

PART 1

INTRODUCTION

1 What are Essential Counselling and Therapy Skills?

I will act as if what I do makes a difference.
William James

Chapter outcomes

By studying this chapter and doing the related activity you should:

- *know some meanings of the terms counselling and therapy;*
 - *know about some different goals for counselling and therapy;*
 - *possess a definition of the term counselling and therapy skills;*
 - *understand the relationship between mind skills and communication skills;*
 - *know some ways in which counselling and therapy skills may be viewed as essential;*
 - *possess some understanding of the relevance of theory to counselling and therapy skills;*
 - *possess some understanding of the relevance of research to counselling and therapy skills; and*
 - *acknowledge the importance of your assuming responsibility for being a skilled learner.*
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Let's get down to the bare essentials! I begin this book with the assumption that readers have already learned some introductory counselling skills and want to go further in their unique journeys to becoming and staying skilled counsellors or therapists. Learning and maintaining these skills is a lifelong process and challenge. A book like this can provide companionship and some stepping stones as readers progress from being absolute beginners to conducting competent counselling and therapy sessions on their own.

My book *Introduction to Counselling Skills* (Nelson-Jones, 2000a) assumed that readers were in introductory counselling skills training groups, but were not undertaking any supervised client contact as part of their courses. By now I hope that readers of this book have already attained some proficiency in introductory counselling skills, for example in active listening and thereby helping clients to understand and cope better with specific problematic situations in their lives.

This book assumes that many readers are on courses where they are members of either intermediate or more advanced counselling skills training groups and required to counsel 'real' clients under supervision in one or more placements. For example, courses recognized by the British Association for Counselling and Psychotherapy (BACP) are required to have a minimum of 400 hours staff/student contact time, with students undertaking a minimum of 100 hours of supervised counselling practice (British Association for Counselling, 1996a, 1999a). For those wishing to train as psychotherapists, training offered by organizational members of the United Kingdom Council for Psychotherapy (UKCP) is not normally shorter than four years part-time duration. Such training involves supervised clinical work and usually personal therapy in the model being taught. The British Psychological Society's (BPS) Division of Counselling Psychology requires recognized postgraduate training courses to offer both experiential workshops – a primary aim of which is to develop practical skills – and supervised counselling experience in a range of client settings and with a variety of client groups (BPS Training Committee in Counselling Psychology, 1993).

In Australia, the Psychotherapy and Counselling Federation of Australia (PACFA) requires courses run by its member associations to consist of a minimum 250 hours of training and supervision (Psychotherapy & Counselling Federation of Australia, 2000). As well as academic and applied coursework requirements, the Australian Psychological Society's (APS) College of Counselling Psychologists requires students attending its two-year masters courses to undertake 1000 hours of supervised client contact in at least three different practical placement settings (APS College of Counselling Psychologists, 1997).

In Britain, Australia and elsewhere, intermediate and advanced training in counselling and therapy skills takes place in helping professions other than those mentioned above, with social work being a prime example. In addition, intermediate and advanced counselling skills training can also take place in voluntary agencies, such as Relate (UK) and Relationships Australia.

Counselling and therapy

Therapy is derived from the Greek word 'therapeia' meaning healing. Attempts to differentiate between counselling and psychotherapy are never

wholly successful. Because counselling and therapy represent diverse rather than uniform knowledge and activities, it is more accurate to think of counselling approaches and psychological therapies.

Attempts to distinguish counselling from therapy include observations that therapy deals more with mental disorders than counselling, that therapy is longer-term and deeper, and that therapy is predominantly associated with medical settings. However, matters are not this clear-cut. Many counsellors work in medical settings, have clients with recognized mental disorders and do longer-term work that is sometimes of a psychodynamic nature.

Syme (2000) rightly suggests that there is huge overlap between counselling and therapy. As an illustration of perceived overlap, the Psychotherapy and Counselling Federation of Australia promulgates 'A definition of counselling and psychotherapy' as a single statement (Psychotherapy and Counselling Federation of Australia, 1997). Both counselling and therapy are psychological processes that use the same theoretical models. Each stresses the need to value the client as a person, to listen carefully and sympathetically to what they have to say, and to foster the capacity for self-help and personal responsibility.

Goals for counselling and therapy

Let's consider some different ways of looking at goals for counselling and therapy. Leaving aside severe mental disorders, a common breakdown of goals is that between remedial, developmental and growth. Remedial goals focus on helping clients overcome deficiencies to normal functioning. Such clients, who form a minority of the population, may be anywhere from severely to moderately disturbed in their ability to function effectively. Developmental goals focus on the needs of ordinary people rather than those of the more disturbed minority. Such goals may focus on preventing negative outcomes and on promoting positive changes associated with developmental tasks at various stages over the life-span: for instance, making friends at school, leaving home, finding a partner, establishing a career, raising children and adjusting to old age. Growth goals focus on helping clients attain higher levels of functioning than the average.

In relation to this remedial, developmental and growth distinction, it is possible to look at human functioning in three broad categories – sub-normal, normal and supra-normal – with, at any given moment, individuals being placed somewhere along this continuum. Sub-normal functioning is that where individuals are psychologically distressed and have problems that are more severe than the normal run of the population. Some such clients might suffer from the mental disorders that are listed in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000).

Normal functioning is that where people are capable of conventional adaptation to the societies in which they live. Such individuals may still experience problems for which counselling and therapy is appropriate: for instance, relationship problems, stress problems and study problems.

Some clients who are functioning well may want to function even better. Supra-normal functioning refers to going above, beyond or transcending normal human functioning. Drawing on Eastern and Western traditions, qualities of supra-normal functioning include equanimity, autonomy, mental purification, human sympathy, honesty both with oneself and others, inner strength, heightened concentration and compassionate or selfless service (Dalai Lama & Cutler, 1998; Maslow, 1970; Walsh, 1999, 2000).

To date therapy and counselling have their origins more in dealing with the problems of the sub-normal and normal that in trying to assist well-functioning people to develop their full human potential. All the major counselling and therapy approaches have been developed by psychiatrists and clinical psychologists. There has yet to be a major therapeutic approach developed by professionals, such as counselling psychologists or counsellors, who predominantly deal with normal client populations, let alone superior functioning ones (Nelson-Jones, 2000b).

Another way of looking at goals for counselling and therapy is to consider them in terms of objectives for different clients. Elsewhere, I have suggested five levels of goals for those using counselling skills (Nelson-Jones, 2000a).

The first or *supportive listening goal* is to provide clients with a sense of being understood and affirmed. Attaining this goal requires counsellors and therapists to be skilled at listening to clients, taking their perspectives, and sensitively showing them that they have been heard accurately. Counsellors with good listening skills can comfort, ease suffering, heal psychological wounds and act as sounding boards for moving forward. Furthermore, counsellors should be careful never to underestimate the power of effective listening both for comforting and for empowering clients.

Second, there is the *managing a problem situation goal*. Clients may want help dealing with specific situations that are problematic for them. In addition, counselling may best proceed if a specific situation within a larger problem is addressed rather than trying to deal with the whole problem. With a shy college student client, rather than focus on the broader problem of shyness, counsellor and client might concentrate on a particular shyness situation of importance to the client, such as either asking or being asked by a particular person for a date.

Third, there is the *problem management goal*. Though some problems are limited, many other problems can be larger and more complex than specific situations within them. Take the example of a client with children going through a divorce. Here dimensions of the problem might include obtaining

a just divorce settlement, maintaining self-esteem, relationships with children, a possible move of home, and learning to live as a single adult again.

Fourth, there is the *altering poor skills that sustain problems goal*. Other terms for poor skills include problematic, deficient or insufficiently effective skills. Here the assumption is that problems tend to repeat themselves. In the past clients may have been repeating underlying mind skills and communication or action skills deficiencies and are at risk of continuing to do so again. For instance, workers who keep moving jobs may again and again set themselves up to become unhappy or to get fired. Thus the problem is not just the presenting problem, but the poor skills that create, sustain or worsen the problem. The therapeutic goal is to equip the client with skills not just to manage a present problem, but to prevent and deal with future similar ones.

Fifth, there is the *bringing about a changed philosophy of life goal*. Here, clients can use their skills not only to prevent and manage the problems that brought them to counselling, but to deal with a range of other problems and situations that they may face in future. Their new and improved skills have become integrated into how they think about and approach their daily lives. The difference in how they think, feel and communicate can be so fundamental that it can be equated to a change in their philosophy of life.

Where is this book positioned in relation to the different counselling goals described in this section? In it I mainly emphasize essential counselling and therapy skills for working with the problems and poor skills of the large middle section of the population. Though many of these skills are also relevant to working with clients at both ends of the spectrum – those with mental disorders and those seeking to attain supra-normal levels of functioning – these groups are not this book's major focus.

What are essential counselling and therapy skills?

What are counselling and therapy skills?

One meaning of the word 'skills' pertains to *areas* of skill: for instance, listening skills or disclosing skills. Another meaning refers to *level of competence*, for instance, skilled or unskilled in an area of skill. However, competence in a skill is best viewed not as an either/or matter in which counsellors either possess or do not possess a skill. Rather, within a skills area it is preferable to think of counsellors as possessing good skills or poor skills or a mixture of the two. In all skills areas counsellors are likely to possess mixtures of

strengths and deficiencies. For instance, in the skills area of listening, counsellors may be good at understanding clients but poor at showing their understanding. Similarly, in just about all areas of their functioning, clients will possess a mixture of poor and good skills.

A third meaning of skill relates to the *knowledge and sequence of choices* entailed in implementing the skill. The essential element of any skill is the ability to make and implement sequences of choices to achieve objectives. For instance, if counsellors are to be good at listening deeply and accurately to clients, they have to make and implement effective choices in this skills area. The object of counselling and therapy skills training, practical placement work and supervision is to help students in the skills areas targeted by their training programmes to move more in the direction of making good rather than poor choices. For example, in the skills area of active listening the objective would be to enable students to make good choices in the process not only of understanding clients but also in showing that understanding to them.

When thinking of any area of counsellor or client communication, there are two main considerations: first, what are the components of skilled external behaviour; and second, what interferes with or enhances enacting that behaviour? Thus a counselling and therapy skill like active listening consists both of skilled interpersonal communication and skilled intrapersonal mental processing. The term ‘cognitive behaviour’ can obscure the point that outer behaviour originates in the mind and that, as a consequence, both thinking and behaviour are fundamentally mental processes. Though I distinguish between communication and/or action skills and mind skills, the distinction is somewhat artificial since external communication as well as internal thoughts are created in the mind.

Counselling skills involve mental processing both to guide external behaviour and to ensure thinking that supports rather than undermines skilled external communication. Let’s take the skill of active listening. To some extent it is easy to describe the central elements of the external communication involved. On paper, these external communication skills may appear straightforward. However, most students and many experienced counsellors struggle to listen well. The question then arises: ‘If the external communication skills of listening well are so relatively easy to outline, why don’t students and experienced counsellors just do them?’ The simple answer is that one’s mind can both enhance and get in the way of one’s external communication. Thus counselling and therapy skills are both mind and communication skills.

Box 1.1 provides brief descriptions of six central mind skills derived from the work of leading cognitive therapists, such as Aaron Beck and Albert Ellis.

Box 1.1 Six central mind skills

- 1 Creating rules** People's unrealistic rules make irrational demands on them, others, and the environment: for instance, 'I must always be happy', 'Others must look after me', and 'My environment should not contain any suffering'. Instead they can develop realistic rules: for instance, 'I prefer to be happy much of the time, but it is unrealistic to expect this all the time.'
- 2 Creating perceptions** People can avoid perceiving themselves and others either too negatively or too positively. They can create compassionate rather than competitive or negative perceptions of the human race. They can distinguish between fact and inference and make their inferences as accurate as possible.
- 3 Creating self-talk** Instead of talking to themselves negatively before, during and after specific situations, people can acknowledge that they have choices and make coping self-statements that assist them to stay calm and cool, establish their goals, coach them in what to do, and affirm their strengths, skills and support factors.
- 4 Creating visual images** People can use visual images to calm themselves down, assist them in acting competently to attain their goals, and help them to resist giving in to bad habits.
- 5 Creating explanations** People can explain the causes of events accurately. They avoid assuming too much responsibility by internalizing, 'It's all my fault', or externalizing, 'It's all other people's fault'.
- 6 Creating expectations** People are realistic about the risks and rewards of future actions. They assess threats and dangers accurately. They avoid distorting relevant evidence with unwarranted optimism or pessimism. Their expectations about how well they will communicate and act are accurate.

In reality, some of the mind skills overlap. For instance, all of the skills, even visualizing, involve self-talk. However, here self-talk refers to self-statements relevant to coping with specific situations. Interrelationships between skills can also be viewed on the dimension of depth. Arguably, counsellors or clients who believe in the rule 'I must always be happy' are more prone to perceiving events as negative than those who do not share this belief.

Communication and action skills involve observable behaviours. They are what people do and how they do it rather than what and how they feel and think. For instance, it is one thing for counsellors to feel human sympathy for clients, and another to act on this feeling. How do counsellors communicate to clients and act to show their sympathy and compassion for them? Communication and action skills vary by area of application: for instance, listening skills, summarizing skills, challenging skills and coaching skills. Box 1.2 presents the five main ways in which counsellors and clients can send communication and action skills messages.

Box 1.2 Five main ways of sending communication/action skills messages

- 1 Verbal messages** Messages that people send with words.
- 2 Vocal messages** Messages that people send through their voices: for example, through volume, articulation, pitch, emphasis and speech rate.
- 3 Bodily messages** Messages that people send with their bodies: for instance, through gaze, eye contact, facial expression, posture, gestures, physical proximity and clothes and grooming.
- 4 Touch messages** A special category of body messages. Messages that people send with touch through the parts of body that they use, what parts of another's body they touch, how gentle or firm they are, and whether or not they have permission.
- 5 Action-taking messages** Messages that people send when they are not face-to-face with clients, for example sending letters, e-mails or invoices.

What are essential skills?

Essence means the indispensable quality or element identifying a thing or defining its character. One way to answer the question of what are essential counselling and therapy skills is to look for common factors that characterize successful counselling. Some common factors may concern clients: for example, do they genuinely want change and are they prepared to work hard to attain it? Other factors reside in the counsellors, for example do they possess the capacity to be authentic and present in their relationships with clients, to demonstrate empathy and warmth, and to encourage positive expectations in them? Still other factors may form part of the therapeutic process. For example, clients will benefit from counsellors having the skills to provide them with the opportunity to share and reflect on problems, to express and explore their feelings in an accepting emotional climate, to gain new perspectives and insights, to assume more personal responsibility for their lives and choices, and to discover ways of improving their thinking, communicating and acting.

Some essential counselling and therapy skills vary according to clients' differing levels of vulnerability: for example, clients badly wounded by past emotional deprivations require more nurturing and healing than those either less badly treated or more emotionally resilient. Still other essential skills vary according to the nature of clients' problems: for example, phobic clients require a different kind of counselling to depressed clients. Another way of looking at essential counselling skills is to focus on the skills appropriate for each stage of the counselling process. In the next chapter I provide a skilled client process model that emphasizes how counsellors and therapists can assist clients to become more skilled in conducting their lives. I also present counsellor skills for each of the model's stages and phases.

The following is a definition of the term ‘essential counselling and therapy skills’ as used in this book.

Essential counselling and therapy skills are communication skills, accompanied by appropriate mental processes, offered by counsellors and therapists in order to develop collaborative working relationships with clients, identify problems, clarify and expand understanding of these problems, and, where appropriate, to assist clients to develop and implement strategies for changing how they think, communicate/act and feel so that they can attain more of their human potential.

Influence of theory and research

Theory and counselling and therapy skills

The British Association for Counselling and Psychotherapy’s accredited counsellor training courses are required to provide students with a core theoretical model as well as opportunities for comparison with other counselling approaches (British Association for Counselling, 1996a). Theoretical models provide one way of answering questions concerning the reasons why counsellors select and use particular skills.

Theoretical models of counselling approaches may be viewed as possessing four main dimensions if they are to be effectively described: (1) a statement of the *basic concepts* or assumptions underlying the theory; (2) an explanation of the *acquisition* of helpful and unhelpful behaviour; (3) an explanation of the *maintenance* of helpful and unhelpful behaviour; and (4) an explanation of how to help clients *change* their behaviour and *consolidate* their gains when therapy ends. Elements of the change and consolidation dimension include counselling goals, process, relationship, interventions, case material and further developments. The basic concepts, acquisition and maintenance dimensions constitute a counselling approach’s model of human development and the change and consolidation dimension its model of counselling practice. The model of human development should be internally consistent with and provide the underlying rationale for explaining the model of practice.

Many issues surround the relevance of theory to practice. One such issue is the degree to which the different theoretical positions possess common factors in their models of human development that are obscured by the different languages in which the models are expressed: for example, the concept of conditions of worth in person-centred therapy overlaps with that of super-ego in psychoanalysis and that of irrational and rational beliefs in rational emotive behaviour therapy. Another issue is the extent to which different theoretical models may be more suitable for different clients: for example, is person-centred therapy more suited to those clients requiring nurturing and healing than more active-directive methods? A related issue is that of eclecticism.

Eclecticism means drawing from different theoretical approaches. Noted psychologist Arnold Lazarus goes so far as to advocate what he terms ‘technical eclecticism’, selecting the interventions most likely to succeed with particular clients regardless of their theoretical underpinning (Lazarus, 1997, 2000).

A useful distinction exists between what might be termed *schools* of counselling and therapy and theoretical *approaches* to counselling and therapy. A theoretical approach presents a single position regarding the theory and practice of counselling and therapy. A school of counselling and therapy is a grouping of different theoretical approaches which are similar to one another in terms of certain important characteristics that distinguish them from theoretical approaches in other counselling and therapy schools.

Probably the three main schools that influence contemporary individual counselling and psychotherapy practice are the psychodynamic school, the humanistic school and the cognitive-behavioural school. Sometimes the humanistic school incorporates existential therapeutic approaches and can appropriately assume the broader title of the humanistic-existential school. This book aims to provide a repertoire of essential counselling and therapy skills that are either influenced by or directly drawn from two of the main therapeutic schools: namely, humanistic-existential and cognitive-behavioural. Box 1.3 briefly summarizes some of the main features of these schools.

Box 1.3 Some important features of the humanistic-existential and cognitive-behavioural schools

The humanistic-existential school

The humanistic school is based on humanism, a system of values and beliefs that emphasizes the better qualities of humankind and people's abilities to develop their **human potential**. Humanistic counsellors and therapists emphasize enhancing clients' abilities to **experience their feelings** and think and act in harmony with their underlying tendencies to **actualize themselves** as unique individuals. Existential approaches to counselling and therapy stress people's capacity to **choose** how they create their existences. Prominent counselling and therapy approaches within the humanistic-existential school are person-centred therapy, gestalt therapy and existential therapy.

The cognitive-behavioural school

Traditional behaviour therapy focuses mainly on changing observable **behaviours** by providing different rewarding or reinforcing consequences. The cognitive-behavioural school broadens behaviour therapy to incorporate the contribution of **how people think** in creating, sustaining and changing their problems. In cognitive-behavioural approaches, counsellors and therapists **assess** clients and then **intervene** to help them to **change specific ways of thinking and behaving** that sustain their problems. Prominent counselling and therapy approaches within the cognitive-behavioural school are cognitive therapy and rational emotive behaviour therapy.

Research and counselling and therapy skills

What is the role of research in selecting, learning and using essential counselling and therapy skills? Theory and research intertwine in that one of the main criteria for good theory is that it sets up testable research hypotheses that, when investigated, support the theory and its application. The issue of the contribution of research to learning counselling and therapy skills is far from simple. Research can cover a multitude of activities including creating theories and hypotheses, simple evaluations of counselling and therapy processes and outcomes, and rigorous studies that attempt to establish empirically supported treatments for specific psychological problems.

Numerous methods exist for conducting counselling and therapy research which fall into two main categories, quantitative and qualitative. Qualitative approaches include detailed case descriptions and open-ended interviews. Quantitative approaches emphasize the systematic collection and analysis of quantitative information: for example, by comparing groups of clients or by the detailed analysis of the treatment of single clients. An important distinction exists between conducting one's own research and being a consumer of the research of others. In addition, just knowing about the research findings of others, for instance being conversant with an empirically supported treatment for a specific sexual dysfunction, provides no guarantee of being able to conduct the intervention competently oneself.

Here I propose three possible models for linking research to the practical work of counsellors and therapists (Nelson-Jones, 2001a). One model is that of the *reflective practitioner*. As well as possessing a core theoretical model, the British Association for Counselling and Psychotherapy's accredited counsellor training courses are required to fulfil the criterion of helping students develop as 'reflective practitioners – people who are both willing and able to reflect on all aspects of their work as counsellors, learners and members of the course' (British Association for Counselling, 1996a, p. 7). None of the Association's nine basic elements of counsellor training focus on either conducting or on consuming research.

The reflective practitioner model insufficiently emphasizes the role of research in counsellor training and practice. Nevertheless, the goal of the reflective practitioner can be viewed as providing the grounding for a model of the role of research for counsellors. This model takes one's own counselling practice as its starting point. Whether they think about themselves this way or not, all counsellors are researchers continually engaged in a process of making and evaluating hypotheses in how they respond to, relate to, assess and intervene with their clients. Furthermore, supervisors are also engaged in researching the processes and outcomes of their supervisees' work.

Another model, which characterizes courses accredited by psychological societies and associations, is that of the *scientist-practitioner* or *scientist-professional model* (APS Directorate of Training and Standards, 1999; John, 1998). Placing the word 'scientist' before the word 'practitioner' indicates a model

that takes academic values rather than practitioner values to be preeminent. The scientist-practitioner model assumes that counsellors and therapists require the skills of conducting as well as of consuming research. Thus in addition to such subjects as counselling theory and skills, there is a heavy emphasis on students learning statistical, computer programming, research design and conducting and evaluating research projects skills.

I know of no counselling and psychotherapy study that has investigated, let alone discovered, a relationship between studying statistics, computer programming and research design and desired client outcomes. The fact that this heavy emphasis on all counselling and clinical psychology students needing to be skilled academic investigators for their future work is a research hypothesis that has never been adequately researched seems to escape most of those responsible for propounding it. Perhaps the heavy emphasis on conducting experimental research has more to do with power politics in academic institutions and psychological societies than with the practical task of turning out skilled and humane reflective counsellors and therapists (John, 1998).

When in training, and afterwards, only a minority of counselling and clinical psychology students have the talent and motivation to do genuinely creative and advanced research. Psychology departments and psychological society accreditation committees are open to the charge that, by insisting that all students receive the same intensive research training, they are wasting public funds and lowering many students' effectiveness in their practical work with clients. With both its virtues and flaws, the scientist-practitioner model is likely to continue as the model followed by counselling and clinical courses accredited by psychological societies, though courses differ in how practical their research emphasis is.

Though counselling and therapy need some students trained as scientist-professionals, the reality is that most students are going to become practitioners. Consequently, a third model for linking research to counselling and therapy practice is that of the *practitioner-researcher*. The practitioner-researcher model can be viewed as building on and upgrading the reflective practitioner model. The main emphasis in both these models is on research as a guide to practice rather than on conducting experimental research studies. Starting with basics, all students should be trained to regard what they do when counselling in scientific terms. For example, every time they frame a response to what a client communicates they make a responding hypothesis. Every time they assess a client and decide on how best to intervene they make one or more treatment hypotheses. In both instances, when implementing hypotheses, counsellors need to be open to feedback about their accuracy and usefulness.

Counsellors as practitioner-researchers require the skills and motivation to evaluate their practice systematically, be it with individuals, couples or

groups. Where appropriate, they can design small self-evaluative studies to this effect. Furthermore, counsellors as practitioner-researchers can be trained in relatively straightforward service delivery programme evaluation skills. In those instances where higher-level statistical and computing expertise is required, one option is to buy it in.

In addition, counsellors as practitioner-researchers require skills in order to access competently the professional and research literature regarding therapeutic processes and outcomes. Especially in the United States, research into therapeutic approaches is being used to establish empirically supported treatments (ESTs). In 1993, the Society of Clinical Psychology (Division 12) of the American Psychological Association established a Task Force to identify treatments with scientifically proven effectiveness for particular mental disorders. This task force has identified a number of effective, or probably effective, psychological treatments for disorders including depression, eating disorders, marital discord, panic disorder with and without agoraphobia, post-traumatic stress disorder, social phobia, and smoking cessation (Barlow, Levitt & Bufka, 1999). Relatively few empirically supported or evidence-based treatments come from outside the area of cognitive-behaviour therapy (Lazarus, 1997).

Where such treatments exist, there is a professional and ethical obligation on the part of counsellors working with the targeted problems and client populations to keep themselves informed. Unless they have good reason for not doing so in terms of particular clients' circumstances, counsellors must seriously consider either implementing the treatments themselves or referring clients to those competent to do so. However, even in those areas where empirically supported treatments exist, there may be still better ways of treating clients. In addition, empirically supported treatments do not succeed with all clients who participate in the controlled studies. Furthermore, the concerns of many clients do not fall into circumscribed problem areas and the unavoidable messiness of much of therapeutic practice does not easily lend itself to empirical research studies (Rowan, 2001).

What are the training implications of the practitioner-researcher model? The research input on training courses needs to be closely aligned to counselling skills training and to the practical requirements of students' subsequent work as counsellors. Two core areas in which students require research training are in how to evaluate their own counselling work and how to be an intelligent consumer of counselling process and outcome research literature. Another possible research training area is that of how to evaluate service delivery programmes in the interests of accountability and of making strong cases for funding.

The above is but a brief description of the practitioner-researcher model. Despite requiring further refining, it is the model that most reflects the purposes of this book.

Assuming responsibility for learning

One of the main characteristics of successful people in any walk of life is that they are good learners. When learning essential counselling and therapy skills I encourage students to use the mind skill of assuming responsibility for their learning. For nearly 30 years I trained counsellors and counselling psychologists in Britain and Australia. Without exception, the best students assumed responsibility for making the most of their learning opportunities. In various ways, the poorer students inadequately assumed responsibility for and sabotaged their learning.

Elsewhere I have mentioned that three areas of student skills for participating in introductory counselling skills training groups were using time management and study skills, developing giving and receiving feedback skills, and using empathy and assertion skills to get the best from their trainers (Nelson-Jones, 2000a). When continuing to learn essential counselling and therapy skills, students should always ask themselves how they can participate most effectively in and get the most from the situations in which they find themselves. Contacts with trainers, supervisors, fellow students and clients are all potential sources of professional and personal growth.

Furthermore, students ask themselves what additional resources they can use to improve their counselling and therapy skills? They can watch videotapes and listen to cassettes to learn more about how competent counsellors and therapists conduct sessions. They can read case studies and transcripts from the work of leading practitioners (for example, Wedding & Corsini, 2001). In addition, they can develop the habit of keeping abreast of the counselling and therapy professional literature by reading books and journals. They can also attend conferences, external training courses or workshops, where time and resources permit. However, students need to be careful not to spread themselves too thin.

I started this chapter using the analogy of readers wanting to go further in their unique journeys to becoming and staying skilled counsellors or therapists. However, readers are not on a journey where a guide will do everything for them as they sit back and enjoy the ride. I have never known a counselling student who did not feel under huge pressure when trying to juggle the demands of home, coursework, practical placements and, in many instances, paid employment as well.

Learning counselling and therapy skills requires a constant effort on the part of students to overcome their own deficiencies and to bring out the best in themselves, their trainers and supervisors, their fellow students and their clients. Students can apply many of the skills described in this book to the task of assuming more responsibility for how well they learn. Sometimes students need to dig deep to overcome setbacks and to persist in developing their skills. They

can become their own best clients as they face the exciting and sometimes daunting challenges of learning essential counselling and therapy skills.

Summary

The terms ‘counselling’ and ‘therapy’ overlap – both being psychological processes that use the same theoretical models. Intermediate and advanced counselling skills training requires students, in addition to participating in training groups, to counsel real clients on supervised practical placements.

Goals for counselling and therapy can be viewed in many ways. Leaving aside severe mental disorders, a common breakdown of goals is that between remedial, developmental and growth. A similar distinction is that between goals for remedying subnormal functioning, assisting normal people with their problems of living, and helping some clients attain supra-normal functioning. Another approach is to state five levels of goals for using counselling skills: supportive listening, managing a problem situation, problem management, altering poor skills that sustain problems, and bringing about a changed philosophy of life.

Six central mind skills are: creating rules, perceptions, self-talk, visual images, explanations and expectations. Five main ways of sending communication and action messages are: verbal, vocal, bodily, touch and action-taking messages. Essential skills contain common factors that characterize successful counselling. Such skills can vary according to clients’ circumstances and problems.

Essential counselling and therapy skills are communication skills, accompanied by appropriate mental processes, offered by counsellors and therapists in order to develop collaborative working relationships with clients, identify problems, clarify and expand understanding of these problems and, where appropriate, to assist clients to develop and implement strategies for changing how they think, communicate/act and feel so that they can attain more of their human potential.

Theories of counselling and therapy underpin practice. This book aims to provide a repertoire of skills that are either influenced by or directly drawn from the humanistic-existential and cognitive-behavioural therapeutic schools. Research also influences selecting, learning and using counselling and therapy skills. Three models for viewing the role of research in counselling training and practice are the reflective practitioner, the scientist-practitioner and the practitioner-researcher. Counsellors need to make and evaluate practical hypotheses, assess their work systematically, and be good consumers of the professional and research literature.

Readers are encouraged to assume responsibility for their learning and to make the most of their training group, practical placement and supervision opportunities. Many essential counselling and therapy skills are relevant to readers improving their own effectiveness as learners.

Introduction to activities

Each chapter in this book ends with one or more activities to help you develop your knowledge and skills. You may perform these activities either in a training group, in conjunction with supervision, or on your own. You will enhance the value of this book if you undertake the activities diligently. While practice may not make perfect, it certainly can increase your competence. When doing the activities, all concerned should ensure that no one feels under pressure to reveal any personal information that she or he does not want to. To save repetition, I only mention these instructions once here and not at the start of each activity.

Activities

Activity 1.1 My thoughts about essential counselling and therapy skills

Answer the following questions.

- 1 Do you consider yourself to be training to become a counsellor, a therapist or something else?
- 2 To what extent do you consider counselling and therapy are similar or different and why?
- 3 Critically discuss the definition of counselling and therapy skills provided here.
- 4 What is your reaction to the idea that internal mind skills heavily influence external counsellor and therapist communication?
- 5 What are good reasons for considering some counselling and therapy skills as more essential than others?
- 6 What theoretical orientation or orientations do you favour and why?
- 7 What is the relevance of research to the training and practice of counsellors and therapists?
- 8 Critically discuss the practitioner-researcher model for counsellors and therapists.
- 9 In what ways, if any, might you sabotage how well you learn counselling and therapy skills and how can you prevent this from happening?
- 10 Think of some ways in which you can assume responsibility for getting the most out of your experience of learning counselling and therapy skills and write them down for future reference.