

iUCT40 – Provide aromatherapy for complementary therapies

URN – L/617/4361

Guided Learning Hours: 112

Learning outcome	Assessment criteria	Taught content to include
LO1 Be able to prepare for an aromatherapy treatment	1.1. Prepare self, client and work area in accordance with current legislation and working practice requirements	• Treatment environment and working area - Quiet, clean and hygienic working surroundings - The most efficient form of sterilisation and sanitisation in the clinic - The best form of waste removal in the clinic (particularly when contaminated) - Provide sufficient professional equipment and products required to perform the treatment fully - Essences, fixed oils, other media, blending apparatus, diffusers etc. - Establish suitable couch and trolley layout - The importance of room layout and ambience • Therapist appearance/behaviour - Demonstrate appropriate attire ▪ Professional work wear ▪ Full, flat shoes ▪ Socks with trousers ▪ Natural tights with skirts ▪ No visible underskirts/underwear ▪ No jewellery - except a wedding band and stud earrings ▪ Short, clean fingernails with no enamel - Demonstrate good personal hygiene - No body odour - No bad breath - No perfume - No chewing of gum or sucking of sweets

		- Hair neat, clean and tied back – not on the collar or face - Wash own hands before, during and after treatment (as necessary) - Punctuality - Only working within own scope of practice - Do not make false claims - Do not discuss or put down other salons/clinics - Do not diagnose • Client care/preparation - Remove all jewellery - except wedding band on client - Help the client onto the couch and protect the client's modesty at all times - Ensure that all parts of the client are covered except the area being massaged - Sanitise the client's hands/feet before treatment - Ensure that the client is comfortable with the use of appropriate covered supports, e.g., under the ankles, chest and forehead, knees, head • Legislation and working practices - Any particular rights, restrictions, acts and charters applicable to aromatherapy treatment, e.g.: ▪ Health and Safety at Work Act ▪ General Products Safety Regulations ▪ Cosmetic Products (Safety) Regulations ▪ Data Protection Act/General Data Protection Regulations (GDPR) ▪ Medicines and Healthcare products Regulatory Agency (MRHA) requirements ▪ Advertising standards - Legal framework related to people and settings with which the practitioner is involved, e.g. Mental Health Act, Children Act - Moral rights which are not recognised by law - Organisational policies and how they may differ from other organisations (when working in care) - Records which the practitioner is responsible for completing in relation to rights and responsibilities - Any relevant complaints systems and methods of access - Code of good practice/ethics
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		- Insurance and professional association membership - Legislation which relates to the work being carried out, the environment and the client with whom the practitioner is working - Awareness of National Occupational Standards and voluntary regulatory groups where they exist
	1.2. Consult with clients to identify factors that may influence treatment objectives	• An example of a consultation form can be downloaded from www.vtctskills.org.uk • Learners should demonstrate knowledge of the importance of the following: - Consulting in a private, comfortable area - Positive body language - Positioning of the client (no barriers between self and client) - Good communication skills (asking open and/or closed questions where appropriate) - Verbal and non-verbal communication - Trust - Professionalism, confidence and enthusiasm - Ascertaining client lifestyle and medical history - Client profile - Client disclosure - Professionally informing the client of restrictions to treatment e.g., contra-indications - Ensuring the client is not alarmed in any way, explain potential reactions/contra-actions to treatment - Interaction of essences with prescribed or self-medicated drugs and other substances - The purpose of testing essential oils on the client's skin - The importance of obtaining a signature of endorsement for use of the blend (a requirement of many insurance companies when they are dealing with claims) - Outline the benefits of the treatment - Importance of planning a treatment programme bearing in mind the client's religious, moral and social beliefs and diverse needs - Determining the nature and extent of the client's needs in respect of presenting conditions, e.g. psychological and physiological state, emotional issues, muscular/postural problems, chronic illness, disability etc.

		- Client expectations - Agreement to the course of action and treatment methods advised - Selection and documentation of treatment media - Ascertain the client's consent to the treatment - Where the client is not in a position themselves, ascertain the appointed companion's agreement to the treatment - Explanation as to how the programme will be evaluated and the review process - Where applicable, clarify with the client information which may be available to others, e.g., relevant health care workers - Confidentiality - Agree treatment objectives and recommended treatment plan - Costs - Time restrictions - Obtain the client's signature (or that of the appointed companion)
	1.3. Provide clear recommendations to the client based on the outcome of the consultation	• The outcome of the consultation • Client requirements • Treatment recommendations, e.g.: - Suitable treatment programme - Client referral - Treatment adaptation - Aromatherapy treatment methods advised, e.g.: ▪ Massage ▪ Use of diffusers ▪ Inhalation ▪ Use of water ▪ Topical application ▪ Use of compresses - Contra-indications to the different methods of use
	1.4. Select materials and equipment to suit client treatment needs	• Couch or chair • Trolley • Stool • Couch cover • Towels • Blanket • Additional support if appropriate

		• Headband • Bedroll • Robe • Disposable slippers • Disinfecting fluid/sanitiser • Diffuser • Tissues • Cotton wool • Spatulas • Bowls • Sterilising solution • UV cabinet • Autoclave • Chemical immersion equipment • Waste disposal • Plastic measuring container • Disposable mixing implements • Essences, fixed oils or other media
	1.5. Describe the requirements for preparing self, client and work area for aromatherapy treatment	• Any particular rights, restrictions and acts applicable to aromatherapy treatment • Code of practice/ethics • Insurance and professional association membership • Record keeping • Professional appearance
	1.6. Describe the environmental conditions suitable for aromatherapy treatment	• Lighting • Heating • Ventilation • Noise levels • Available space • Music • General hygiene • Waste disposal • Décor • Equipment • Privacy • Reception areas • General use/treatment areas

		• Safety aspects
	1.7. Describe the objectives and possible benefits of aromatherapy treatment	• Meeting client needs and expectations • Use of specific oils for therapeutic effects, e.g.: - Calming - Uplifting - Relaxing - Relief from muscular aches and pains - Stress relief - Balancing fluid retention
	1.8. Explain the contra-indications to aromatherapy treatment	• Differentiating between those contra-indications to aromatherapy requiring referral or the client to sign an informed consent form prior to the treatment, and those contra-indications that restrict treatment • With medical, GP or specialist permission – in circumstances where written medical permission cannot be obtained, clients must sign an informed consent form stating that the treatment and its effects have been explained to them and confirm that they are willing to proceed without permission from their GP or specialist - Pregnancy (use only mandarin) - Cardiovascular conditions (thrombosis, phlebitis, hypertension, hypotension, heart conditions) - Haemophilia - Any condition already being treated by a GP or another complementary practitioner - Medical oedema - Osteoporosis - Arthritis - Nervous/psychotic conditions - Epilepsy - Recent operations - Diabetes - Asthma - Any dysfunction of the nervous system (e.g., multiple sclerosis, Parkinson's disease, motor neurone disease) - Bell's palsy - Trapped/pinched nerve (e.g., sciatica) - Inflamed nerve

		- Cancer - Conditions causing muscular spasticity (e.g. cerebral palsy) - Kidney infections - Hormonal implants - Undiagnosed pain - When taking prescribed medication - Acute rheumatism - Whiplash - Slipped disc - Cervical spondylitis - Chemotherapy - Radiotherapy - Postural deformities • Contra-indications that restrict treatment - Fever - Contagious or infectious diseases - Under the influence of alcohol or recreational drugs - Diarrhoea and/or vomiting - Skin diseases - Undiagnosed lumps and bumps - Localised swelling - Inflammation - Varicose veins - Pregnancy (abdomen) - Menstruation (abdomen – first few days) - Breastfeeding - Cuts - Bruises - Abrasions - Scar tissue (2 years for major operation and 6 months for a small scar) - Sunburn - Haematoma - Recent fractures (minimum 3 months) - Gastric ulcers - Hernia - After a heavy meal - Hypersensitive skin - Anaphylaxis
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		- Body piercing • N.B. All known allergies should be checked • Client contra-indications should be checked against the safety data for each oil prior to treatment
	1.9. Describe the influencing factors that need to be considered when carrying out a client consultation	• Consultation environment • Current health • Current treatment programme • Client requirements/expectations • Client disclosure • Conditions for which aromatherapy is appropriate • Where aromatherapy may be used with caution/modifications to treatment and techniques • Where aromatherapy massage is inappropriate, other methods of use may be advised • Where aromatherapy is contra-indicated • Only working within the realms of their own scope of practice and expertise as an aromatherapist • Only recommending treatments which are relevant and appropriate to the client • Client suitability e.g., young, elderly, pregnant, healthy, infirm etc. • Importance of obtaining consent from the client • Importance of gaining consent from a person who is acting in the best interests of the client (when the client is unable or not of an age to make the decision for themselves) • The issue of consent and the ways in which it may differ between various practitioners • The meaning of informed client consent and the guidance given by the practitioner's professional body, particularly where there is a need for written consent • Methods of obtaining consent and how to confirm that clients have been given sufficient information on which to base their own judgment • Ensure that agreements are in the client's best interests • Ensure that client or appointed companion signs the consultation form to consent to treatment
	1.10. Explain the reasons why the client may be referred to a healthcare practitioner	• Where aromatherapy is contra-indicated • Where aromatherapy is inappropriate

		• Demonstration of the understanding of when a client should be referred to either: - GP - Counsellor - Other complementary therapist - Member of the social care or nursing team (when working in care) - Other voluntary or statutory services e.g., Social Services, Citizens Advice Bureau etc.
	1.11. Describe the employer's and employee's health, safety and security responsibilities	• The health, safety and security roles and responsibilities of employers and employees • Ensuring that all staff are appropriately trained and have knowledge of required legislation key staff roles and responsibilities • First aid • Fire safety • Accident reporting • Electrical safety • Control of Substances Hazardous to Health (COSHH) – data sheets • Risk assessment/management • Security procedures • Data protection • Handling emergencies in the work environment • The policies and procedures undertaken to ensure a healthy, safe and secure working environment in a therapy setting
LO2 Be able to provide aromatherapy treatment	2.1. Communicate and behave in a professional manner	• Checking consultations and contra-indications • Explaining the treatment to the client • Benefits, limitations and co-operation required • Confirming consent before treatment • Using clean towels for each client • Helping the client on to the couch prior to and off the couch after treatment • Positioning the client correctly • Sanitising client's hands/feet as appropriate • Sanitising own hands as appropriate throughout treatment • Protecting the client's modesty at all times

		• Ensuring that all parts of the client are covered except the area being treated • Ensuring that the client is comfortable by use of verbal and non-verbal communication throughout the treatment • Using appropriate covered supports, i.e., under the chest and forehead, knees and ankles • Selecting and applying appropriate treatment media in a safe and hygienic manner • Adapting the treatment techniques to suit the needs of the client, using other methods of application as appropriate • Ensuring client does not stand or walk around barefoot • Client care • Communication • Aromatherapist maintaining correct working posture/stance, hygiene and a professional approach throughout treatment
	2.2. Position self and client throughout treatment to ensure privacy, comfort and wellbeing	• Positioning and support of the client • Client modesty and comfort • Aromatherapist working posture/stance • Application of the treatments • Aromatherapist self-care
	2.3. Use working methods that meet professional, legal and organisational requirements	• Safe and hygienic working methods relating to any rights, restrictions and acts applicable to aromatherapy treatment • Working within codes of conduct/practice laid down by professional association/society/guild to perform professional aromatherapy treatment
	2.4. Carry out visual analysis	• Clinical observations of the client to include: - Skin types and characteristics ▪ Mature ▪ Young ▪ Combination ▪ Dry ▪ Oily ▪ Sensitive ▪ Dehydrated - Client characteristics ▪ Gender ▪ Age

		- Body types and postural faults ▪ Mesomorph ▪ Ectomorph ▪ Endomorph ▪ Dowager's hump ▪ Round shoulders ▪ Winged scapulae ▪ Midriff bulge ▪ Protruding abdomen ▪ Hyper-extended knees ▪ Fluid retention ▪ Weight distribution ▪ Poor muscle tone ▪ Kyphosis ▪ Lordosis ▪ Scoliosis
	2.5. Perform and adapt Aromatherapy treatment using materials, equipment and techniques correctly and safely to meet the needs of the client	• Checking consultations and contra-indications • Explaining the treatment to the client • Ensuring the client is correctly supported i.e., under the chest, neck, knees and ankles, as required • Using towels to cover all areas except those being treated as applicable • Using clean towels for each client and using couch roll in addition to towels to maintain hygiene • Confirming consent before beginning treatment • Blending oils in a time efficient, safe and hygienic manner • Using the oil blend(s) selected and agreed during the process of consultation • Sanitising the client's feet and/or hands • Washing own hands • Demonstrating an awareness of treatment adaptations relevant to client's physiological and physical requirements • Performing the treatment in a commercially acceptable time – approximately 1 hour for a full treatment • Maintaining contact throughout treatment • Maintaining professional working posture whilst performing treatment

		• Adapting the treatment relevant to the client's physiological and physical requirements, abilities, disabilities, time restrictions etc. – e.g., client positioning (prone, supine, seated), treatment methods • Using appropriate massage movements for aromatherapy treatment, i.e.: - Effleurage - Petrissage - Vibrations - Tapotement - Stretches - Passive movements - Lymphatic drainage techniques - Pressure point stimulus • On the following areas: - Feet - Legs - Abdomen - Back - Hands - Arms - Shoulders - Neck - Head - Scalp - Face • Applying the massage at a pressure appropriate to the client's needs and to ensure maximum absorption of the oils • Checking client satisfaction and comfort throughout treatment with the use of verbal and non-verbal communication • Encouraging clients to express their requirements during the treatment • Noting client's reactions and making appropriate adjustments during treatment • Noting client's reactions and any findings/feedback at the end of the treatment • Helping the client on and off the couch, protecting their modesty at all times, ensuring they do not walk around barefoot
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		Working within code of conduct laid down by professional association/society/guild to perform professional massage treatment
	2.6. Complete treatment to the satisfaction of the client in a commercially acceptable time	- Performing the treatment in a commercially acceptable time - approximately 1 hour for a full treatment - Checking client's comfort and satisfaction throughout treatment with the use of verbal and non-verbal communication - Concluding the treatment in appropriate manner to meet client's needs - Noting client's reactions and any findings/feedback at end of treatment
	2.7. Evaluate the results of treatment	- At the end of each treatment the client's psychological and physiological reactions should be recorded on the consultation form - Outcomes achieved - Effectiveness of the treatment - Re-assessing choice of treatment media used, treatment techniques - Any change in demands e.g., physiological or psychological changes - Whether the treatment met the needs of the client – client expectations - Longer term needs of the client (e.g., when working in a care environment, with those dealing with bereavement and loss etc.) - Therapist self-reflection in relation to client and treatment performed - Client treatment progression - Review of ongoing treatment plan - Recommendations for further treatment sessions/re-booking
	2.8. Apply correct legislative labelling requirements on blends created for clients	Current legislative controls and guidelines for the use of essences, aromatherapy products, fixed oils and other media, blending and labelling of products, and the implications for client safety
	2.9. Provide suitable aftercare and home care advice in line with current legislation	- Immediate aftercare - Allowing client time to revive - Sitting client up carefully - Water - Feedback

		• Client requirements/suitability • At the end of each treatment the client should be advised of home and aftercare to prolong treatment benefits - Avoid stimulants – alcohol, tea, coffee and non-prescription drugs for at least 12 hours - Healthy eating for well being - Fluid/water intake - Exercise for general health - Posture - Smoking habits - Sleep patterns - Hobbies - Interests - Rest - Time management - Relaxation techniques - Stress levels - Self-treatment • Aromatherapy as part of a holistic lifestyle • General care and lifestyle advice and the benefits thereof • Generally helping clients and families to identify options to improve their health and social well-being in terms of aromatherapy treatment • Helping clients and families to put their choices into action • Reviewing their progress • Methods of applying essences, fixed oils and blends safely to the client either in the clinic or at home (self-use) to include: - Baths - Compresses (hot and cold) - Creams, lotions and gels (commercial and homemade) - Hydrosols - Inhalations - Masks/clay work - Massage - Neat application - Shampoos - Showers - Sprays - Vaporisers/diffusers
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		- The method of application, the amount of essence to be used, and the frequency of use should be stated for each treatment - Nature of risks associated with self-treatment/home use – excessive exposure, non-recognition of effects, incorrect usage of essences, use of undiluted essences, taking oils internally, use of essential oils on pets and other animals - Minimising risks by ensuring the client is correctly informed on how to administer the treatment - Informing the client on where to obtain oils and carriers of good therapeutic value and quality - Ensuring that if the therapist gives the client a blend to use, it is correctly packaged and labelled with directions for use in line with current legislation • Methods of manufacturing aromatherapy preparations for professional or home use to include: - Oil - Water - Emulsions – lotions, creams - Base materials - Commercial sources of supply - Dilutions - Costing of preparations - Current legislative controls - Labelling requirements
	2.10. Record treatment accurately and store information securely in line with current legislation	• At the end of each treatment the client's feedback should be recorded on the consultation form and any skin, muscular or other reactions noted together with the aromatherapist's observations and recommendations for ongoing treatment and self-treatment – these should be documented fully • Record and store in line with current data protection legislation and professional codes of conduct
	2.11. Describe the history, philosophy and role of aromatherapy and other massage traditions	• The history, development and role of aromatherapy as a complementary therapy • Definition of aromatherapy • The Egyptians • The Greeks • The Romans • The Arabs

		• China/India • The Great Plague • Herbal and other influences e.g., Culpeper, Gerard, Naturopathy • The influence of allopathic medicine • First World War and Professor Gattefosse • Jean Valnet • Marguerite Maury • Ongoing developments • Research and its relevance to the aromatherapist • Function • Types of research • Factors impeding research • Need for ongoing research within aromatherapy • Other massage traditions e.g. - Acupressure - Bodywork - Holistic massage - Indian head massage - Infant and child massage - Lymphatic drainage - Thai massage - Shiatsu - Stone therapy massage
	2.12. Explain how aromatherapy techniques can be adapted to suit the individual characteristics of a client	• Adapting the treatment, techniques and methods of application relevant to client's physiological and physical requirements, abilities, disabilities, time restrictions etc. • Client preferences and commitment
	2.13. Explain the taxonomy, nomenclature, structure and function of plants in relation to the production of essences, fixed carrier oils and other media	• Taxonomy • Carl Linnaeus • Binomial System • Nomenclature and plant families and their relevance to the aromatherapist to include: - Environmental factors affecting growth and production of essences - Plant family - Genus - Species

		- Chemotypes - Variety • Plant families to include: - Annonaceae - Apiaceae (Umbelliferae) - Arecaceae - Asteraceae (Compositae) - Burseraceae - Corylaceae - Cupressaceae - Euphorbiaceae - Fabaceae (Leguminosae) - Geraniaceae - Juglandaceae - Lamiaceae (Labiatae) - Lauraceae - Linaceae - Malvaceae (Steruliaceae) - Myrtaceae - Oleaceae - Onagraceae - Pedaliaceae - Piperaceae - Pinaceae - Poaceae (Gramineae) - Proteaceae - Rosaceae - Rutaceae - Sapotaceae - Santalaceae - Simmondsiaceae - Styracaceae - Vitaceae - Zingiberaceae • The structure and function of plants in relation to the production of essences and fixed oils to include: - Angiosperm - Gymnosperm - Monocotyledon
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		- Dicotyledon - Root - Rhizome - Stem - Leaf - Flower - Fruit - Seeds - Origins of essences and fixed oils ▪ Leaves ▪ Flowers ▪ Stems ▪ Twigs ▪ Bark ▪ Heartwood ▪ Resin ▪ Roots ▪ Rhizomes ▪ Fruit pulp ▪ Fruit peel ▪ Seeds - The process of biosynthesis • The plant family, common and botanical names for each of the following essences and fixed oils: - Lamiaceae (Labiatae) ▪ Lavandin (Lavandula x intermedia Emeric ex Loisel) ▪ Lavender (Lavandula angustifolia Mill.) ▪ Lavender, spike (Lavandula latifolia Medik.) ▪ Clary sage (Salvia sclarea L.) ▪ Marjoram (Origanum majorana L.) ▪ Rosemary (Rosmarinus officinalis L.) ▪ Thyme (Thymus vulgaris L.) ▪ Peppermint (Mentha x piperita L.) ▪ Basil (Ocimum basilicum L.) ▪ Patchouli (Pogestemon cablin Benth.) - Rutaceae ▪ Neroli (Citrus aurantium L.) ▪ Petitgrain (Citrus aurantium L.)
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		▪ Orange, bitter (<i>Citrus aurantium</i> L.) ▪ Orange, sweet (<i>Citrus sinensis</i> (L.) Osbeck) ▪ Bergamot (<i>Citrus bergamia</i> Risso.) ▪ Lemon (<i>Citrus limon</i> (L.) Burm.) ▪ Mandarin (<i>Citrus nobilis</i> Lour.) ▪ Grapefruit (<i>Citrus x paradisi</i> Macfad.) - Asteraceae (Compositae) ▪ Chamomile Roman (<i>Chamaemelum nobile</i> (L.) All.) ▪ Chamomile German (<i>Matricaria recutita</i> L.) - Myrtaceae ▪ Eucalyptus (<i>Eucalyptus citriodora</i> Hook) ▪ Eucalyptus (<i>Eucalyptus dives</i> Schauer) ▪ Eucalyptus (<i>Eucalyptus globulus</i> Labill) ▪ Eucalyptus (<i>Eucalyptus smithii</i> RT Baker) ▪ Tea tree (<i>Melaleuca alternifolia</i> Cheel) - Geraniaceae ▪ Geranium (<i>Pelargonium graveolens</i> L'Her.) - Piperaceae ▪ Pepper, black (<i>Piper nigrum</i> L.) - Apiaceae (Umbelliferae) ▪ Fennel (<i>Foeniculum vulgare</i>. Mill) - Rosaceae ▪ Rose damask (<i>Rosa damascena</i> Mill.) ▪ Rose cabbage (<i>Rosa x centifolia</i> L.) - Oleaceae ▪ Jasmine (<i>Jasminum grandiflorum</i> L.) - Annonaceae ▪ Ylang Ylang (<i>Cananga odorata</i> (Lam.) Hook.f. & Thoms.) - Santalaceae ▪ Sandalwood (<i>Santalum album</i> L. <i>Santalum spicatum</i> (R. Br.) A.DC.) - Burseraceae ▪ Frankincense (<i>Boswellia sacra</i> Flueck.) ▪ Myrrh (<i>Commiphora myrrha</i> Engl.) - Styracaceae ▪ Benzoin (<i>Styrax benzoin</i> Dryand.) - Zingiberaceae ▪ Ginger (<i>Zingiber officinale</i> Rosc.)
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		- Poaceae (Gramineae) ▪ Lemongrass (<i>Cymbopogon citratus</i> Stapf.) ▪ Vetivert (<i>Vetiveria zizanioides</i> Nash ex Small) - Pinaceae ▪ Cedarwood, Atlas (<i>Cedrus atlantica</i> Manetti) - Cupressaceae ▪ Cypress (<i>Cupressus sempervirens</i> L.) ▪ Juniper (<i>Juniperus communis</i> L.) • Fixed oils: - Rosaceae ▪ Almond (<i>Prunus communis</i> L.) ▪ Apricot kernel (<i>Prunus armeniaca</i> L.) ▪ Peach kernel (<i>Prunus vulgaris</i> Mill.) - Fabaceae (Leguminosae) ▪ Soya (<i>Glycine max</i> Merr.) ▪ Peanut (<i>Arachis hypogaea</i> L.) - Asteraceae (Compositae) ▪ Sunflower (<i>Helianthus annuus</i> L.) - Vitaceae ▪ Grapeseed (<i>Vitis vinifera</i> L.) - Oleaceae ▪ Olive (<i>Olea europaea</i> L.) - Lauraceae ▪ Avocado (<i>Persea americana</i> Mill.) - Pedaliaceae ▪ Sesame (<i>Sesamum indicum</i> L.) - Linaceae ▪ Linseed (<i>Linum usitatissimum</i> L.) - Corylaceae ▪ Hazel (<i>Corylus avellana</i> L.) - Juglandaceae ▪ Walnut (<i>Juglans regia</i> L.) - Proteaceae ▪ Macadamia (<i>Macadamia ternifolia</i> F. Muell.) - Arecaceae ▪ Coconut (<i>Cocos nucifera</i> L.) - Onagraceae ▪ Evening primrose (<i>Oenothera biennis</i> L.) - Poaceae (Gramineae)
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		▪ Wheatgerm (<i>Triticum vulgare</i> Vill.) - Euphorbiaceae ▪ Castor (<i>Ricinus communis</i> L.) - Simmondsiaceae (Liquid wax) ▪ Jojoba (<i>Simmondsia chinensis</i> Schneid.) • The botanical names and plant families of other media (where applicable): - Creams - Lotions - Gels - Water - Air - Clays - Sapotaceae ▪ Shea butter (<i>Butyrospermum parkii</i>) - Malvaceae (Steruliaceae) ▪ Cocoa butter (<i>Theobroma cacao</i>)
	2.14. Identify methods of extraction and sourcing of essences and fixed carrier oils	• Methods of extraction to include: - Water/steam distillation - Expression - Solvent extraction - Enfleurage/maceration - Carbon dioxide extraction - Hydro diffusion/percolation • Plant source and specific method of extraction of essences, fixed oils and other media to include: - Country of origin (state where grown originally) - All essences, fixed oils and other media (where applicable) as previously listed • The professional sources of supply of essences, fixed oils and other media to include: - Growers - Manufacturers/processors - Wholesale suppliers - Therapists/practitioners - Retail sources • The terms applicable to essential oils, essences, carrier oils, fixed oils and other media to include:

		- Aromatic - Volatile - Powerful - Soluble in oil and alcohol - Lipophilic - Hydrophilic - Liquid - Non-greasy - Flammable
	2.15. Identify significant chemical constituents of essences	• Terminology to include: - Atom - Molecule - Organic and inorganic compounds • The therapeutic effects of the main chemical compounds found in essences to include: - Isoprenes - Terpenes - Monoterpenes - Diterpenes - Sesquiterpenes - Esters - Aldehydes - Ketones - Lactones - Alcohols - Phenols - Oxides - Acids - Ethers - Furanocoumarins • Basil (alcohols) • Benzoin (esters) • Bergamot (esters) • Cedarwood atlas (ketones) • Chamomile German (sesquiterpenes) • Chamomile Roman (esters) • Clary sage (esters) • Cypress (monoterpenes)

		• Eucalyptus citriodora (aldehydes) • Eucalyptus dives (ketones) • Eucalyptus globulus (oxides) • Eucalyptus smithii (oxides) • Fennel (phenols) • Frankincense (monoterpenes) • Geranium (alcohols) • Ginger (sesquiterpenes) • Grapefruit (monoterpenes) • Jasmine (esters) • Juniper (monoterpenes) • Lavandin (esters) • Lavender (esters) • Lavender spike (oxides) • Lemon (monoterpenes) • Lemongrass (aldehydes) • Mandarin (monoterpenes) • Marjoram (alcohols) • Myrrh (sesquiterpenes) • Neroli (alcohols) • Orange, bitter (monoterpenes) • Orange, sweet (monoterpenes) • Patchouli (sesquiterpenes) • Pepper, black (monoterpenes) • Peppermint (alcohols) • Petitgrain (esters) • Rose cabbage (steam distilled) (alcohols) • Rose damask (alcohols) • Rosemary (monoterpenes) • Sandalwood (alcohols) • Tea tree (alcohols) • Thyme (alcohols) • Vetivert (alcohols) • Ylang Ylang (sesquiterpenes)
	2.16. Describe percentage dilutions and blending techniques	• The safe dosage and blending of essences, fixed oils and other media to include: - Maximum number of essences in one blend should be 3

		- Dilutions are two drops in 5ml carrier - No more than eight drops in one treatment - Increase the amount of fixed oil not essence for a larger frame - For babies and the elderly – one drop of essence to 5mls/10mls of carrier - For the face – one drop of essence in 5mls of fixed oil - Blend into plastic measuring cup - Current legislative controls and guidelines for the use of essences, fixed oils and other media, blending and labeling of products and the implications for client safety - Possible interactions between essences - Possible interaction between essences and prescribed/self-medicated drugs or other substances • Synergy and the way in which the therapeutic effects of essences are strengthened when working together to include: - Synergy - Adaptogen • Notes and their uses within a blend - Top note - Middle note - Base note
	2.17. Describe the causes of degradation and spoilage of essential oils and methods of prevention	• How essences can become adulterated or degraded during processing and storage, the ways in which suppliers adulterate essences and the methods used to assess oil quality to include: - Methods of adulteration - Degradation - Hydrolysis - Oxidation - Synthetic oils - Methods of testing quality and chemical constituents of essences, e.g., pH testing, Infrared spectrophotometry (IR), Gas-liquid chromatography (GLC) - The degradation of fixed oils - Rancidity - Oxidation - Hydrolysis - Colour - Odour

	2.18. Explain the uses, application and origin of essences, fixed oils and other media	The main therapeutic effects, recommended uses and safety precautions, including contra-indications and potential toxicology to include: • Correct terms should be used when describing therapeutic effects for the 42 essences listed e.g., Sudorific, Emmenagogue, etc., to include: - Essences ▪ Basil ▪ Benzoin ▪ Bergamot ▪ Cedarwood atlas ▪ Chamomile German ▪ Chamomile Roman ▪ Clary sage ▪ Cypress ▪ Eucalyptus (citriodora, dives, globulus, smithii) ▪ Frankincense ▪ Fennel ▪ Geranium ▪ Ginger ▪ Grapefruit ▪ Jasmine ▪ Juniper ▪ Lavandin ▪ Lavender ▪ Lavender spike ▪ Lemon ▪ Lemongrass ▪ Mandarin ▪ Marjoram ▪ Myrrh ▪ Neroli ▪ Orange, bitter ▪ Orange, sweet ▪ Patchouli ▪ Pepper, black ▪ Peppermint ▪ Petitgrain ▪ Rose cabbage (steam distilled)
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		▪ Rose damask ▪ Rosemary ▪ Sandalwood ▪ Tea tree ▪ Thyme ▪ Vetivert ▪ Ylang Ylang - Fixed oils ▪ Almond ▪ Apricot kernel ▪ Avocado ▪ Castor ▪ Coconut ▪ Evening primrose ▪ Grapeseed ▪ Hazel ▪ Jojoba ▪ Linseed ▪ Macadamia ▪ Olive ▪ Peach kernel ▪ Peanut ▪ Sesame ▪ Sunflower ▪ Soya ▪ Walnut ▪ Wheatgerm - Other media ▪ Creams ▪ Lotions ▪ Gels ▪ Water ▪ Air ▪ Clays ▪ Shea butter ▪ Cocoa butter ▪ Oil ▪ Emulsions – lotions, creams ▪ Base materials
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		▪ Commercial sources of supply ▪ Dilutions - Hydrosols ▪ Describe hydrosols and their use in an aromatherapy treatment programme to include: ▪ Definition of the terms hydrosol/floral water/hydrolat/hydrolate ▪ Their production as by-products of hydrodistillation ▪ Appropriate, beneficial and safe hydrosols • The methods of use/application for essences, fixed oils and other media to include: - Blending ratios - Client requirements/suitability - Conditions treated - Equipment required - Preparation - Safety procedures - Frequency of use - Contra-indications - Balms - Baths - Bath salts - Compresses (hot and cold) - Creams and lotions - Hydrosols - Inhalations - Masks/clay work - Massage - Neat application - Ointments - Shampoos - Showers - Sprays - Vaporisers/diffusers – types of equipment available
	2.19. Describe the possible physiological and psychological effects of aromatherapy on the body systems	• The physiological and psychological effects of aromatherapy on the body systems to include: - Skin (integumentary) - Skeletal

		- Muscular - Nervous - Respiratory - Cardiovascular - Lymphatic - Immune - Endocrine - Digestive - Reproductive - Urinary • Effect and benefits of aromatherapy massage movements to include: - Effleurage - Petrissage - Vibrations - Tapotement - Passive movements - Pressure point stimulus - Lymphatic drainage techniques • The structure and function of the olfactory tract, the ways in which essences are absorbed in this area and conditions affecting the sense of smell to include: - Nose - Cilia - Olfactory tract - Olfactory membranes (contain smell-sense cells) - Olfactory receptor cells - Olfactory bulb - Olfactory plexus - Brain - Limbic system - Smell and taste - Anosmia • Different skin types and their relevance to the aromatherapy treatment, and the way in which essences are absorbed by the skin, including factors impeding or enhancing absorption to include: - Combination - Dry
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		- Oily - Mature - Young - Epidermis - Dermis - Hair follicle - Sweat glands - Blood capillaries - Circulatory system • The effects of stress on the systems of the body and the oils that can help to relieve the symptoms to include: - Skin (integumentary) - Skeletal - Muscular - Nervous - Respiratory - Cardiovascular - Lymphatic - Immune - Endocrine - Digestive - Reproductive - Urinary - Oil uses, for example: ▪ Analgesics ▪ Sedatives ▪ Stimulants ▪ Nervines ▪ Antispasmodics
	2.20. Describe safe handling and use of products, materials, tools and equipment	• Methods of handling and using products, materials, tools and equipment safely • Sourcing, selection, use and storage of treatment media • Store away from extremes of temperature • Tightly sealed bottles/containers • Out of reach of children • Methods of dealing with breakages/spillages in the treatment environment • Product data sheets

		• Stock control/rotation • Shelf life of essences, fixed oils, other media, blended products and other treatment products • Safety precautions, including contra-indications and potential toxicology, for essences, fixed oils and other media • Correct methods of disposal of essences to prevent/minimise risk of contamination and toxicity to people, animals and the environment • Current legislative controls and guidelines for the use of aromatherapy products and the implications for client safety • The purpose of testing essential oils on the client's skin to include: - Appropriate explanation to the client - Judging the time interval for a client's reactions to the tests (24-48 hours) - Hazards associated with essences ▪ Toxicity ▪ Irritation ▪ Sensitisation ▪ Carcinogenesis ▪ Phytoestrogens ▪ Interaction with prescription and self-medicated drugs and other substances - Possible interactions between essences - Types of essential oils/essences and carriers/fixed oils most likely to cause a reaction and their possible effects - The importance of obtaining a signature of endorsement for use of the blend (a requirement of many insurance companies when they are dealing with claims)
	2.21. Describe the importance of the correct maintenance and storage of products, materials, tools and equipment	• Safe working practices • Client and aromatherapist health and safety • Risk management • Insurance • Code of practice
	2.22. Describe the contra-actions that may occur during and following treatment and how to respond	• Nausea • Headaches • Dizziness • Frequency in micturition • Increase of bowel movements

		• Thirst • Heightened emotions • Increase in symptoms • Skin redness/irritation • Allergic reaction • Fatigue • Hyperactivity • Change of appetite • Skin changes • Relief from symptoms • Improved mood • Altered sleep patterns • Increased energy • Healing crisis • Response to alleviate contra-actions: - Rest - Water - Diet • Additional treatment required • Client referral procedures
	2.23. Explain the aftercare and home care advice that should be provided in line with current legislation	• Immediate aftercare • Allowing client time to revive • Sitting client up carefully • Water • Feedback • Client requirements/suitability • At the end of each treatment the client should be advised of home and aftercare to prolong treatment benefits - Avoid stimulants – alcohol, tea, coffee and non-prescription drugs for at least 12 hours - Healthy eating for well being - Fluid/water intake - Exercise for general health - Posture - Smoking habits - Sleep patterns - Hobbies - Interests

		- Rest - Time management - Relaxation techniques - Stress levels - Self-treatment • Aromatherapy as part of a holistic lifestyle • General care and lifestyle advice and the benefits thereof • Generally helping clients and families to identify options to improve their health and social well-being in terms of aromatherapy treatment • Helping clients and families to put their choices into action • Reviewing their progress • Methods of applying essences, fixed oils and blends safely to the client either in the clinic or at home (self-use) to include: - Baths e.g. bath salts - Compresses (hot and cold) - Balms, creams, lotions, gels and ointments (commercial and homemade) - Hydrosols - Inhalations - Masks/clay work - Massage - Neat application - Shampoos - Showers - Sprays - Vaporisers/diffusers - The method of application, blending ratios, the amount of essence to be used, and the frequency of use should be stated for each treatment - Nature of risks associated with self-treatment/home use – excessive exposure, non-recognition of effects, incorrect usage of essences, use of undiluted essences, taking oils internally, contra-indications to the use of essential oils on pets and other animals - Minimising risks by ensuring the client is correctly informed on how to administer the treatment - Informing the client on where to obtain oils and carriers of good therapeutic value and quality
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		- Ensuring that if the therapist gives the client a blend to use it is correctly packaged and labelled with directions for use in line with current legislation - Recommendations for further treatment sessions
	2.24. Describe the methods of evaluating effectiveness of treatment	• Review of the aromatherapy treatment/programme and conclusions from treatment outcomes • At the end of each treatment the client's psychological and physiological reactions should be recorded and the following monitored: - Outcomes achieved - Effectiveness of the treatment - Client feedback - Re-assessing choice of blend used, blending ratios, treatment techniques, methods of use etc. - Any change in demands e.g., physiological or physical changes - Whether the treatment met the needs of the client – client expectations - Longer term needs of the client (e.g., when working in a care environment, with those clients dealing with bereavement and loss) - Therapist self-reflection in relation to client and treatment performed - Client treatment progression - Review of ongoing treatment plan - Recommendations for further treatment sessions/re-booking
LO3 Be able to reflect upon aromatherapy practice	3.1. Reflect on own attitudes, beliefs, interests, priorities and values in relation to personal growth as an aromatherapist	• Personal attitudes • Personal beliefs • Personal interests • Personal priorities • Personal values • Activities which develop reflective practice and record personal growth - Journals - Peer review - Mentoring - Case study work - Reading logs

		- Portfolio development
	3.2. Evaluate own knowledge and practice of Aromatherapy in relation to professional codes of conduct and current working practices	• Code of conduct • Current working practices • Current knowledge and skills • Methods of documenting and evaluating own knowledge and practice
	3.3. Identify own strengths and weaknesses in order to best serve self and client	• SWOT analysis (strengths, weaknesses, opportunities, threats) • Professional skills • Life skills • Natural abilities • Attributes • Qualities • Personal development • Professional development
	3.4. Describe the basic elements of reflective practice	• Reflective practice and its relevance for the aromatherapist • Models of reflection – for example: - Bolton - Gibbs - Johns - Kolb - Schon • Activities which develop reflective practice to include: - Journals - Peer review - Mentoring - Review of client feedback - Case study work - Reading logs - Portfolio development
	3.5. Describe how own self-awareness impacts on personal and professional life	• Self-reflection • Self-awareness • Personal development • Personal action planning • Professional development • Professional action planning • Goal setting • Future vision

	3.6. Identify lifelong learning opportunities to plan for self-development	• Personal plans for continuous professional development • Courses undertaken/to be taken • Awareness of National Occupational Standards (NOS) and ongoing research and developments in aromatherapy
	3.7. Describe how to record evidence of own knowledge and practical experience	• Developing documentation to record case studies, own reflective practice and evidence the role of self-awareness in personal and professional life • Sample consultation forms may be obtained from www.vtctskills.org.uk
	3.8. Explain the importance of acting on own evaluation to improve aromatherapy treatment	• Best practice • Personal learning experience • Identification of own strengths and weaknesses • Personal action planning • Goal setting • Evaluation • Development of aromatherapy skills • Identification of Continuous Professional Development (CPD) requirements • Life/work balance • Duty of care to self

Assessment

Portfolio of evidence containing:

- Documentary evidence of 60 aromatherapy treatments
- An assignment

Case Studies

60 aromatherapy treatments to be performed and the outcomes documented. These must include 6 people treated a minimum of 6 times each, plus evidence of 15 additional treatments and 9 treatments which may detail other methods of application i.e. inhalation, compresses etc.

To include:

- Consultation including medical history
- Client profile and general lifestyle details (to include any current issues in their life and stress levels at home and work)
- Treatment plan
- Rationale for the choice of each essence for each treatment (maximum of 3 oils per treatment) – to include plant families and significant chemical constituent details
- Rationale for the choice of fixed oils for each treatment
- Alternative choice of essences/fixed oils for each treatment
- Ratio of blending for each treatment
- Client feedback
- Home care advice (must detail the quantities of oils recommended for self-treatment and the frequency and method of use)
- Self-reflection at the end of each treatment
- Details of any CPD requirements resulting from casework

Provide aromatherapy for complementary therapies case studies must be documented through the use of signed and dated consultation forms for this unit and assessed using the relevant assessment form. See www.vtctskills.org.uk. These will be internally assessed by the college lecturer and verified by the external examiner.

Practical Examination

All learners will be assessed via a practical examination of their technical skills and treatment techniques. Pre-examination assessment forms and marking criteria may be downloaded from www.vtctskills.org.uk.

Guide to taught content

The content contained within the unit specification is not prescriptive or exhaustive but is intended to provide helpful guidance to teachers and learners with the key areas that will be covered within the unit, and, relating to the kinds of evidence that should be provided for each assessment objective specific to the unit learning outcomes.

Document History

Version	Issue Date	Changes	Role
v1	26/09/2019	First published	Qualifications and Regulation Co-ordinator
v2	22/06/2026	Rebranding	Development Administrator