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An Introduction to Counselling Training

This first chapter is a basic introduction to some of the underlying principles of studying counselling, incorporating some pointers as to how to make best use of this book. The text is designed as a companion for you during your course and contains hints on how to pass your course along with some reasons why certain elements are included within your course and their use to you as a student.

WHICH LEVEL - INTRODUCTORY, UNDERGRADUATE OR POSTGRADUATE?

The content of this book has been designed to be appropriate for any level of training if you are just starting to study counselling. Many counselling students are already qualified in other professions and are seconded onto a postgraduate course so, despite being enrolled on an advanced course, it can still be a relatively new subject. Because of this, you may find that chapters apply to some courses and not others; for example, an undergraduate course may not involve primary research whereas a post graduate course may not include a residential element. Rather than reading from start to finish, consider using the Contents and Index pages to dip in and out depending upon your current area of interest. The book has been designed to include both the process of attending classes to learn

about counselling along with the theory and practice that this is based on. Throughout, the focus is on learning to work therapeutically with adults rather than with children, adolescents or specialist groups such as those living with addictive behaviours.

You will find that there are activities throughout the book. These can be completed in isolation to help you focus on particular issues, or they can be used as prompts to help if you become stuck when writing your personal journal or, alternatively, as mini self-tests so you can monitor your progress and understanding.

At the end of each chapter there are recommended reading titles listed so that if this is an area of particular interest you can expand your reading into this subject. Relevant references are also cited throughout so that, again, you are able to access the source texts that quotes originate from and read further articles, books and websites on areas covered within this book.

TERMINOLOGY

For simplicity, the term used for the practice of therapeutic talking within this book will be 'counselling' rather than 'psychotherapy' as many of the skills are shared, and at this stage we are not going to join the debate regarding any similarities and differences of the two activities. Those receiving the service will be called 'clients' rather than 'service users' or 'patients', simply as this doesn't discriminate between settings, individuals or their issues. Those currently studying counselling will be referred to as a 'student' rather than 'trainee', again to increase clarity and avoid making a distinction between levels and content of courses.

CLARIFYING PROFESSIONAL ROLES

For those who are new to psychotherapeutic services, the role of different professionals can be confusing. Here is a very simplistic definition of each to help differentiate between them:

- *Psychologist*: studied psychology (the study of the mind, mental processes and behaviour) at university, usually to doctorate level, can diagnose conditions but is not a medical doctor so not able to prescribe medication. Many specialisms such as clinical, educational, counselling and forensic. Usually qualified to deliver counselling and usually works as part of a wider team.

- *Psychiatrist*: a medical doctor who specialises in mental illness, so can prescribe medication. Often based in a psychiatric unit or outpatient department of a hospital. Not usually involved in delivering counselling. Requires referral by a general practitioner (GP) for access and works as part of a wider team.
- *Community Psychiatric Nurse*: a qualified nurse who specialises in mental illness. Rather than working within a hospital or residential setting, they are based within the community and work closely with primary care teams such as GPs and psychiatrists. Qualified to administer medication but not to prescribe it, and tend to use counselling skills rather than counselling sessions.
- *Psychotherapist*: (argued by many to be interchangeable with 'counsellor') studied psychotherapy and practices a talking therapy aimed to equip the client with the ability to cope with their personal issues. Delivers counselling. Can work alone or as part of a wider team.
- *Psychoanalyst*: a counsellor who works with Freud's psychoanalytical model of therapeutic intervention.

WHAT IS COUNSELLING AND WHAT IT IS NOT?

There is often confusion surrounding the names of different psychotherapeutic interventions so some definitions may be useful here before moving on to look at counselling in more detail. This is to differentiate between the distinct roles of professional help available, which can be bewildering at first.

There are many types of help available to people in need and it is important at this point to distinguish between them. Some common strategies are:

- *Advising*: To tell someone what you think they should do, recommend a course of action or inform. Advising can involve the opinion of the advisor when they are offering options. Advising not used in the majority of mainstream methods of counselling as it devalues the client's decision-making process (this is discussed further later on).
- *Guidance*: To lead or direct (to guide). Guidance is more about showing a path or suggesting the next step. Again, this isn't used in counselling because it is up to the client to decide upon their next move.
- *Informing*: Giving information, passing on the facts or data. Informing does happen in counselling but not in the most obvious way, in that the counsellor only informs the client of the boundary issues (e.g. confidentiality, cost etc.) during the contracting session. After that, once counselling starts, it is the client that takes over the role of informant when they inform the counsellor of their situation and difficulties.

- *Instructing*: To give direction or possibly teach an activity, and it tends to be practical. Instructing is about teaching hands-on subjects (e.g. a sailing instructor or abseiling instructor) and can often involve demonstration. This technique is sometimes used in cognitive behavioural therapy (CBT) but not in other, more non-directive therapies.
- *Negotiating*: To confer and try to reach compromise, or reach agreement. Negotiating sometimes occurs in the final stages of integrative therapy when a client is moving from setting their own goals for the future to putting them into action. Therefore it is the client that is negotiating with the counsellor, not the other way round.
- *Teaching*: (doctrine, teaching fact, formal) and *Tutoring* (individual instruction) may both be seen as helping strategies in some settings, but are not used in counselling as they are too directive and disempowering to a client.
- *Advocacy*: Speaking in support of another; representing someone or speaking on behalf of them. Advocacy is a vital skill on its own that again is not used in counselling. Advocacy is about representing a client's interests to a third party, whereas counselling is a more confidential and insular relationship. A counsellor working within the statutory sector (i.e. NHS, Social Work Department) may be required to attend case conferences but are passing on relevant information rather than speaking on behalf of the client.
- *Counselling*: A professional, objective, structured and agreed relationship involving specific skills. Counselling can be carried out in two ways, either professional counselling sessions or using counselling skills during the course of other communication. We'll look at these two separately.

DIFFERENCE BETWEEN COUNSELLING SESSIONS AND COUNSELLING SKILLS

First, counselling sessions can be either one-to-one, with couples or in group work. Before embarking on regular sessions, a contract is agreed between those involved that covers areas such as cost, timing, venue, confidentiality etc. The counsellor should have the appropriate qualifications and experience to be working with the client/s, and this can often be discussed openly during the contracting session.

Second, the application of counselling skills is used in many environments. It is a less formal practice as the skills are simply used as a form of communication to show that the listener is interested and cares about the client. Nurses, social workers and care staff are all likely to use skills such as empathy, active listening, summarising and not talking about themselves within their everyday jobs.

It maybe that you know of a friend or family member who seems to attract people telling them their problems. This is often because they are naturally a good listener and don't jump in with opinionated comments such as 'I think ...' or 'Why don't you ...' The value of counselling skills is understanding when someone wants to talk and not interrupting them.

ACTIVITY

In your opinion, what is the difference between a good and a bad listener? How can this influence your skills as a counsellor?

WHERE DID COUNSELLING START?

Counselling as we know it has evolved considerably from the first, basic talking therapies. During the mid to late 19th century, central Europe was the hub of development where the first links were made between what we think, what we do and how we feel. It's hard to believe but before this, only philosophers really thought about the connections between these aspects. When talking therapies were first developed, most famously starting with Sigmund Freud, they were viewed with suspicion, which was understandable considering it was within the sphere of academia and only available to the educated or the rich. Even then, due to common scepticism, it was considered very radical.

Therapies developed from the start of the 20th century that concentrated on the re-training of 'unacceptable' behaviours (both in animals and humans). The focus was very much on observable actions and with the interest in scientific development at the time and little in the way of ethical considerations there were some experiments carried out that would never be allowed today with our far stricter ethical guidelines.

Following the Second World War, the focus turned back to the connection between thoughts and feelings and the locus of development shifted to USA, which was far more accepting of such interventions. Theorists like Carl Rogers, Abraham Maslow and Rollo May started to acknowledge the importance of personal autonomy and freedom of choice, which placed the client in the role of expert in their own lives. Counsellors became more facilitative and non-directive, and modern counselling really took shape.

Of course, this happened at the same time as families started moving away from their place of birth to find work so individuals and families found themselves isolated, living and working miles from their home town. This, along with the introduction of contraception and extended families no longer being the norm, meant people found there was no one close to talk to about problems. Being able to access a professional with which to unload difficulties and who wouldn't just sit and tell you what to do became a more acceptable option.

In the 21st century, having a wide choice of nearly 500 different methods of counselling, many of which combine the focus on behaviours, thoughts and feelings, allows the clients of today the choice to access the method of counselling they think would be most helpful for them. It should also be acknowledged that such choice can cause confusion for potential clients who might not be aware of the differences between methods. In the UK, counselling services are provided within the voluntary, private and statutory sectors, and counselling has become so mainstream that funding is available to pay for sessions through many GP practices, hospitals and schools. The USA is still ahead in the social acceptance of counselling, where individuals see it as the norm to have a therapist even if they are not facing any specific personal challenges, whereas in the UK there is still the perception that someone attending counselling does so because there is something 'wrong'.

Most think this is a fair balance as counselling is not for everyone and doesn't work for all. The thought of everyone having a counsellor all the time is uncomfortable as it suggests a culture of dependence and disempowerment, whereas knowing what counsellors do and how to access them at a time of need or crisis can be very empowering. If you would like to read more about the negative aspects of this debate, you may find the book *Against Therapy* by Jeffrey Masson interesting (see Further Reading).

AN OVERVIEW OF COUNSELLING TRAINING

There are hundreds of counselling courses available and although it might be difficult to choose which one is the most appropriate, it can also be difficult to see how they compare to each other. In this book you will find a brief overview of a selection of different levels of training and how they compare to each other. You could develop a similar map of courses in your local area to help you see the bigger picture and make an informed decision. Of course, this does not include reputation or how they are

viewed by future employers or even other courses. It would be hoped that there is always a robust relationship between formal training and working with clients, so courses should always include guidance on issues such as professionalism, ethics and safety.

WHAT YOU MIGHT FIND OUT ABOUT YOURSELF

The majority of clients attend counselling to help work through some kind of issue or difficulty that they are experiencing in their life, whether it be a situation, relationship, memory or uncomfortable feelings. However, a small percentage of clients attend for self-development, to work through a discovery process about themselves and the way they feel and react to the world around them. During counselling sessions, clients attending for any of these reasons can experience strong emotional reactions. The role of the counsellor here is to work with the client to help establish a meaning for these feelings and also to be comfortable being with a person who is possibly experiencing distress, anger, frustration, bitterness, guilt, regret or shame, although to be fair they are not always so negative! This process of opening up and considering such personal issues can lead to the client expressing themselves more honestly than they feel comfortable doing elsewhere. Clients don't always like what they find out about themselves as not everyone reacts in a way that they are expecting, so the amount of emotional support offered by the counsellor is important. Depending upon the type of counselling being used, counsellors tend to be **understanding**, **honest** and **accepting** of the client. These three skills are known as the 'core conditions' and were developed by the psychologist Carl Rogers, and will be discussed in Chapters 3 and 10.

COUNSELLING SKILLS

In addition to qualities, specific skills are needed to encourage and support the client. Some of the main ones are identified below:

- *Advanced empathy* is when the counsellor is listening and so in tune with the client that they become aware of deeper feelings and thoughts that the client has not verbalised, similar to voicing a hunch.
- *Challenge* is used in a gentle and encouraging way and is in no way confrontational. An example might be 'Last session when you talked about this, you

said that it made you angry but as you are talking now, you sound more hurt.’ The counsellor is challenging the client’s statement but not in an aggressive or disbelieving manner.

- *Immediacy* is working in the here-and-now rather than the past or the future. It could be current feelings or a situation and may even be relating to the relationship between counsellor and client.
- *Self-disclosure* is a difficult skill to use and takes a lot of experience to get right. Some environments (e.g. addiction services or Rape Crisis) allow self-disclosure, as the counsellor making the client aware of personal experience can improve the bond or relationship. However, the danger is that the counsellor may distract from the client’s situation, reducing the sense of uniqueness of experience, or just introduces a tangent that allows the client to focus away from their own issues.
- *Reflection* is a skill that helps regulate the pace of the session as it allows both client and counsellor to think back over what has been said previously and to consider any impact that it has on the present issue. It allows the client to hear what they have said anew. Consideration can be of feelings, situations, relationships or attitudes – almost anything really that is relevant.
- *Summary* can be used throughout a session but is particularly useful at the end to bring together the main issues that have been raised or remind the client of what has been covered. This allows them to leave with a sense of completion and progress.
- *Active listening* is vitally important as we don’t often engage so totally with a speaker in general conversation. Passive listening is simply allowing a voice to continue without much concentration on what is being said, whereas to be active involves clarification to ensure that you heard correctly, or open questions to check the context in which speech is used. Reflection may be used as a method of active listening. It can be exhausting to concentrate so hard for 50 minutes!
- *Focus* is essential. It is difficult to imagine how chaotic a session may be without the counsellor helping the client to focus on their issue and helping them to examine around it! In conversations we go off on tangents and talk about ourselves, but this wouldn’t be therapeutic for the client so can’t be done. There has to be total concentration to work through the client’s choice of issue so that some therapeutic development can take place.
- *Evaluation* tends to come nearer the end of the counselling relationship when the counsellor encourages the client to reflect back over a change or development that has occurred and assess its value in the context of their life. This helps coping mechanisms emerge as the client is able to identify what works and what doesn’t for them. It may well be that after the evaluation, the session reverts back to a previous stage where planning takes place and the cycle begins again. Alternatively, if successful, this can be the end of the counselling sessions.

As you can imagine, all of these take quite a lot of practise, particularly when using some of them at the same time. Counselling really is very different to a ordinary conversation!

WHAT YOU MIGHT FIND OUT ABOUT OTHERS

During and following a programme of counselling, there is a risk that changes in attitudes and behaviours can alienate family and friends. One of the core aims of talking therapies is *empowerment*, which can result in the client reassessing the quality of their lives and relationships and can lead to subtle or drastic changes in circumstances. For example, if a client is living in an abusive relationship, counselling may equip them with the confidence and assertiveness to alter the situation to ensure their happiness or at least their safety. The strength of familial and friendship bonds can be put under strain during any process of development and change. Even studying on a counselling course can lead to shifts with others, although they are usually very positive!

LEARNING CURVE

A central part of the counselling relationship is the ability for the client to make changes, either in thought patterns, feelings or behaviour, to accommodate their new outlook. Part of this process is the ability for the client to accept change and learn from the practice. Unfortunately, it can be painful to let go of previous habits and automatic responses. Figure 1.1 depicts a fairly typical learning 'curve' and shows how learning and change does not proceed smoothly: the peaks, plateaux and troughs are normal features of the process. Of course, as a counselling student, you too will experience a similar process whereby you may have to unlearn old methods before learning new ones, and progressing from being not very good at some aspects through to them becoming second nature and part of who you are.

Figure 1.2 shows a different way of looking at the process of change and learning, which was developed by Reynolds (1965).

Both Figures are taken from the excellent website focusing on methods of learning by J. S. Atherton (2005) *Learning and Teaching: Learning curves*, which can be found at www.learningandteaching.info/learning/learning_curve.htm.

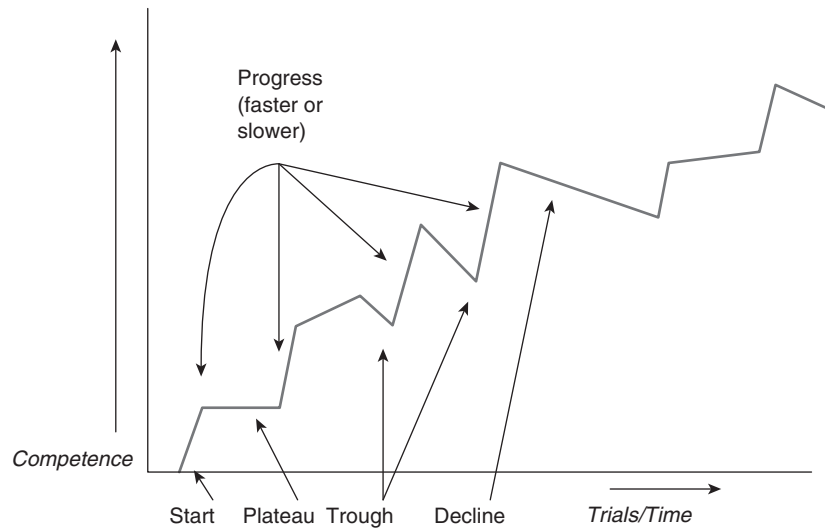


Figure 1.1 A learning 'curve' is far from a straight progression (Atherton, 2005)

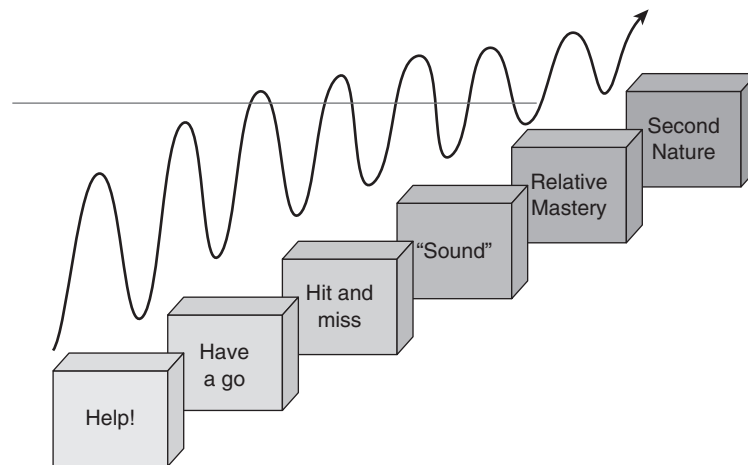


Figure 1.2 The process of change and learning (Reynolds, 1965)

BECOMING COMFORTABLE WITH EMOTIONS

When a counsellor first meets a client, they are essentially strangers who are meeting with a shared purpose. The counsellor is expected to be

professional enough to work with whatever the client decides they would like to share at that time. If it is the first time that the client has felt comfortable talking about an issue or if there has been a build-up of tension in their lives, the first session can often be a very emotional time where trust is hopefully established. The counsellor must be able to reflect on their acceptance of how others communicate intense feelings so that the client does not feel embarrassed or ashamed of any honest expression of emotion. This is an important element of counselling training and personal development.

ACTIVITY

If you are keeping a personal journal as part of your course, this would be a good time to reflect upon what you have just read. Consider how the contents of this chapter makes sense to you and identify if you are able to establish any links with your previous experiences or understanding.

FURTHER READING

- BACP (2007) *Towards Regulation: The Standards, Benchmarks and Training requirements for Counselling and Psychotherapy*. Lutterworth: BACP.
- Buchanan, L. and Hughes, R. (2000) *Experiences of Person-centred Counselling Training*. Ross-on-Wye: PCCS Books.
- Claringbull, N. (2010) *What is Counselling & Psychotherapy?* Exeter: Learning Matters.
- Cross, M. (2001) *Becoming a Therapist*. Here: Brunner-Routledge.
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- Sanders, P. (2003) *Step in to Study Counselling*. Ross-on-Wye: PCCS Books.