



DESIGNING



BETTER

CARE



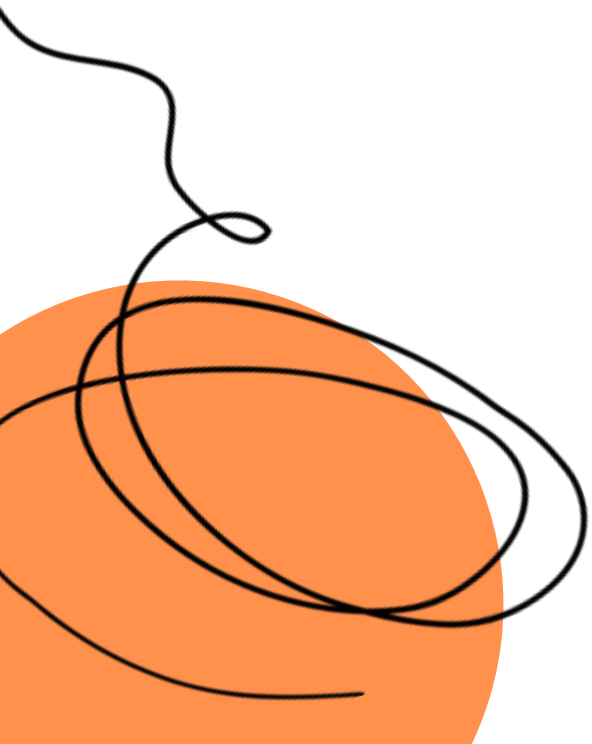
THINKING ABOUT EXPERIENCE
AND
ETHICAL INNOVATION
FOR COUNSELLING PRACTICE





WHO IS DAVID DENOUX...

**...AND WHY IS HE TALKING
ABOUT EXPERIENCE DESIGN
AND ETHICAL INNOVATION?**





WHAT ARE YOU GOING TO GET OUT OF THIS TALK

- 1. LEARN EXPLORE HOW YOUR THERAPY SERVICE IS PERCEIVED BY YOUR PATIENTS.**
- 2. GAIN PRACTICAL TOOLS TO ETHICALLY INNOVATE AND DESIGN WITH PURPOSE.**
- 3. LEARN HOW TO BUILD TRUST AND STRENGTHEN YOUR THERAPEUTIC ALLIANCE, BEFORE YOUR FIRST SESSION.**

**DESIGNING
BETTER
CARE**



DESIGN?

**EXPERIENCE
PERSPECTIVE
EXPECTATIONS
CONSISTENCY
POWER
TRUST**





EVERYBODY TO THE FRONT



LETS GET SPECIFIC: RHONDA'S THERAPY

VALUE

What are your non-negotiables, in your belief system that would never change regardless of the situation. These values would show up, no matter what business you would be running.

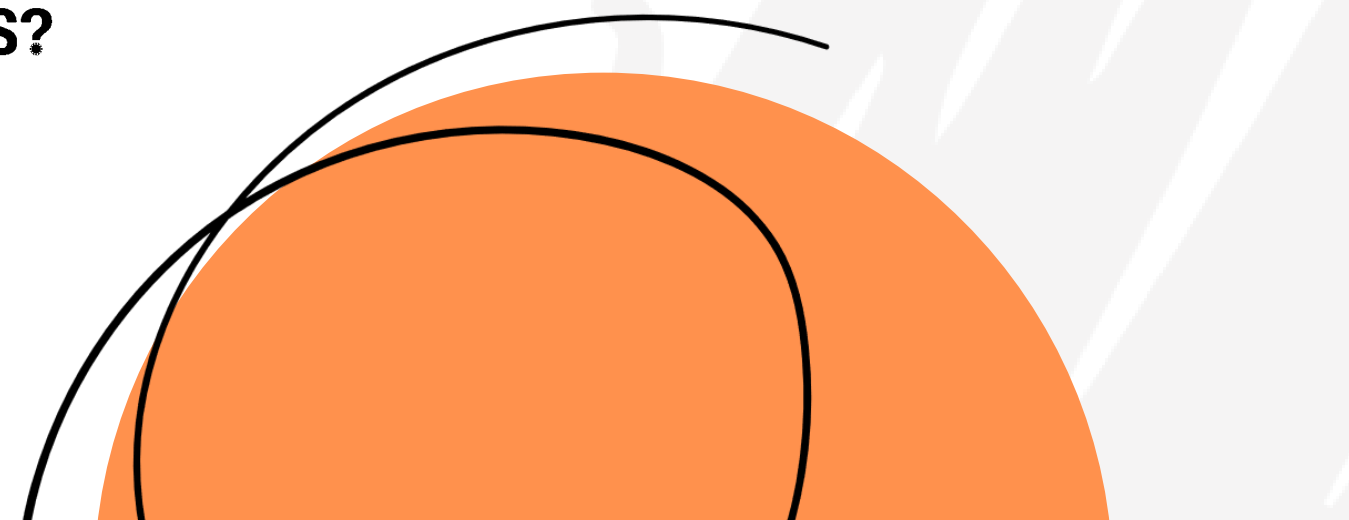
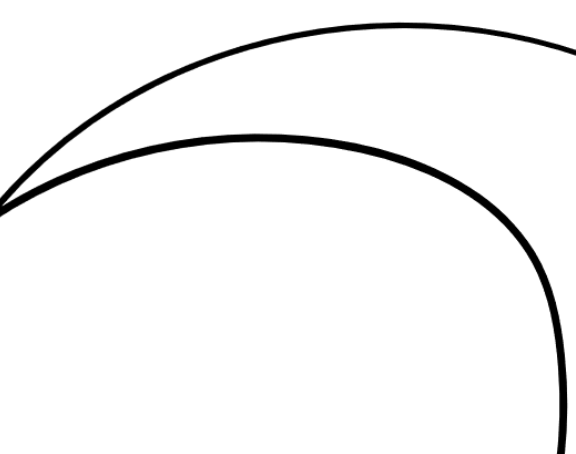


WHAT ARE RHONDA'S VALUES?

WHAT ARE RHONDA'S NEEDS FROM HER BUSINESS?

WHERE DOES SHE WANT TO BE IN 5 YEARS?

- STILL WORKING
- COMFORTABLE LIFESTYLE
- CONSISTENCY IN INCOME






























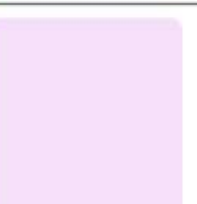
































Y MAP



Name: _____

Date:

Patient goals												
Trust Builders												
Trust Eroders												
Design implication												
												

CUSTOMER JOURNEY MAP



Name:

- This data comes from: User interviews, auto-ethnographic, peer review

Date:

- Record and keep this artifact to review in the future, for comparison

Patient Persona:

- Focus on psychographics not demographics
 - The problem they want to solve, not how old they are

Scenario

- Realistic scenarios that:
 - You will encounter
 - You have encountered
 - You want to prepare for



Patient goals

Patient goals:

What the patient is hoping to achieve at this stage. Think about what success looks like from the patient's perspective, not yours. This might be deeper than just booking a session, it could be improving a relationship, coping with a life change or mental health issue.

- What might the patient be hoping for right now, emotionally, practically, or relationally?
- What would a "win" look like for the patient at this stage (even if small)?
- Are they seeking relief, connection, clarity, change, or just to be heard?
- What do I know (or assume) about what motivates them?
- How might their goals change between this stage and the next?

Trust Builders

Trust Builders:

Where has their expectations being exceeded, consistently? What will help the patient feel safe, respected, and understood? Identify specific words, actions, environments, or systems that help build psychological safety. This could include a clear and predictable process, follow-up touchpoints.

- What are the patient's expectations?
- What types of boundaries, transparency, or structure helps preserve the service?
- How do my tone, body language, or written words come across to a nervous or overwhelmed patient?
- What signs would a patient notice that show I am consistent and dependable?
- Are there any systems (e.g., automated emails, intake forms) that reinforce trust?

Trust Eroders

Trust Eroders:

What did the patient expect to happen, that didn't. Why didn't the service manage that expectation, so that they could predict the next step. These are the subtle moments that break connection, often unintentionally. E.g. The time it takes to receive a response to an email question, vague pricing, rushed onboarding, overly clinical language. Identifying these helps prevent dropout, or disengagement.

- What could be confusing, overwhelming, or intimidating at this stage?
- Are there any moments where silence, vagueness, or delay might feel like rejection?
- Is there any language, tone, or design that could feel clinical, cold or overwhelming?
- What might be the cause of dropouts or missed bookings at this stage?
- Are there assumptions I'm making about what the patient knows or understands?

Design implication

Design Implications:

What should you change, clarify, or improve in your service based on the insights above? This is where the rubber meets the road. Some insights might lead to action, others might be conceptual. Focus on what is right for the entire service (you included), not just the patient. Don't try and jump to a solution here, focus on understanding the problems first.

- Where are the moments that impact confusion or friction here?
- What are my trust-building moments, and how can I increase them?
- Is there anything I can remove, simplify, or automate to reduce burden on me or my patient?
- How am I treating myself within this service?
- How can I make sure this service aligns with my core values and meets the needs of my patients?

CUSTOMER JOURNEY MAP



Levels of Zoom

Each level is a different lens for designing experiences. Therapists can shift thinking between these to improve their services. We often focus on one part of the practice at a time, but stepping back (or zooming in) can reveal new ways to improve different aspects of patient care. Each level offers a different lens for understanding and designing better experiences, from individual touchpoints to the broader systems that shape a patient's journey.

- **User Interaction:** What the patient directly interacts with.
 - Example: Your website, booking form, or SMS.
- **User Experience:** All of the interactions together to form an experience of your service from the patients point of view.
 - Example: From when the patient learns about you, till onboarding, all the way through to exit of therapy (Experience lifecycle).
- **Service:** The experience lifecycle, (full end-to-end journey the patient goes through), including you, your practice, your stakeholders and contractors.
 - Example: The experience lifecycle for the patient and all the functions that exists behind the scene to make it happen. This includes you, your accountant, the building you practice out of, the carpark access, and your website/marketing.
- **Strategy / Ecosystem:** The big-picture concepts that affects you and your patients.
 - Example: Changes in ACA regulations, NDIS changes, Medicare mental health plans, economic impacts on crime rate and convictions.

Needs

Patients and therapists have different levels of needs :

Explicit: Clearly stated goals or concerns. (I want to work on this)

Implicit: Unspoken expectations or learned behaviours. (my expectations of this is ...)

Tacit: Deep, personal experiences that are hard to articulate. (This feels jarring)

It is important to recognise that people are not always aware of all three.

Trust

The belief that you are safe, professional, and have the patient's best interest at heart. patients build trust through expectations being met or exceeded consistently. This is achieved through understanding your patient's expectations of your service, whilst also being mindful of your own needs. By designing your boundaries, follow-through, confidentiality, and how you handle difficult moments, you can create a service by builds a therapeutic alliance before a conversation begins.

Loyalty

The patient's willingness to keep coming back to you or recommend you to others. Loyalty isn't just about satisfaction, it's about the emotional connection that stems from trust. Be aware of the what the patient is loyal to, is it yourself, your therapy (CBT, EMDR, IFS), the discount or perhaps even where you are located (proximity) or availability (weekend appointments). Some of these satisfy a general need for the patient, that anyone can deliver, and others only you can provide

Values

The guiding beliefs behind how you work and how you serve. The evidence of your values and in the actions you take. They show up in how you make decisions, treat patients, and design your experience. Clear values help align your service with the people who want your service. Aligning your services values with your own can help alleviate stress and burnout.

Culture

The unspoken norms, values, and expectations that shape the patient's experience. Culture is fluid, malleable and deeply personal. Your culture can affect your tone, space, communication style, and even how you manage power in the room. Your culture is what your practice feels like. Patients will sense it right away, so make it intentional, so that it feels comfortable to you.

**DESIGNING
BETTER
CARE**

DOWNLOADABLE JOURNEY MAPS + EXTRAS



**DAVID@TRADIETHERAPY.COM.AU
0428 652 872**