensure that the client no longer relies exclusively on his / her skill alone.

The Treatment of Children / Minors - It is an offence for the parent or guardian of a child under 16 years of age to fail to provide adequate medical aid for the child. The law does not prohibit a practitioner of complementary medicine from treating children. However, to avoid being charged with the statutory offence known as 'aiding and abetting', the therapist should explain to the parent or guardian the nature of the obligation imposed by law and request them to sign a disclaimer.

Confidentiality / Disclosure - as professionals we undertake to not pass on information to another (third) party without the client’s permission, although therapists are bound by law to report such things as certain types of disease conditions to a doctor or medical authority. These include:

- Sexually transmitted diseases (STDs)
- Drowsiness or loss of consciousness, dizziness, vomiting following an injury
- Any sudden difficulty breathing - possible heart condition or severe respiratory condition
- Stiff neck and / or high fever - meningitis?
- Pain in the eye or temples of elderly or rheumatic people, with local tenderness - stroke?
- Any bleeding reported in the stools, urine, phlegm from coughing, or vomit; vomit with dried blood (like coffee grounds)

Notifiable Diseases - It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health of the district in which the client resides or in which he is living when the disease is diagnosed. The person responsible for notifying the MOH is the GP in charge of the case. If, therefore, a therapist were to discover a notifiable disease which was clinically identifiable as such, he should insist that a doctor be called in. Each local authority decides which diseases shall be notifiable in its area. There may therefore be local variations, but it is assumed that the following diseases are notifiable everywhere:

- Acute encephalitis
- Leprosy
- Anthrax
- Tuberculosis
- Cholera
- Ophthalmia neopatorum
- Typhus
- Food Poisoning

- Acute meningitis
- Infective Jaundice
- Malaria
- Leptospirosis
- Measles
- Diphtheria
- Measles
- Yellow Fever

- Relapsing Fever
- Scarlet Fever
- Acute poliomyelitis
- Tetanus
- Typhoid Fever
- Paratyphoid Cough
- Whooping Cough
- Plague

The Prohibited Functions Act - This Act prohibits unqualified persons performing certain specified functions in the field of medicine: dentistry, midwifery, veterinary surgery and for the treatment of venereal disease. The only exception would be helping a woman in childbirth only in cases of sudden or urgent necessity.
Professional Qualifications: A qualified therapist should have both training and experience with certification showing the level of achievement. He/she should:

1. Be trained to the standards defined by the relevant awarding bodies core curriculum.
2. Be fully insured to practice.
3. Be a member of a professional association and abide by their Code of Practice & Ethics.

Good practice in health and safety is also a legal requirement for your business. Managing health and safety is about:

- looking after your business or organisation
- looking after your employees
- looking after your reputation

Health and safety and successful business are complementary. Good leaders look after their businesses/organisations, and manage skilled employees who have confidence in them. As with all parts of your business/organisation practice, to manage health and safety you need to plan, deliver, check quality and take stock to see what you can improve upon.

There is a legal responsibility to protect the health and safety of your staff and other people – such as customers and members of the public. In general, employers must:

- make the workplace safe and eliminate or control risks to health
- ensure tools and equipment are safe and that safe systems of work are set and followed
- ensure tools, equipment and products are moved, stored and used safely
- provide adequate welfare facilities
- give employees the information, instruction, training and supervision necessary for their health and safety
- consult employees on health and safety matters.

Relevant and current health and safety legislation

- the Health and Safety at Work Act (HASAW)
- the Environmental Protection Act
- the Workplace Regulations (Health, Safety and Welfare)
- the Management of Health & Safety at Work Regulations
- the Health & Safety (First Aid) Regulations
- the Personal Protective Equipment at Work Regulations
- the Provision and Use of Work Equipment Regulations
- the Control of Substances Hazardous to Health Regulations (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)
- the Electricity at Work Regulations
- the Fire Precautions Act
- the Fire Precautions (Workplace) Regulations
- the Manual Handling Operations Regulations
- Employers Liability Act
- Working Time Regulations
- General Products Safety Regulations
- Cosmetic Products (Safety) Regulations
- the Supply of Goods and Services Act
- the Consumer Protection Act
- Trades Description Act
- Performing Rights Licence
- Local Government (Miscellaneous Provisions / Licensing) Act
- Data Protection Act
INSURANCE

Insurance is always advisable when running any business and is in certain cases legally necessary, eg. Employers' Liability Insurance.

Essentially, business insurance falls into two categories: the compulsory and the optional.

There are three types of mandatory insurance. Any business that employs staff must have employers' liability insurance. Any business that runs company cars or vehicles must have motor insurance. And any business that operates in certain professions, such as the law or providing treatment on the public, must have professional indemnity and public liability insurance.

- **Public Liability Insurance** is needed to protect clients if they have an accident. It is known as the 'trip or slip' cover. If a client were to slip or fall and hurt themselves, they could be seriously injured. The therapist could be sued for an allegation of negligence. The therapist has a responsibility to ensure that premises are safe and any potentially hazardous items are not left lying around.

- **Professional Indemnity** covers the therapist should they be accused of neglect or injury to the client, maybe resulting in loss of earnings.

- **Enhanced Motor Insurance**: this may be required if using a private vehicle for business purposes, other than to travel to and from work.

- **Employers Liability Insurance** places a duty on employers to take out and maintain approved insurance policies with authorised insurers against liability for bodily injury or disease sustained by their employees during their employment. An employer must be insured for at least £2 million in respect of claims arising from one occurrence.

Of course, a business may also want to look at protecting itself with other, non-compulsory insurance. These might include cover for equipment, interruption to business, goods kept in stock, goods in transit, money, loan repayments, product liability, partnership protection, health, critical illness and legal expenses.

- **Household / Contents Insurance** is needed if the therapist is working from home. A standard household policy will cover such things as fire, overflow of water, explosion, malicious damage, theft, etc. Most policies offer an extension for accidental damage such as staining, breaking, tearing and scratching insured items. A standard household policy is intended for a home which is occupied residentially. Many insurance companies will not provide cover where there is business use, especially not if members of the public are routinely coming in. Some insurers take the view that the risk changes, so it is important that the therapist advises his/her insurer and that they preferably obtain a satisfactory response in writing, otherwise a claim will almost certainly be invalid.

Practitioners working from home should give special attention to the terms of their lease or other title deeds and any local government regulations limiting such practice or requiring the premises to be licensed. The Trading Standards and Environmental Health Departments of local authorities have a variety of information leaflets on legislation.
• **Personal Accident & Sickness Insurance** is important if a therapist is unable to work because of an accident and has no other source of income. Cover can be arranged for ‘personal accident’ which tends to be relatively inexpensive, or for ‘personal accident and sickness’, which tends to be more expensive. These types of policies generally provide world-wide cover and they typically pay out for up to two years. This can help with monthly commitments such as a mortgage, rent, utility bills and every day living expenses like food and clothing.

**Business equipment / stock Insurance** is necessary if a healing centre is being set up. Items such as massage tables, computers, telephone, copier, music centre, desks / chairs, carpets, curtains, etc are covered and these kind of policies provide loss or damage cover on all contents, plus money, business interruption ( following a fire, etc), glass / sanitary ware, breakage, etc. It is sensible to arrange cover wherever the therapist is working in the UK, including at clients’ houses and while transporting equipment in the car. It may come as a surprise, but a lot of massage couches are an attractive target for a thief and many have been stolen from unattended vehicles.

**Codes of practice and ethics relating to complementary therapies** (LO2.2)

Definition of:

**Code of Practice**

This is a set of written rules / guidelines issued by an official body or professional association which explains how people working in a particular profession should behave. 
**WHY:** It is written to help its members comply with its ethical standards.

**Code of Conduct**

A code of conduct creates a set of rules for specified circumstances that become a standard for all who participate in the organisation and represent themselves outside of the group. 
**WHY:** Every membership body has expectations / set of rules of how they expect their members to act. This set of principles may be implied or written. Membership bodies impose penalties to individuals for breaking their codes of conduct.

**Code of Ethics**

This is a written set of guidelines issued by an official body or professional association to its members to help them conduct their actions in accordance with its primary values and ethical standards.

**WHY:** They are adopted to establish professional responsibility, integrity and credibility. Members must conduct themselves in a professional manner.
Professional Associations and Organisations relating to complementary therapies (LO2.3)

Regulatory Body or Association - What is the difference?

Regulatory Body

- Acts in the interest of the public
- Independent of professional bodies
- Promotes the process of regulation
- Administers a single register of practitioners who meet agreed criteria
- Works with the professions to agree and oversee minimum standards
- Sets requirements for CPD (continuing professional development)
- Publishes codes of conduct / ethics
- Has a council or governing body which includes lay and professional representatives
- Has published complaints and disciplinary procedures
- Provides information to the public about the therapy and what to expect
- Liaises with government and other organisations when required
- Operates Fitness to Practice procedures to remove practitioners from the register

Association / Professional Membership Body

- Acts in the interests of the profession
- Is independent of the regulatory body
- Promotes and supports practitioners and the profession
- A membership organisation of professional practitioners
- Ensures members meet its own standards which are at least those required by the regulatory body but may exceed them
- Provides information on insurance for members
- Ensures members meet requirements for CPD
- Has a code for members, which would be at least that required by the regulatory body
- May have complaints and disciplinary procedures
- If necessary will liaise between practitioners and the regulatory body in the case of complaint.
- Provides information to the public—ensures courses cover the core curriculum
- Holds lists of suitable schools

Professional Membership Bodies

A professional association (also called a professional organisation, or professional society) is a non-profit organisation seeking to further a particular profession, the interests of individuals engaged in that profession, and the public interest. Many professional bodies are involved in the development and monitoring of professional educational programs, and the updating of skills, and thus perform professional certification to indicate that a person possesses qualifications in the subject area. Sometimes membership of a professional body is synonymous with certification, though not always. Membership of a professional body, as a legal requirement, can in some professions form the primary formal basis for gaining entry to and setting up practice within the profession.

Below are a list of professional membership bodies in the complementary and beauty therapy fields:
Aromalyne Training
Level 3 Diploma in Aromatherapy - Principles and Practice of Complementary Therapies (ABC)

Aromatherapy Council – www.aromatherapycouncil.co.uk
Aromatherapy and Allied Practitioners’ Association – www.aapa.org.uk
Guild of Professional Beauty Therapists – www.beautyguild.com
BABTAC (beauty therapy industry) – www.babtac.com
Complementary Therapists Association – www.ctha.com
Embody – www.embodyforyou.com
Association of Reflexologists – www.aor.org.uk
Professional Reflexology – www.professionalreflexology.org
International Federation of Reflexologists – www.intfedreflexologists.org
Federation of Holistic Therapists – www.fht.org.uk

Membership bodies give advice to members on areas such as:
- Setting up a business
- Health and Safety
- Customer Care

Most:
- have a members directory
- hold seminars, w/shops - hold educational events for CPD purposes
- offer membership and insurance
- offer support for members
- claim to be non profit-making!!
- publish a magazine for members

Process of registration and regulation of complementary therapists (LO2.4)

Overview of Regulatory Bodies

Over the past 10 years and in accordance with recent govt recommendations, the various professional associations in each therapy have been working together to agree standards.

The November 2000 House of Lords Report (Sixth Report) recommended the creation of National Occupational Standards (NOS) and a voluntary self-regulation process. The Sixth Report identified 3 groups:

Group 1 - this group contained the therapies that had a well-developed process of voluntary self-regulation and were regarded as professionally organised alternative therapies. Osteopathy and chiropractic.

Group 2 - this group listed therapies that most clearly complemented conventional medicine - aromatherapy, reflexology, counselling, hypnotherapy, meditation, healing, stress therapy.
Group 3 - this group was said to have no convincing research-based evidence for efficacy. They included Chinese herbal medicine, Ayurveda, crystal therapy and dowsing.

Once this was done, it was recommended that an overarching independent regulator should establish a national register and protect the public by validating the status of all registered therapists. Also to provide a robust complaints procedure.

Many therapy bodies came together to provide an umbrella body for all therapies in the UK. These included, amongst others:

- Aromatherapy Council
- Reiki Council
- Alexander technique voluntary self-regulation group
- Bowen Forum
- Cranial Forum
- General Council for Massage Therapy
- Reflexology Forum etc.

What is regulation?

It acts as a framework for good practice - outlining minimum standards for accountable, safe and effective practice within a complementary therapy. In the healthcare environment, regulation involves establishing rules and standards for training, practice and registration, as well as the implementation of processes to tackle complaints and deal with disciplinary procedures.

The need for regulation

As more and more people choose complementary practitioners alongside orthodox medical treatments, the public and medical professions are becoming more interested in the safe practice and efficacy of complementary therapies. Regulation balances the interests of consumer protection with the profession's needs for agreed minimum standards and continued innovation and development.

Regulation:

- Is led and agreed by the profession.
- Is a framework for safe and accountable practice for complementary therapy
- Is helpful to the public when choosing a practitioner
- Is helpful to practitioners by supporting their daily work
- Identifies good training providers for initial training and CPD (continuing professional development)

Statutory Regulation and Voluntary Self-regulation

Regulation and registration of complementary therapists in the UK is voluntary. This means that there are no laws in place to protect the public from unqualified or incompetent therapists.

Statutory Regulation: is recommended in therapies where there is a higher possible risk to the public from poor practice.

In law, a Statutory Service is any service provided by a practitioner who must be:
• qualified in the particular skill
• on the current register of the regulatory body otherwise it is unlawful to practice.

Statutory regulation has already been achieved for osteopaths and chiropractors.

General Osteopathy Council (GOsC)
General Chiropractic Council (GCC)

Voluntary Self-regulation: is when a single, professional body, which does not have statutory status, registers their therapy. The body is encouraged to mimic the statutory regulatory bodies in their administration, but it cannot enforce practitioners to join.

• AIM of voluntary self-regulation: is to protect the public and the profession
• PURPOSE: is to establish a nation-wide, professionally determined and independent standard of training, conduct and competence for each profession for the protection of the public and guidance of practitioners and employers.

Voluntary Regulation for Complementary Healthcare Practitioners

Two federal regulatory bodies have been established.

1. The first opened in October 2007 is called the General Regulatory Council for Complementary Therapists (GRCCT) and its website is www.grcct.org.

2. The second body opened in January 2009 and is called the Complementary & Natural Healthcare Council (CNHC) and its website is www.cnhc.org.uk. This is the UK voluntary regulator for complementary healthcare practitioners.

Both these regulatory bodies believe it is important to have a register of complementary therapists who meet the agreed national standards and required levels of competence in their training and professional skills.

Regulation and registration of complementary therapists in the UK is voluntary self-regulated. This means that a therapist can still practice and not have to be registered with one of these federal bodies. It is their personal choice.

What are National Occupational Standards?

National Occupational Standards are benchmarks of competences and performance. They provide the means for assessing performance in a job: they are work-related statements of the ability, knowledge, understanding and experience that an individual should have to carry out key tasks effectively. Anyone in an occupation covered by Standards can use them to determine what level of competence is required and more importantly whether their own performance meets that industry expectation.

State Register of Regulated Qualifications

The Register of Regulated Qualifications contains details of Recognised Awarding Organisations and Regulated Qualifications in England (Ofqual), Wales (DCELLS) and Northern Ireland (Ofqual for vocational qualifications and CCEA for all other qualifications).
Qualifications and Credit Framework (QCF)

This is the new framework for creating and accrediting qualifications in England, Wales and Northern Ireland. All qualifications in the QCF are made up of smaller units of learning. Every unit and qualification has a credit value (showing how much time it takes to complete) and a level (showing how difficult it is). There are nine levels (entry level to level 8). The qualification name, i.e. Award, Certificate, Diploma, represents the size of the qualification, not how difficult it is.

Continual Professional Development (CPD) – benefits, methods of obtaining CPD and mandatory requirement for certain professional organisations (LO2.5)

CPD is the process whereby therapists take responsibility for their own continued learning and development after qualifying. Qualified therapists:

- apply it to improve their practice in the interests of clients and the development of the profession.
- undertake CPD to maintain, enhance and develop existing knowledge and skills.
- are required to undertake CPD as a condition of their membership.

Why CPD?

- The best therapists are usually those who reflect on their practice and strive continuously to improve the service they provide to their clients.
- The government requires that all regulated professions have a CPD scheme in place.
- It helps to maintain reflexology, body massage, aromatherapy as the major therapies in what is a widening field of complementary therapies.
- Further development is needed in these therapies to ensure that it maintains the respect of the public and healthcare professionals alike.

Benefits of CPD to therapists

- To gain a deeper / broader knowledge and understanding of complementary therapies as a profession.
- To experience and develop new approaches.
- To improve professional relationships with therapists and other health professionals.
- To gain further professional satisfaction, enthusiasm and confidence.
- To improve their awareness of developments in the field of complementary therapies.

Benefits of CPD to clients / members of the public

- Greater esteem for the profession in the eyes of the public with a likely increase in client numbers.
KNOW THE KEY ASPECTS OF GOOD CLINICAL PRACTICE (Learning Outcome 3)

Identify the information required for assessment and treatment planning (LO3.1)

When meeting your client for the first time it is important to carry out a full consultation. For subsequent treatments it is then important to keep a record of the findings and any changes to the client’s health. It is also good practice to ask your client to sign prior to each treatment to say they are happy for the treatment to go ahead.

A Consultation Form should ask for the following information:

- Personal contact details
- Medical history
- Any presenting conditions
- Any prescribed medication
- Family medical history
- Client lifestyle – diet, hobbies, stress levels at work and at home, family life, client’s emotional state, alcohol, smoking and exercise

There should then be a record of the treatment plan and treatment objectives.

The consultation process will need to include using the following skills; verbal language, non-verbal language (body language), written information, good questioning using open and closed questions, good communication skills and good listening skills – know when it is the right time to listen without interrupting.

Explain how to accurately record information, store records and ensure confidentiality (LO3.2)

It is very important for a therapist to keep current and up-to-date records in case a complaint against you comes to court. You need to be in a position to provide evidence in your defence that you handled a particular treatment session professionally and appropriately.

To ensure confidentiality, if records are stored electronically then the records will need to be data protected and password protected. Any written records should be stored in a fireproof, lockable container such as a filing cabinet.

Treatment records need to be detailed. Not only do they provide protection for you, but they also serve to help you plan, monitor and develop the client’s course of treatment.

It is important to keep a record of each treatment given to the client for the following reasons:

- To record the client’s reaction to the treatment
- As a point of reference for the practitioner
- Be able to use it as a reference for other client’s with similar conditions
- Research purposes
- Insurance purposes
- In case of dispute
- It is a requirement of your appropriate governing body
- Record any changes made in the treatment pattern or process
- Record the length and frequency of treatments given
- Record a client’s progress
- Record any changes in client’s sensitivity
When completing a treatment session it is important to record the following information:

- Date of treatment
- How did the client feel after the last session?
- How does the client feel today?
- Any changes in the symptoms/presenting conditions?
- Any changes in their emotional state or lifestyle?
- How did the treatment session go? Pressure used, full body, back, neck and shoulders
- Any areas of particular areas of caution
- Any reactions experienced by the client or information given by the client during the treatment session
- Any aftercare advice or homecare advice given to the client
- Any referral advice
- Any planned strategies for future treatment sessions

It is very important to record any worries, queries, negative statements or criticisms made by the client and your response, any advice to see the GP.

Referral procedures and protocols to use with clients and others involved in integrated healthcare (LO3.3)

REFERRALS

Knowing when to refer a client for another form of treatment, in other words recognising their limitations, is crucial. A qualified therapist will always work within the limits of her own training and expertise. Complementary therapies can help with all sorts of conditions but it would be dangerous and foolish to assume it can do everything.

Professional ethics require that a client informs any other practitioner (orthodox or complementary) they may be consulting before commencing treatment. The client is usually asked to do this themselves, thus taking part in the overall decision making, which is part of taking responsibility for themselves. It is essential that this should be done to protect the client from the possibility of conflicting treatments and to protect the reflexologist from working unethically. Agreement should be obtained in writing if a client is receiving treatment from their doctor for any serious contra-indicated disease or disorder. If this is not forthcoming, the client should only be treated after signing a written agreement to treatment stating that they have been requested to consult their doctor. This is to protect both client and therapist. Disclaimers are not full legal protection but they help.

Referrals to other practitioners / therapists within the field of complementary medicine are equally common: this will be where another therapy is best suited to the condition, or may best complement your therapy.

Referrals from professional sources

If a client is referred to you by another practitioner (doctor / nutritionist) it is polite to keep them informed of the client’s progress. A progress report should include the following:

- the client’s name, who referred them and their reason for coming for XX treatment
- the client’s progress
- treatment plan for the future
A short letter can be written reporting the client’s progress.

**Referrals to other healthcare practitioners**

There might be times when you feel your client would benefit from another form of therapy. They may benefit for the following reasons:

- Many and complex symptoms would benefit from another approach
- Client is not responding to XX
- XX is contra-indicated
- The therapist feels that the condition is outside his/her ability as a practitioner
- XX is just not suitable for this client – pregnancy, elderly, disabled, etc

**Referral letter to a client’s doctor**

If you have asked a new client whether they have consulted their doctor about their symptoms and they have not, or you feel there may be a medical problem, recommend that the client consult their doctor before having any kind of therapy. This advice should be recorded on their case notes. Care should be taken when suggesting they do this, as you do not want to cause undue distress or worry.

Going to the doctor, empowers the client to take action in the maintenance of their own health. We are not asking them to obtain their doctor’s permission, but we are asking them to inform themselves about their state of health: to access the best help, including protection against counter-productive treatments; and to comply with ethics, which are in place to protect the patient.

The following are situations when a therapist should consider referral to a doctor:

- A client expresses concern about a health problem, e.g. the client mentions that they have noticed they are passing very dark stools. Suggest they make an appointment to see their doctor for medical advice.

- The client has a serious medical condition not yet seen by a doctor. This may come to light during the consultation. The therapist **must** refer the client to a doctor before treating.

- The client has a medical condition that the therapist feels **should** be seen by a doctor. If the therapist sees a lump on the client’s leg that has been there for a while or the client has hurt themselves and the area has gone red, hot and angry-looking, suggest that they let their doctor take a look, just to be on the safe side.

Such circumstances don’t happen very often, but it is essential that we are aware of our duty of referral. Any suggestions of referral must be recorded on the client’s case notes. If a client refuses to see their doctor then it is up to the individual therapist to decide whether they wish to continue to see their client. If a therapist does continue to see their client then a note of client refusal to see a doctor must be recorded on the client treatment form. It is also advisable to get the client to sign a note to say:

‘I was advised on (date) by my therapist XX to see a doctor for a medical diagnosis. I have decided not to consult a doctor and to continue with the therapy sessions.’
GP referrals for children

It is against the law for a parent or guardian not to seek medical aid for a child (under 16) who requires it. If a parent or guardian refuses to seek medical aid for a child, it is the therapist's responsibility to obtain a signed statement from the parent or guardian. It should be noted here that it is highly unlikely that a therapist would agree to treat a child under these circumstances, as a doctor's referral should always be sought.

I have been warned by ....................that according to the law I should consult a doctor concerning the health of my child.

........................................Name of child. Signed..........................parent or guardian

Signed by..............................witness.

Example of a Referral Letter

Therapists Name
Clinic Address
Tel.no
Date

REFLEXOLOGY

Name:...........................................................................................................dob..................

Address:....................................................................................................................

..........................................................Dear Dr. Smith

My name is Christina Lyne. I am a qualified reflexologist. Your above-named patient has requested a course of reflexology. She has informed me that she is suffering from frequent headaches. I offer reflexology for relaxation, support and to help people feel good about themselves. I believe that reflexology works alongside conventional medicine.

If you have any objection to the above person receiving this comforting therapy, please could you complete the form below and return to me within 15 days. Thank you. Please telephone if you would like to discuss this.

Yours sincerely

Christina Lyne MAR

..........................................................
COMFORTING THERAPIES

Name:...........................................................................................................dob............

Address:..................................................................................................................

............................................................................................................................

I do not feel that the above person should receive reflexology.

Signed:

Doctor....................................................Name of Surgery:...........................................

Date:..............................

Example of a Progress Letter

AROMATHERAPY

Name:...........................................................................................................dob............

Address:..................................................................................................................

............................................................................................................................

Dear Dr. Smith

Thank you for recommending Mrs. Dora Fullerton of 1 High Street, Anytown, to come for aromatherapy sessions. I am writing to inform you of her progress.

Mrs. Fullerton has been having weekly sessions for the past month to help her frequent headaches. She feels that the sessions have helped to ease them and as a result she is able to sleep better at night.

We are to continue her sessions for two more weeks and thereafter she will return to me on a monthly basis.

If you require any further information please do not hesitate to contact me.

Yours sincerely

Christina Lyne
Referrals to other agencies

There are three types of services that therapists should be aware of:

1. **Voluntary Services**

2. **Statutory Service**

3. **Government Services**

**Voluntary Services**

**AA**

AA, or Alcoholics Anonymous, is a free support group for people who suffer from alcoholism and who have the desire to overcome their problem and help others to do the same. The support mainly comes in the form of open meetings – for alcoholics and their families – and closed meetings – just for alcoholics.

Website: [http://www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

National Helpline: 08457 697 555

**Age Concern and Help the Aged**

Age Concern and Help the Aged are charities working with and for older people. They merged to form one charity. Their main aim is to promote the well being of older people and to make their lives enjoyable and fulfilling by providing services such as day care as well lobbying and campaigning on issues such as pensions.

Website: [http://www.ageconcern.org.uk](http://www.ageconcern.org.uk)

Free helpline: 0800 00 99 66

**AIDS Helpline**

NAT, or National AIDS Trust, is the UK’s leading charity dedicated to transforming society’s response to HIV. They aim to provide fresh thinking, expert advice and practical resources. They also campaign for change.

Website: [www.nat.org.uk](http://www.nat.org.uk)

Head office: 020 7814 6767

**British Red Cross**

The British Red Cross (BRC) is a volunteer lead organisation that helps people in crisis. BRC helps in emergency situations such as floods; it promotes life saving skills so people can help their own communities in times of crisis; it helps people during difficult times in their lives such as illness or bereavement; and they also provide support for vulnerable migrants in the UK.

Website: [http://www.redcross.org.uk](http://www.redcross.org.uk)

General enquiries: 0844 412 2804

**CAB**

CAB or Citizens Advice Bureau, is a charity that provides free, independent and confidential advice to people on a range of issues including legal and financial. CAB also campaign to
improve policies and practices that affect peoples' daily lives. There are 426 bureaus across England and Wales and you can search for a local office via the website. Website: http://www.citizensadvice.org.uk

CRUSE

Cruse is a charity to support people who have suffered bereavement. It aims to enable anyone who is bereaved to cope with their loss and understand their grief. The services are free. Website: http://www.crusebereavementcare.org.uk Day by Day Helpline: 0844 477 9400

Macmillan

Macmillan, or Macmillan Cancer Support, is a charity that aims to improve the lives of people affected by cancer. They fund nurses and build cancer care centres; provide practical support such as some time off for a carer or a lift to hospital. The CancerLine, support groups and the website also offer advice and shared information. Macmillan can also provide benefits advice and grants for a range of needs. Website: http://www.macmillan.org.uk For emotional and practical support: 0808 808 2020 To speak to a cancer nurse specialist: 0808 800 1234

NSPCC

The NSPCC or, National Society for the Prevention of Cruelty to Children, is a children’s charity whose purpose is to end cruelty to children. It offers a number of services in support of children, young people and their families including ChildLine, a free 24 hour helpline for children in distress/danger. Website: http://www.nspcc.org.uk NSPPC helpline: 0808 800 5000

RELATE

RELATE is a charity that offers relationship counselling as well as a range of other relationship services. It supports people through all stages of their relationships and you can access this support on your own, with others, face-to-face, on the phone or on the internet. Website: http://www.relate.org.uk To find the nearest RELATE, call: 0300 100 1234

RNIB

RNIB, or the Royal National Institute of Blind People, is a charity that helps blind or partially sighted people. They provide information, support and advice - not just with Braille and Talking Books, but also with imaginative and practical solutions to everyday challenges. Website: http://www.rnib.org.uk Helpline: 0303 123 9999

RNID

RNID, or the Royal National Institute for Deaf People, is a charity that works to make life easier for deaf and hard of hearing people. They offer a range of service such as, a free hearing check plus help for people who are deaf or hard of hearing at home and at work, with advice, equipment and supported housing.
Samaritans

Samaritans is a confidential support service for anyone in the UK and Ireland. The service is available 24 hours a day for people who are experiencing feelings of distress or despair. People can call to speak to someone or drop in to a branch to have a face-to-face meeting.

Website: [http://www.samaritans.org](http://www.samaritans.org)
Helpline: 08457 90 90 90

WRVS

WRVS is a charity to help older people to live well, maintain their independence and play a part in their community. It offers a range of practical services such as meals on wheels and Good Neighbours projects.

Website: [http://www.wrvs.org.uk](http://www.wrvs.org.uk)
Number to find services in your area: 029 2073 9000

Statutory Services

Examples:

<table>
<thead>
<tr>
<th>Medical and nursing qualifications</th>
<th>Veterinary Surgeon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiographer</td>
<td>Veterinary Practitioner</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>Chemist</td>
</tr>
<tr>
<td>Optician</td>
<td>Remedial Gymnast</td>
</tr>
<tr>
<td>Dentist</td>
<td>Dietician</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>Laboratory Technician</td>
</tr>
</tbody>
</table>

Government Services

Department of Work & Pensions (DWP)

The Department for Work and Pensions leads the Government's response on welfare and pension reform and is a key player in tackling child poverty. The main services it offers are through the following organisations: The Pension Service; the Disability and Carers Service; the Child Support Agency; Veterans UK and the Jobcentre Plus.

Website: [http://www.dwp.gov.uk/](http://www.dwp.gov.uk/)
Contact number – there are numerous contact numbers – it is best to use the website to find the one that best suits the enquiry

Her Majesty’s Revenue & Customs (HMRC)

HMRC collects taxes across the country from individuals and businesses. It also administers those taxes to ensure there is money available to fund the country’s public services and pays benefits such as tax credits and child benefit. It also helps families and individuals with targeted financial support.

Website: [http://www.hmrc.gov.uk](http://www.hmrc.gov.uk)
Contact number – there are numerous contact numbers – it is best to use the website to find the one that best suits the enquiry
Local Government (Borough, City and County Councils)

Local Government provide a wide range of services. All day-to-day services, as well as local matters are run by the local authority. Services range from education and social services to those for local businesses and trading standards.

Websites for Sussex:
http://www.midsussex.gov.uk
http://www.eastsussex.gov.uk
http://www.westsussex.gov.uk

Contact number – there are numerous contact numbers – it is best to use the website to find the one that best suits the enquiry

National Health Service (NHS Direct, medical and health centres, walk-in centres, hospitals)

The National Health Service (NHS) is funded centrally from national taxation and is therefore free at the point of use for all residents of the UK, except for some prescriptions and optical and dental services. It covers everything from antenatal screening and routine treatments for coughs and colds to open heart surgery, accident and emergency treatment and end-of-life care.

Website: http://www.nhs.uk/Pages/HomePage.aspx

Contact number – there are numerous contact numbers – it is best to use the website to find the one that best suits the enquiry

Social Services

There are many different social services. They are available through local authorities and offer services for parents, for disabled people, for carers, for health and well-being and for home and community.

Website: http://www.direct.gov.uk/en/HL1/Help/Socialservices/index.htm or relevant local council website

Contact number – there are numerous contact numbers – it is best to use the website to find the one that best suits the enquiry

Communication skills when dealing with clients and colleagues in maintaining good practice (LO3.4)

Effective communication is all about conveying your messages to other people clearly and unambiguously. It’s also about receiving information that others are sending to you, with as little distortion as possible.

Doing this involves effort from both the sender of the message and the receiver. And it’s a process that can be fraught with error, with messages muddled by the sender, or misinterpreted by the recipient. When this isn’t detected, it can cause tremendous confusion, wasted effort and missed opportunity.

In fact, communication is only successful when both the sender and the receiver understand the same information as a result of the communication.

By successfully getting your message across, you convey your thoughts and ideas effectively. When not successful, the thoughts and ideas that you actually send do not necessarily reflect what you think, causing a communications breakdown and creating roadblocks that stand in the way of your goals – both personally and professionally.
Methods of Communication

On a daily basis we work with people who have different opinions, values, beliefs, and needs than our own. Our ability to exchange ideas with others, understand others' perspectives, solve problems will depend significantly on how effectively we are able to communicate with others.

The act of communicating involves verbal, nonverbal, and para-verbal components. The verbal component refers to the content of our message, the choice and arrangement of our words. The nonverbal component refers to the message we send through our body language. The para-verbal component refers to how and what we say - the tone, pacing and volume of our voices.

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

1. send clear, concise messages.
2. hear and correctly understand messages someone is sending to us.

Verbal Communication

Our use of language has tremendous power in the type of atmosphere that is created.

Sending effective messages requires that we state our point of view as briefly and succinctly as possible. Listening to a rambling, unorganised speaker is tedious and discouraging - why continue to listen when there is no interchange? Lengthy explanations are confusing to the listener and the message loses its concreteness, relevance, and impact. This is your opportunity to help the listener understand YOUR perspective and point of view. Choose your words with the intent of making your message as clear as possible, avoiding jargon and unnecessary information.

Effective verbal communication
- is brief, succinct, and organised
- is free of jargon
- does not create resistance in the listener

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick</td>
<td>No written record</td>
</tr>
<tr>
<td>Instant response</td>
<td>No time to consider</td>
</tr>
<tr>
<td>Able to observe body language</td>
<td>No paper trail</td>
</tr>
</tbody>
</table>

Verbal Communication tools

- **Questioning** - asking open questions to gain information, encourage the speaker to tell her story, and gain clarification. Ask a question with ‘why, what, how, when, etc?
- **Paraphrasing** - a brief, succinct statement reflecting the content of the speaker's message
- **Reflecting Feeling** - a statement, in a way that conveys understanding, of the feeling that the listener has heard
- **Summarizing** - a statement of the main ideas and feelings to show understanding
Non-Verbal Communication (body language)

The power of non-verbal communication cannot be underestimated. In his book, “Silent Messages”, Professor Albert Mehrabian says the messages we send through our posture, gestures, facial expression and spatial distance account for 55% of what is perceived and understood by others. In fact, through our body language we are always communicating, whether we want to or not.

Nonverbal messages are the primary way that we communicate emotions:

Facial Expression: The face is perhaps the most important conveyor of emotional information. A face can light up with enthusiasm, energy, and approval, express confusion or boredom, and scowl with displeasure. The eyes are particularly expressive in displaying joy, sadness, anger, or confusion.

Postures and Gestures: Our body postures can create a feeling of warm openness or cold rejection. For example, when someone faces us, sitting quietly with hands loosely folded in the lap, a feeling of anticipation and interest is created. A posture of arms crossed on the chest portrays a feeling of inflexibility. The action of gathering up one's materials and reaching for a handbag signals a desire to end the conversation.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to express feelings</td>
<td>Cannot hide feelings</td>
</tr>
<tr>
<td>Easy to identify anger, happiness or confusion</td>
<td>Can be a barrier</td>
</tr>
</tbody>
</table>

Para-verbal Messages

Para-verbal communication refers to the messages that we transmit through the tone, pitch, and pacing of our voices. It is how we say something, not what we say. Professor Mehrabian states that the para-verbal message accounts for approximately 38% of what is communicated to someone. A sentence can convey entirely different meanings depending on the emphasis on words and the tone of voice. For example, the statement, "I didn't say you were stupid" has six different meanings, depending on which word is emphasized.

"I didn't **SAY** you were stupid."

"I didn't say **YOU** were stupid."

"I didn't say you were **STUPID**."

Some points to remember about our para-verbal communication:
• when we are angry or excited, our speech tends to become more rapid and higher pitched.
• when we are bored or feeling down, our speech tends to be slow and take on a monotone quality.
• when we are feeling defensive, our speech is often abrupt.

Written communication

Written communication involves expressing yourself clearly, using language with precision, note taking, editing and summarising written reports.

There are three main elements to written communication:

1. **structure** (the way the content is laid out)
   • is the layout clear and easy to follow?
   • do headings stand out (e.g. are they in a larger font size or bold)?
   • is the information arranged in a logical sequence?

2. **style** (the way it is written)
   • does it look neat, and is it legible?
   • is it concise, simple and direct?

3. **content** (what you are writing about)
   • have you listed the essential points you need to make?
   • have you made these points clearly?

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detail recorded</td>
<td>Cannot see reaction of receiver</td>
</tr>
<tr>
<td>Clear and specific</td>
<td>Cannot change mind</td>
</tr>
<tr>
<td>Paper trail</td>
<td>No opportunity for discussion</td>
</tr>
</tbody>
</table>

Listening Skills

The key to receiving messages effectively is *listening.* Listening is a combination of hearing what another person says and psychological involvement with the person who is talking. Listening requires more than hearing words. It requires a desire to understand another human being, an attitude of respect and acceptance, and a willingness to open one’s mind to try and see things from another’s point of view.

Listening requires a high level of concentration and energy. It demands that we set aside our own thoughts and agendas, put ourselves in another’s shoes and try to see the world through that person’s eyes. True listening requires that we suspend judgment, evaluation, and approval in an attempt to understand another is frame of reference, emotions, and attitudes. Listening to understand is, indeed, a difficult task!

**Key listening skills**

*Nonverbal:*
• giving full physical attention to the speaker
• being aware of the speaker’s nonverbal messages
Verbal:
• paying attention to the words and feelings that are being expressed
• using reflective listening tools such as paraphrasing, reflecting, summarizing, and questioning to increase understanding of the message

Reflective listening skills

Reflective listening or responding is the process of restating, in our words, the feeling and/or content that is being expressed and is part of the verbal component of sending and receiving messages. By reflecting back to the speaker what we believe we understand, we validate that person by giving them the experience of being heard and acknowledged. We also provide an opportunity for the speaker to give us feedback about the accuracy of our perceptions, thereby increasing the effectiveness of our overall communication.

Barriers to effective communication

Here are some examples:

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparing</td>
<td>Eg “I could do it as well as you” “I was able to do those things once the children left home…..”</td>
</tr>
<tr>
<td>Mind Reading</td>
<td>Trying to work out what the other person is really thinking and feeling</td>
</tr>
<tr>
<td>Rehearsing</td>
<td>Giving attention to the preparation, content and delivery of your next comment</td>
</tr>
<tr>
<td>Filtering</td>
<td>Listening to some things and not to others</td>
</tr>
<tr>
<td>Judging</td>
<td>Not listening to what they say, as they have already been judged</td>
</tr>
<tr>
<td>Dreaming</td>
<td>Half listening while something the other person says triggers off a chain of associations of your own</td>
</tr>
<tr>
<td>Identifying</td>
<td>Referring everything the other person says to your own experiences</td>
</tr>
<tr>
<td>Advising</td>
<td>Being the great problem-solver! Once you have heard a few sentences, you launch into handing out the right advice</td>
</tr>
<tr>
<td>Being right</td>
<td>Going to great lengths to avoid being wrong. Not being able to take criticism, be corrected or take suggestions for a change.</td>
</tr>
<tr>
<td>Derailing</td>
<td>Changing the subject suddenly</td>
</tr>
<tr>
<td>Placating</td>
<td>You half listen, probably enough to get the drift. You placate rather than tune in – you don’t like to get involved</td>
</tr>
<tr>
<td>Sparring</td>
<td>You disagree very quickly so that the other person never feels heard. The other person’s point of view is dismissed. You let your strong beliefs, values and preferences be heard. Sparring is used by people who cannot accept compliments from others.</td>
</tr>
</tbody>
</table>

A distinction may be made between **HEARING** and **LISTENING**.

**HEARING** involves the capacity to be aware of and to receive sound.

**LISTENING** involves not only receiving sounds but, as much as possible, accurately understanding their meaning. **LISTENING** entails hearing and memorising words, being
sensitive to what you hear, observing body language and taking into account the personal and social context of communications.

**Use of Silence**

Silence is perhaps the most powerful non-verbal communication skill. Saying nothing says a lot. You cannot be 100% present with another person if you are talking because talking is a mental, or thinking, activity. Silence says you are open to being 100% present in the moment, open to learning, and open to truly listening to the other person's ideas, feedback, input, thoughts and feelings; it says that you are open to the positive development of the client/therapist relationship.

By using silence at strategic times (not saying anything for 3-5 seconds after a client has finished their train of thought) we can sometimes get them to reveal more about certain feelings and attitudes. This gives them time to think and reflect. Although a lot of us feel uneasy with an extended period of silence, we should not be afraid to allow a few seconds of silence. Usually people will continue to talk if we do not fill the silence.

**Conversation Topics to Avoid with Clients**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>This can be perceived by many as inappropriate and distasteful</td>
</tr>
<tr>
<td>Money</td>
<td>This can make people feel uncomfortable</td>
</tr>
<tr>
<td>Religion</td>
<td>A person’s faith is a personal decision and should be left that way</td>
</tr>
<tr>
<td>Health Issues</td>
<td>Do not discuss your own. Let your client talk about this</td>
</tr>
<tr>
<td>Politics</td>
<td>A topic that can get heated. Your client has come to relax!</td>
</tr>
</tbody>
</table>

**Professional Ethical Conduct & Attitude**

Having a good attitude and good manners will serve you well in a work environment. Many of the things you do to be polite in casual settings are just as polite in work situations, for example, using your telephone manners, saying "please" and "excuse me", shaking hands and introducing yourself when meeting someone new, paying attention to people when they are talking, and appearing neat and clean. Work situations will often call for an even higher level of manners than those you use in casual situations.

A successful business employs committed, hard-working staff, who pull together as a team and is motivated towards the same goals.

Most good working relationships develop easily. Others have to be worked at. Whatever the personal feelings of individuals towards one another, clients must never sense a bad atmosphere in the salon because of friction between staff. Staff should be seen to take a pride in their work, be honest at all times and have integrity. Also it will sometimes be hard to leave personal problems at home; you must learn to always be cheerful with your clients and colleagues.

**Dealing with Negative Feedback**

Feedback is information given to a person to evaluate behaviours. People give feedback on something that someone has said or done. Feedback can be either positive or negative. Positive feedback tells us that everything is going well. This kind of feedback is usually easy to deal with. Negative feedback, on the other hand, tells us that we haven’t done something so well and can sometimes be difficult to handle. So what are the best ways to deal with negative feedback from a client?
1. **Stop and pause. Listen. Don’t react**

Most people instinctively go on the defensive. We should remain calm and composed and listen objectively to what is being said. Allow the client to have their say. Pause for a few seconds to process the feedback in your mind.

2. **Be professional**

Maintain a professional and positive manner. Be polite and courteous. If you cannot deal with the problem, then ask the client if they would like you to get the senior therapist / senior receptionist or even the manager. Stay calm – display good, positive body language – good eye contact, positive facial expressions, etc.

3. **Do not take things personally**

Keep things in perspective - this is a work situation. Thank the client for bringing their problem to your attention. Give a prompt response – usually verbally – but sometimes can be in writing. Try to agree a conclusion and ensure that client goes away feeling satisfied that their problem has been dealt with to their satisfaction. The client is likely to come back if this happens.