

PERSON-CENTRED EXPERIENTIAL THERAPY (COUNSELLING FOR DEPRESSION)

CfD is a person-centred experiential therapeutic model, integrating elements of emotion-focused therapy, and limited to a maximum of 20 sessions. The model is situated in a person-centred experiential approach and is usually delivered by traditionally trained person-centred therapists. CfD explores the emotional problems that underpin depression, highlighting the intrapersonal messages that clients experience, and which contribute to the maintenance of depressive symptoms: for example, having an overly critical perception of self that contrasts with how the person is actually perceived by others. Therapy facilitates the client to reflect on their experience, with the aim of identifying, exploring and developing a better understanding of how these messages can affect their mood. Clients are encouraged to make positive changes to their self-perceptions and lives; this is referred to as focusing on 'self-discrepancy'. Self-discrepancy can arise and be maintained by events and relationships, resulting in internal self-conflict, excessive self-criticism and unresolved loss or trauma. CfD aims to identify any such processes and the resultant emotional dissonance, highlighting areas for focused work to reduce intensity of feeling.

As training in CfD is only open to experienced humanistic and person-centred counsellors with more than two years post-qualification experience, therapists are expected to demonstrate high levels of skills and competency in that approach. The competency framework for CfD was developed to conform to the needs of randomised controlled trials to assess person-centred and experiential therapies, but has since been utilised to support training. The framework assesses ten items of practitioner competency:

1. The extent to which the therapist is able to follow the client's frame of reference
2. How well the therapist metaphorically holds the client when experiencing emotion, or when feeling vulnerable
3. How well the therapist encourages the client to focus on self
4. How well the therapist conveys unconditional acceptance
5. To what degree the therapist directs the client's content
6. How well the therapist facilitates the client to articulate emotional experiences and meaning of an explicit and implicit nature
7. The level of dominance or authoritativeness which the therapist projects
8. How effectively the therapist uses language
9. How clearly the therapist reflects the core or essence of the client's experience in the moment
10. How active the therapist is when facilitating client management of emotional arousal during self-exploration (Sanders and Hill, 2014; see also Freire et al., 2014).

Unlike other manualised IAPT approaches, CfD does not outline a process by which therapy should be delivered, and so there are no prescribed phases to the therapy. This is in keeping with the person-centred ideology and is possible, from an IAPT perspective, because of the presence of, and adherence by practitioners to, the competency framework.

Box 7.6

Key principles of the CfD model

1. CfD is designed to be delivered by experienced counsellors, with an established understanding of the therapeutic competencies required to deliver therapy. It is therefore not formulaic or inflexible in its delivery
 2. CfD is a person-centred emotion-focused experiential approach, time limited to a maximum of 20 sessions
 3. CfD is relational in nature, and therefore focuses on the person, rather than the diagnosis of depression
 4. CfD has structure, and yet seeks to empower the client, clearly taking a stance that the client is in control of the therapy and that the client's experiences drive the process.
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