Counselling for Depression
Competency Framework

September 2010
Introduction

This document details the competences that staff delivering Counselling for Depression need to demonstrate to work in IAPT services. The work to derive these competences was commissioned by the Improving Access to Psychological Therapies (IAPT) programme.

The updated NICE Guidelines for Depression (available at www.nice.org.uk) indicate that these therapies are all effective treatments for depression. In November 2009, the IAPT programme embraced this advice and committed to making these therapies available in IAPT services.

The publication of the competency frameworks, for the modalities additional to the previously published framework for Cognitive Behavioural Therapy (CBT), is a key milestone for the programme.

You can find out more about the Improving Access to Psychological Therapies Programme and download all the competency frameworks by visiting www.iapt.nhs.uk

While NICE recommends a range of interventions, based on a wide-ranging evidence base, for the treatment of depression, choice of therapy and treatment should be made at a local level with the full involvement of the patient, supported by good quality patient information.
Counselling for depression is a manualised form of psychological therapy as recommended by NICE (NICE, 2009) for the treatment of depression. It is particularly appropriate for people with persistent sub-threshold depressive symptoms or mild to moderate depression where 6 – 10 sessions are recommended over a period of 8 – 12 weeks (NICE, 2009). However, assessing the severity of depression is not always straightforward, and in clinical services people with more severe depression may be referred to counsellors. In such cases up to 20 sessions of counselling are recommended.

Counselling for depression is derived from the Humanistic competence framework devised by Roth, Hill and Pilling (2009). This framework was developed using therapy manuals from randomised controlled trials, and exemplar texts which have impacted significantly on practice, ensuring that the therapeutic competences are closely aligned to the evidence-base and hence predictive of good outcomes for patients. The specific area of humanistic practice on which the counselling for depression competences are based is termed person-centred/experiential therapy (Mearns and Thorne, 2007; Elliott et al, 2004).

This modality targets the emotional problems underlying depression along with the intrapersonal processes (such as excessive self-criticism) which often maintain depressed mood. The therapy aims to help patients contact underlying feelings, make sense of them and reflect on the new meanings which emerge. It is a manualised model of practice specifically devised for counsellors working in the IAPT programme.
**Why identify competences?**

The IAPT programme involves delivering high quality treatments, and this requires competent practitioners who are able to offer effective interventions. Identifying individuals with the right skills is important, but not straightforward.

Within the NHS, a wide range of professionals deliver psychological therapies, but there is no single profession of ‘psychological therapist’. Most practitioners have a primary professional qualification, but the extent of training in psychological therapy varies between professions, as does the extent to which individuals have acquired additional post-qualification training. This makes it important to take a different starting point, identifying what competences are needed to deliver good-quality therapies, rather than simply relying on job titles to indicate proficiency.

The development of the competences needs to be seen in the context of the development of National Occupational Standards (NOS), which apply to all staff working in health and social care. There are a number of NOS that describe standards relevant to mental health workers, downloadable at the Skills for Health website (www.skillsforhealth.org.uk).

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A competent clinician brings together knowledge, skills and attitudes. It is this combination that defines competence; without the ability to integrate these areas, practice is likely to be poor.

Clinicians need background knowledge relevant to their practice, but it is the ability to draw on and apply this knowledge in clinical situations that marks out competence. Knowledge helps the practitioner understand the rationale for applying their skills; to think not just about how to implement their skills, but also why they are implementing them.

Beyond knowledge and skills, the therapist’s attitude and stance to therapy are also critical – not just their attitude to the relationship with the client, but also to the organisation in which therapy is offered, and the many cultural contexts within which the organisation is located (which includes a professional and ethical context, as well as a societal one). All of these need to be held in mind by the therapist, since all have a bearing on the capacity to deliver a therapy that is ethical, conforms to professional standards, and which is appropriately adapted to the client’s needs and cultural contexts.
Competency Map Explained

The Competency Map
The competency map for each of the modalities organises the competences into a number of domains and shows the different activities which, taken together, constitute each domain. Each activity is made up of a set of specific competences. The maps show the ways in which the activities fit together and need to be ‘assembled’ in order for practice to be proficient. The descriptions below give details of the competences associated with each of these activities.

Generic Therapeutic Competences
Generic competences are employed in all psychological therapies, reflecting the fact that all psychological therapies, share some common features. For example, therapists using any accepted theoretical model would be expected to demonstrate an ability to build a trusting relationship with their clients, relating to them in a manner that is warm, encouraging and accepting. They are often referred to as ‘common factors’.

Basic Competences
Basic competences establish the structure for therapy and form the context and structure for the implementation of a range of more specific techniques. This domain contains a range of activities that are basic in the sense of being fundamental areas of skill; they represent practices that underpin the modality.

Specific Techniques
These competences are the core technical interventions employed in the therapy. Not all of these would be employed for any one individual, and different technical emphases would be deployed for different problems.

Metacompetences
Metacompetences are common to all therapies, and broadly reflect the ability to implement an intervention in a manner which is flexible and responsive. They are overarching, higher-order competences which practitioners need to use to guide the implementation of therapy across all levels of the model.

Competence Map Key:
- The competences in each of the framework maps are colour coded under each of the headings above.
- The maps outline the competences under each heading and also group some key competences, that are fundamental components in demonstrating competence in that modality.
## Counselling for Depression Competency Map

### Generic Therapeutic Competences

- Knowledge and understanding of depression and mental health problems
- Knowledge of, and ability to operate within, professional and ethical guidelines
- Knowledge of a model of therapy, and the ability to understand and employ the model in practice, including the treatment of depression
- Ability to engage client
- Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'
- Ability to work with the emotional content of sessions
- Ability to manage endings
- Ability to undertake generic assessment (including relevant history and identifying suitability for intervention)
- Ability to assess and manage risk of self-harm
- Ability to work with difference ('cultural competence')
- Ability to make use of supervision
- Ability to use measures to guide therapy and monitor outcomes

### Basic Counselling for Depression Competences

- Knowledge of the basic assumptions and principles of counselling
- Ability to initiate therapeutic relationships
- Ability to explain and demonstrate the rationale for counselling
- Ability to work with the client to establish a therapeutic aim
- Ability to maintain and develop therapeutic relationships
- Ability to experience and communicate empathy
- Ability to experience and to communicate a fundamentally accepting attitude to clients
- Ability to maintain authenticity in the therapeutic relationship
- Ability to conclude the therapeutic relationship

### Specific Counselling for Depression Competences

- Approaches to work with emotions and emotional meaning
- Ability to help clients access and express emotions
- Ability to help clients articulate emotions
- Ability to help clients reflect on and develop emotional meanings
- Ability to help clients make sense of experiences that are confusing and distressing

### Metacompetences

#### Generic metacompetences

- Capacity to use clinical judgment when implementing treatment models in a flexible coherent manner
- Capacity to adapt interventions in response to client feedback

#### Counselling metacompetences

- Metacompetences specific to counselling for depression
Knowledge and understanding of depression and mental health problems

- During assessment and when carrying out interventions, an ability to draw on knowledge of common mental health problems and their presentation, particularly depression.
- An ability to draw on knowledge of the factors associated with the development and maintenance of mental health problems.
- An ability to draw on knowledge of the usual pattern of symptoms associated with mental health problems.
- An ability to draw on knowledge of the ways in which mental health problems can impact on functioning (e.g., maintaining intimate, family, and social relationships, or the capacity to maintain employment and study).
- An ability to draw on knowledge of the impact of impairments in functioning on mental health.
- An ability to draw on knowledge of mental health problems to avoid escalating or compounding the client’s condition when their behaviour leads to interpersonal difficulties which are directly attributable to their mental health problem.

Knowledge of depression

- An ability to draw on knowledge of the cluster of symptoms associated with a diagnosis of depression:
  - depressed mood most of the day
  - marked loss of interest or pleasure in daily activities
  - sleep problems
  - loss of appetite and significant loss of weight
  - fatigue/exhaustion
  - difficulties getting to sleep or excessive sleep
  - psychomotor agitation (feeling restless or agitated) or psychomotor retardation (feeling slowed down)
  - feelings of worthlessness or excessive guilt
  - low self-confidence
  - difficulties in thinking/concentrating and/or indecisiveness
  - recurrent thoughts of death, suicidal ideation, suicidal intent (with or without a specific plan)

- An ability to draw on knowledge:
  - that a diagnosis of depression is based on the presence of a subset of these symptoms
  - that of these symptoms, depressed mood; loss of interest or pleasure; and fatigue are central
  - that symptoms need to be present consistently over time (e.g., DSM-IV-TR criteria specify two weeks, ICD-10 criteria specify one month)

- An ability to draw on knowledge of the diagnostic criteria for all mood disorders (including minor depression/dysthmic disorder and bipolar disorder) and to be able to distinguish between these presentations

- An ability to draw on knowledge of the incidence and prevalence of depression, and the conditions that are commonly comorbid with depression

- An ability to draw on knowledge of the patterns of remission and relapse/recurrence associated with depression

- An ability to draw on knowledge of factors which are associated with an increased vulnerability to depression e.g.:
  - developmental risk factors (e.g., temperament)
  - quality of early experience with parents or significant others
  - quality of relationships with partner, family and significant others
  - quality of current social relationships
  - social isolation
  - major adverse life-events (e.g., childhood abuse or neglect, financial loss, unemployment, separation from a partner, bereavement, retirement)
  - major life-transitions (e.g., becoming a parent)
  - acute and chronic physical illness (both in the client and in significant others)
- An ability to draw on knowledge of the impact of depressive symptoms on the client's functioning (e.g. in interpersonal and work domains), and the fact that difficulties in functioning can (in turn) contribute to depressive symptoms

- An ability to draw on knowledge of the evidence for the effectiveness of psychological and psychopharmacological interventions for depression, and their effectiveness in combination

- An ability to draw on knowledge of the ways in which depression is conceptualised within the model of therapy being adopted

Knowledge of of, and ability to operate within, professional and ethical guidelines

Knowledge of guidelines

- An ability to maintain awareness of national and local codes of practice which apply to all staff involved in the delivery of healthcare, as well as any codes of practice which apply to the counsellor as a member of a specific profession.

- An ability to take responsibility for maintaining awareness of legislation relevant to areas of professional practice in which the counsellor is engaged (specifically including the Mental Health Act, Mental Capacity Act, Human Rights Act, Data Protection Act).

Application of professional and ethical guidelines

- An ability to draw on knowledge of relevant codes of professional and ethical conduct and practice in order to apply the general principles embodied in these codes to each piece of work being undertaken, in the areas of:
  - obtaining informed consent for interventions from clients
  - maintaining confidentiality, and knowing the conditions under which confidentiality can be breached
  - safeguarding the client's interests when co-working with other professionals as part of a team, including good practice regarding inter-worker/inter-professional communication

- competence to practice, and maintaining competent practice through appropriate training/professional development

- recognition of the limits of competence and taking action to enhance practice through appropriate training/professional development

- protecting clients from actual or potential harm from professional malpractice by colleagues by instituting action in accordance with national and professional guidance

- maintaining appropriate standards of personal conduct for self:
  - a capacity to recognise any potential problems in relation to power and 'dual relationships' with clients, and to desist absolutely from any abuses in these areas
  - recognising when personal impairment could influence fitness to practice, and taking appropriate action (e.g. seeking personal and professional support and/or desisting from practice)

Knowledge of a model of therapy, and the ability to understand and employ the model in practice, including the treatment of depression

- An ability to draw on knowledge of factors common to all therapeutic approaches:
  - supportive factors:
    o a positive working relationship between counsellor and client characterised by warmth, respect, acceptance and empathy, and trust
    o the active participation of the client
    o counsellor expertise
    o opportunities for the client to discuss matters of concern and to express their feelings
• learning factors:
  o advice
  o correctional emotional experience
  o feedback
  o exploration of internal frame of reference
  o changing expectations of personal effectiveness
  o assimilation of problematic experiences

• action factors:
  o behavioural regulation
  o cognitive mastery
  o encouragement to face fears and to take risks
  o reality testing
  o experience of successful coping

• An ability to draw on knowledge of the principles which underlie the intervention being applied, using this to inform the application of the specific techniques which characterise the model.

• An ability to draw on knowledge of the principles of the intervention model in order to implement therapy in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included.

Ability to engage client

• While maintaining professional boundaries, an ability to show appropriate levels of warmth, concern, confidence and genuineness, matched to client need.
• An ability to engender trust.
• An ability to develop rapport.
• An ability to adapt personal style so that it meshes with that of the client.
• An ability to recognise the importance of discussion and expression of client’s emotional reactions.
• An ability to adjust the level of in-session activity and structuring of the session to the client’s needs.
• An ability to convey an appropriate level of confidence and competence.
• An ability to avoid negative interpersonal behaviours (such as impatience, aloofness, or insincerity).

Ability to foster and maintain a good therapeutic alliance, and to grasp the client’s perspective and world view’

Understanding the concept of the therapeutic alliance

• An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
  • the relationship or bond between counsellor and client
  • consensus between counsellor and client regarding the techniques/methods employed in the therapy
  • consensus between counsellor and client regarding the goals of therapy

• An ability to draw on knowledge that all three components contribute to the maintenance of the alliance.
Knowledge of counsellor factors associated with the alliance

- An ability to draw on knowledge of counsellor factors which increase the probability of forming a positive alliance:
  - being flexible and allowing the client to discuss issues which are important to them
  - being respectful
  - being warm, friendly and affirming
  - being open
  - being alert and active
  - being able to show honesty through self-reflection
  - being trustworthy

- Knowledge of counsellor factors which reduce the probability of forming a positive alliance:
  - being rigid
  - being critical
  - making inappropriate self-disclosure
  - being distant
  - being aloof
  - being distracted
  - making inappropriate use of silence

Capacity to develop the alliance

- An ability to listen to the client’s concerns in a manner which is non-judgmental, supportive and sensitive, and which conveys a comfortable attitude when the client describes their experience.
- An ability to ensure that the client is clear about the rationale for the intervention being offered.
- An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is skeptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities.
- An ability to help the client express any concerns or doubts they have about the therapy and/or the counsellor, especially where this relates to mistrust or skepticism.
- An ability to help the client articulate their goals for the therapy, and to gauge the degree of congruence in the aims of the client and counsellor.

Capacity to grasp the client’s perspective and ‘world view’

- An ability to apprehend the ways in which the client characteristically understands themselves and the world around them.
- An ability to hold the client’s world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions.
- An ability to hold the client’s world view in mind, while retaining an independent perspective and guarding against identification with the client.
Capacity to maintain the alliance

- An ability to recognise when strains in the alliance threaten the progress of therapy.

- An ability to deploy appropriate interventions in response to disagreements about tasks and goals:
  - an ability to check that the client is clear about the rationale for treatment and to review this with them and/or clarify any misunderstandings.
  - an ability to help clients understand the rationale for treatment through using/drawing attention to concrete examples in the session.
  - an ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement over these factors).

- An ability to deploy appropriate interventions in response to strains in the bond between counsellor and client:
  - an ability for the counsellor to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client.
  - an ability for the counsellor to acknowledge and accept their responsibility for their contribution to any strains in the alliance.
  - where the client recognises and acknowledges that the alliance is under strain, an ability to help the client make links between the rupture and their usual style of relating to others.
  - an ability to allow the client to assert any negative feelings about the relationship between the counsellor and themselves.
  - an ability to help the client explore any fears they have about expressing negative feelings about the relationship between the counsellor and themselves.

Ability to work with emotional content of sessions

- An ability to facilitate the processing of emotions by the client – to acknowledge and contain emotional levels that are too high (e.g., anger, fear, despair) and contact emotions when levels are too low (e.g., apathy, low motivation).

- An ability to work effectively with emotional issues that interfere with effective change (e.g., hostility, anxiety, excessive anger, avoidance of strong affect).

- An ability to help the client access differentiate and experience his/her emotions in a way that facilitates change.

Ability to manage endings

- An ability to signal the ending of the intervention at appropriate points during the therapy (e.g., when agreeing the treatment contract, and especially as the intervention draws to close) in a way which acknowledges the potential importance of this transition for the client.

- An ability to help client discuss their feelings and thoughts about endings and any anxieties about managing alone.

- An ability to review the work undertaken together.

- An ability to say goodbye.

Ability to undertake a generic assessment (including relevant history and identifying suitability for intervention)

- An ability to obtain a general idea of the nature of the client’s problem.

- An ability to elicit information regarding psychological problems, diagnosis, past history, present life situation, attitude about and motivation for therapy.

- An ability to gain an overview of the client’s current life situation, specific stressors and social support.

- An ability to assess the client’s coping mechanisms, stress tolerance, and level of functioning.
• An ability to help the client identify/select target symptoms or problems, and to identify which are the most distressing and which the most amenable to intervention.

• An ability to help the client translate vague/abstract complaints into more concrete and discrete problems.

• An ability to assess and act on indicators of risk (of harm to self or others and the ability to know when to seek advice from others).

• An ability to gauge the extent to which the client can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves).

• An ability to gauge the client’s motivation for a psychological intervention.

• An ability to discuss treatment options with the client, making sure that they are aware of the options available to them, and helping them consider which of these options they wish to follow.

• An ability to identify when psychological treatment might not be appropriate or the best option, and to discuss with the client (e.g. the client’s difficulties are not primarily psychological, or the client indicates that they do not wish to consider psychological issues) or where the client indicates a clear preference for an alternative approach to their problems (e.g. a clear preference for medication rather than psychological therapy).

Ability to assess and manage risk of self-harm

• An ability to draw on knowledge of indicators of self-harm, and to integrate research/actuarial evidence) with a structured clinical assessment and the exercise of professional judgment in appraising risk

• An ability to draw on knowledge of the limitations of using risk factors to predict self-harm:
  • that risk factors identify high risk groups rather than individuals
  • that because suicide is a relatively rare event it is difficult to predict at the level of the individual:
    • even where accurate systems of prediction are employed these will incorrectly identify a substantial number of individuals as possible suicides
    • that because most risk factors relate to long-term risk they are less helpful in prediction in the short-term or immediate clinical situation

• An ability to draw on knowledge that individuals with a history of prior suicide have a markedly elevated risk of self-harm

• An ability to draw on knowledge of factors associated with an elevated risk of self-harm that apply across the population:
  • childhood adversity
  • experience of a number of adverse life-events (including sexual abuse)
  • a family history of suicide
  • a history of self-harm
  • seriousness of previous episodes of self-harm
  • previous hospitalisation
  • mood disorders
  • substance use disorder
  • a diagnosis of personality disorder
  • anxiety disorder (particularly PTSD)
  • a psychotic disorder (e.g. a diagnosis of schizophrenia or bipolar disorder)
  • presence of chronic physical disorders
  • bereavement or impending loss (where psychological problems preceded the bereavement)
  • relationship problems and relationship breakdown
  • severe lack of social support
  • socio-economic factors e.g.
    • people who are disadvantaged in socio-economic terms
    • people who are single or divorced
    • people who are living alone
    • people who are single parents
• An ability to draw on knowledge that individuals with depression have a significantly elevated lifetime risk of suicide

• An ability to draw on knowledge that the risk of suicide is highest relatively early in a depressive episode, and less likely during periods of remission

• An ability to draw on knowledge that hopelessness (negative expectations of the future) may be a more important marker of risk than the severity of depression

• An ability to draw on knowledge that the combination of depression, hopelessness and continuing suicidal intent represents a marker of elevated risk

• An ability to assess the client’s strengths and resources by asking them about:
  • external resources (e.g. relationship with care services, self help groups, local associations)
  • supportive relationships (e.g. a partner or close friend who they trust and can confide in)
  • personal resources (e.g. ability to suggest ways of managing their present difficulties)
  • previous patterns of coping (i.e. how they coped with potentially stressful events in the past)

**Assessing risk in individuals who have self-harmed**

• An ability to draw on knowledge that the risk of suicide is particularly elevated in the three months following attempted suicide, and that this risk remains elevated in the longer-term.

• An ability to draw on knowledge that the risk of suicide is elevated if the following factors are present, and the person:
  • has a history of previous attempts
  • used a violent method in their attempt
  • left a suicide note
  • is older (45 and over)
  • is male
  • is living alone
  • is separated, widowed or divorced
  • is unemployed
  • is in poor physical health

• An ability to undertake an assessment which aims
  • to understand the social, psychological and motivational factors specific to the act of self-harm
  • to assess the degree of suicidal intent:
    • to assess current suicidal intent and hopelessness
    • to assess current mental health and social needs

• An ability to convey a nonjudgmental and tolerant attitude when discussing self-harm with the client

• An ability, where required, to ask direct questions to clarify an understanding of the attempt, and the extent of suicidal intent

• An ability to work with the client to develop a detailed sequential account of the period leading up to self-harm, in order to identify the events which precipitated it
• An ability to work with the client in order to assess the degree of suicidal intent e.g.:
  • whether the event was impulsive or planned
  • whether the client was alone, whether someone was present or within easy access, whether the client was likely to be found soon after the attempt
  • whether any steps were taken either to prevent or to ensure discovery
  • if alcohol or drugs were taken prior to or during the attempt, and the intent and/or impact of taking these substances on the attempt
  • client’s expectations regarding the lethality of the drugs or injury
  • presence of a suicide note (including recorded and text messages)
  • the client’s efforts to obtain help after the event

• An ability to ask about previous acts of self harm (including the circumstances and the level of intent)

Use of standardised scales to assess risk of self-harm
• An ability to draw on knowledge that if a standardised risk assessment scale is used to assess risk, this should be used only to aid in the identification of people at high risk of repetition of self-harm or suicide

• An ability to administer and interpret standardised measures for assessing suicidality and hopelessness (e.g. Suicide Intent Scale, Suicide Assessment Checklist, Beck Hopelessness Scale (etc))

Management of risk of self-harm
• An ability to draw on knowledge of local and national protocols (e.g. NICE 2004) for the management of self-harm, and an ability to ensure that actions taken comply with these protocols

• An ability to draw on knowledge of relevant legislation (e.g. Mental Health Act, Mental Capacity Act) when considering admission of a client who is considered to represent a significant risk to themselves (but is not willing to receive treatment)

• An ability to identify and manage ethical issues in relation to risk management e.g.:
  • the management of actively suicidal clients who refuse intervention
  • decisions regarding the involvement of relatives

• An ability to ensure that (so far as is possible) the client is involved in decisions regarding any actions to be taken to manage risk

• An ability to draw up an appropriate plan of action which specifies the ways in which risk will be managed, and is tailored to the needs of the individual

• Where there is a clear risk of repetition, an ability to draw up a plan which is maintained over an extended period (e.g. 3 months) and which includes:
  • frequent access to a therapist when needed
  • home treatment when necessary
  • telephone contact
  • outreach (which include active follow-up when appointments are missed)

• An ability to liaise with and refer to any relevant colleagues and services who need to be involved in delivering the plan of action, or who need to be aware of its content

• Where plans for the management of risk are compatible with the maintenance of the therapeutic contract, an ability to integrate the management of risk with the current intervention
  • an ability to make appropriate modifications to a treatment contract in order to ensure that it includes elements focus on the management of risk (e.g. a problem-solving orientation focused on identifying potential crises and the strategies for avoiding or resolving these)
• An ability to seek supervision and/or consult with colleagues in relation to decisions regarding risk-management

Ability to maintain a record of assessments and plans for managing risk

• An ability to maintain a clear and detailed record of any assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information
• An ability to communicate (verbally and in writing) with relevant clinicians and services in order ensure that all individuals or services involved in the management of risk are appropriately informed
  • an ability to draw on knowledge of the conditions under which confidentiality can be breached in support of the management of risk, and the national and profession-specific guidance which addresses this issue

Ability to work with difference (cultural competence)

Although it is common (and appropriate) to think about ‘difference’ in relation to specific demographic groups, this may be a somewhat narrow perspective. There are many ways in which both therapists and their clients could be ‘different’, partly because some areas of difference will not be immediately apparent, and also because it is the individual’s sense of their difference that is important. On this basis almost any therapeutic encounter requires the therapist to consider the issue of difference.

In what follows the term ‘culture’ is sometimes used generically, so (for example) referring to an intervention as ‘culturally sensitive’ means that the intervention is responsive to the demographic group to which it is applied.

• An ability to draw on knowledge that the term ‘difference’ refers to the individualised impact of background, lifestyle, beliefs or religious practices
• An ability to draw on knowledge that the demographic groups included in discussion of ‘difference’ are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area
• An ability to draw on knowledge that clients will often be a member of more than one “group” (for example, a gay man with disabilities, or an older adult from a minority ethnic community), and that as such, the implications of different combinations of difference needs to be held in mind by therapists
• An ability to maintain an awareness of the potential significance for practice of social and cultural difference across a range of domains, but including:
  • ethnicity
  • culture
  • class
  • religion
  • gender
  • age
  • disability
  • sexual orientation
• For all clients with whom the therapist works, an ability to draw on knowledge of the relevance and potential impact of social and cultural difference on the effectiveness and acceptability of an intervention
• Where clients from a specific minority culture or group are regularly seen within a service, an ability to draw on knowledge of that culture or area of difference
• An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:
  • language
  • marginalisation
  • mistrust of statutory services
  • lack of knowledge about how to access services
  • different cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care

IAPT Programme - Competency Frameworks for Non-CBT Therapies
• stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe
• stigma or shame and/or fear associated with being diagnosed with a mental health disorder
• preferences for gaining support via community contacts/contexts rather than through ‘conventional’ referral routes (such as the GP)

• An ability for therapists of all cultural backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the client, the client’s problem, and the therapy relationship

• An ability to take an active interest in the cultural background of clients, and hence to demonstrate a willingness to learn about the client’s cultural perspective(s) and world view

• An ability to work collaboratively with the client in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations, for:
  • the therapeutic relationship
  • the ways in which problems are described and presented by the client
    • an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant
    • an ability to apply this knowledge in a manner that is sensitive to the ways in which individual clients interpret their own culture (and hence recognises the risk of culture-related stereotyping)

• An ability to take an active and explicit interest in the client’s experience of difference:
  • to help the client to discuss and reflect on their experience of difference
  • to identify whether and how this experience has shaped the development and maintenance of the client’s presenting problems

• An ability to discuss with the client the ways in which individual and family relationships are represented in their culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of therapy

• An ability to ensure that standardised assessments/measures are employed and interpreted in a manner which is culturally-sensitive e.g.:
  • if the measure is not available in the client’s first language, an ability to take into account the implications of this when interpreting results
  • if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
  • if standardisation data (norms) is not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

• An ability to draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of cultural competence on the efficacy of psychological interventions

• Where there is evidence that social and cultural difference is likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the therapy and/or the manner in which therapy is delivered, with the aim of maximising its potential benefit to the client

• An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:
  • if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community
• if there is evidence that clients from a given community respond poorly to certain evidence-based approaches

• Where the therapist does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the therapy
  • where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client

Ability to make use of supervision

• An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment clients receive.

An ability to work collaboratively with the supervisor

• An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors).
• An ability to help the supervisor be aware of your current state of competence and your training needs.
• An ability to present an honest and open account of clinical work undertaken.
• An ability to discuss clinical work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive.
• An ability to present clinical material to the supervisor in a focussed manner, selecting the most important and relevant material.

Capacity for self-appraisal and reflection

• An ability to reflect on the supervisor's feedback and to apply these reflections in future work.

Capacity for active learning

• An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into clinical practice.
• An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into clinical practice.

Capacity to use supervision to reflect on developing personal and professional role

• An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of clinical work.
• An ability to use supervision to reflect on the impact of clinical work in relation to professional development.

Capacity to reflect on supervision quality

• An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:
  • there is concern that supervision is below an acceptable standard
  • where the supervisor’s recommendations deviate from acceptable practice
  • where the supervisor’s actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)
Ability to use measures to guide therapy and to monitor outcomes

Knowledge of measures

- An ability to draw on knowledge of commonly used questionnaires and rating scales used with people with depression

Ability to interpret measures

- An ability to draw on knowledge regarding the interpretation of measures (e.g. basic principles of test construction, norms and clinical cut-offs, reliability, validity, factors which could influence (and potentially invalidate) test results)

- An ability to be aware of the ways in which the reactivity of measures and self-monitoring procedures can bias client report

Knowledge of self-monitoring

- An ability to draw on knowledge of self-monitoring forms developed for use in specific interventions (as published in articles, textbooks and manuals)

- An ability to draw on knowledge of the potential advantages of using self-monitoring:
  - to gain a more accurate concurrent description of the client’s state of mind (rather than relying on recall)
  - to help adapt the intervention in relation to client progress
  - to provide the client with feedback about their progress

- An ability to draw on knowledge of the potential role of self-monitoring:
  - as a means of helping the client to become an active, collaborative participant in their own therapy by identifying and appraising how they react to events (in terms of their own reactions, behaviours, feelings and cognitions)

- An ability to draw on knowledge of measurement to ensure that procedures for self-monitoring are relevant (i.e. related to the question being asked), valid (measuring what is intended to be measured) and reliable (i.e. reasonably consistent with how things actually are)

Ability to integrate measures into the intervention

- An ability to use and to interpret relevant measures at appropriate and regular points throughout the intervention, with the aim of establishing both a baseline and indications of progress

- An ability to share information gleaned from measures with the client, with the aim of giving them feedback about progress

- An ability to establish an appropriate schedule for the administration of measures, avoiding over-testing, but also aiming to collect data at more than one timepoint

Ability to help clients use self-monitoring procedures

- An ability to construct individualised self-monitoring forms, or to adapt ‘standard’ self-monitoring forms, in order to ensure that monitoring is relevant to the client

- An ability to work with the client to ensure that measures of the targeted problem are meaningful to the client (i.e. are chosen to reflect the client’s perceptions of the problem or issue)

- An ability to ensure that self-monitoring includes targets which are clearly defined and detailed, in order that they can be monitored/recorded reliably

- An ability to ensure that the client understands how to use self-monitoring forms (usually by going through a worked example during the session)

Ability to integrate self-monitoring into the intervention

- An ability to ensure that self-monitoring is integrated into the therapy, ensuring that sessions include the opportunity for regular and consistent review of self-monitoring forms

- An ability to guide and to adapt the therapy in the light of information from self-monitoring
Basic Competences

Knowledge of the basic assumptions and principles of counselling

Knowledge of the philosophy and principles that inform the therapeutic approach

- An ability to draw on knowledge that the person-centred model assumes:
  - the centrality of 'experiencing' (i.e. thinking, perceiving, sensing, remembering, and feeling, along with the inherent meanings and actions associated with these modes of experience)
  - that people are essentially relational beings and are best helped through authentic, person-to-person relationships
  - that human beings are free to act in relation to their worlds, and consequently therapeutic change will be largely founded on self-determination and self-direction
  - that the diversity of human experience is to be valued and treated equally
  - the centrality of the assumption that people are motivated towards self-maintenance, psychological growth and development, and hence the realisation of their potential
  - that the process of psychological growth and self-development operates throughout the life span

- An ability to draw on knowledge that human experience can be viewed from multiple perspectives (e.g. intrapersonal, interpersonal, contextual, cultural and spiritual) and that as a consequence the sum of a person’s experience is greater than each of these parts.
• An ability to draw on knowledge that people have the potential to develop a ‘reflexive stance’, allowing them to:
  • expand self-awareness
  • reconstrue experiences
  • make changes to their ways of functioning and living

Knowledge of the person-centred conditions for, and goals of, therapeutic change
• An ability to draw on knowledge that responding empathically to clients increases their self-understanding and reduces their sense of isolation and alienation
• An ability to draw on knowledge that to offer a warm, accepting and non-judgemental attitude reduces defensiveness in the client and increases contact with the experiencing self
• An ability to draw on knowledge that being genuine and transparent increases levels of trust and models psychological health
• An ability to draw on knowledge that change is more likely when:
  • counsellor and client are in ‘psychological contact’:
    o that counsellor and client are aware of and respond to each other’s presence
    o that counsellor and client are able to communicate and relate to each other
  • mutual understanding exists between counsellor and client
  • the client collaborates with the counsellor to decide the course and content of the therapy
• An ability to draw on knowledge of person-centred theories of therapeutic process, particularly that:
  • when clients experience themselves as fully accepted and understood by the counsellor this helps them to move from psychological rigidity towards greater fluidity and hence to change:
  • from being unaware of their own emotional experiencing towards fuller awareness and expression of feelings in the present moment
  • from being unaware of firmly held beliefs about oneself and the world towards a position where these beliefs are recognised, evaluated and, where appropriate, revised
  • from a lack of integration towards greater unity of experiencing
  • from an inflexible evaluation of experience (e.g. ‘all or nothing thinking’) towards an appreciation of the complexity of experience
  • from not recognising psychological difficulties towards experiencing problems fully and subjectively in the present moment
  • from externalising experience towards a greater sense of self-responsibility and ownership of experience
  • from inflexibility in interpersonal relationships towards greater flexibility

Knowledge of the PCE conceptualisation of depression
• An ability to draw on knowledge that PCE counselling conceptualises depression as resulting from particular types of emotional experience, emotional processes and ways of construing the self
• An ability to draw on knowledge that PCE counselling views difficulty in the regulation of emotions as a process associated with depression:
  • where emotions are over-regulated and hence difficult to contact, leading to a sense of numbness
  • where emotions are under-regulated, experienced as overwhelming and impair the client’s ability to function
• An ability to draw on knowledge that emotional regulation is shaped by early attachment experiences
• An ability to draw on knowledge that depression can result from the client’s inability to experience primary adaptive emotions that:
  • are fundamental reactions to a situation
  • are irreducible to any other feeling
  • promote a useful orientation to the world and to problem-solving
• An ability to draw on knowledge that depression can result from secondary emotional reactions:
  • feelings which serve to obscure primary emotions and are a learned response to these feelings (e.g. as a means of replacing a feeling that is experienced as unacceptable)
• An ability to draw on knowledge that depression can result from the experiencing of maladaptive emotion:
  • long-established, core feelings (such as feeling abandoned or worthless) that (because they do not map to the current situation) do not help the person to grow and develop
• An ability to draw on knowledge that depression may result when the relationship between different aspects of the self is hostile (e.g. where a person experiences a punitive “inner critic”) or oppressive (e.g. where an aspect of the self is suppressed or silenced):
  • where these conflicts between aspects of the self leads to:
    o a lack of ready access to feelings
    o significant emotional pain
    o the blocking of primary emotional responses
    o the client feeling stuck and unable to take adaptive action
    o a sense of hopelessness
    o intense feelings of worthlessness
• An ability to draw on knowledge that depression is associated with discrepancies between different aspects of the self, particularly:
  • where there is discrepancy between a person’s sense of who they are and their sense of who they would like to be
  • where there is discrepancy between a person’s sense of who they are and their sense of who others think they should be
• An ability to draw on knowledge that a reduction in the discrepancies between these aspects of the self is associated with reductions in depressive symptoms

Ability to initiate therapeutic relationships

Ability to explain and demonstrate the rationale for counselling
• An ability to provide a concise and coherent description of the therapy for clients:
  • an ability to communicate the central belief in the client’s capacity to discover inner resources for growth and problem-resolution
• An ability for the counsellor to convey the position they intend to adopt in relation to the client:
  • to develop a collaborative relationship with the client that aims to share power equally
  • to hold an accepting attitude
  • to be genuine and open
  • to engage with the client in a deeply relational manner
• An ability for the counsellor to describe what they hope will emerge from the process of therapy:
  • that discussing problems can lead to a sense of emotional relief and a reduction in feelings of isolation
  • that therapy is likely to increase contact with feelings and that at times this may be experienced as difficult and upsetting
  • that therapy can lead to the development of new awareness and understanding, and to new forms of action and behaviour
• An ability to help clients discuss their expectations of the therapy and help them to identify outcomes which are achievable
• An ability to clarify the responsibilities of the counsellor and those of the client in the therapeutic relationship

**Ability to work with the client to establish a therapeutic aim**
• An ability to understand the ways in which the client views their main presenting difficulties:
  • an ability for the counsellor to track those areas that are emotionally significant for the client
  • an ability to understand the significance of events and experiences as perceived by the client and how these might be contributing to current difficulties
• An ability to explore and locate a therapeutic focus with the client in the early stages of therapy and to adapt this focus as necessary during the course of therapy
• An ability to collaborate with the client to clarify their primary therapeutic goals
• An ability to renegotiate goals as therapy progresses
• An ability to balance the identification of therapeutic goals with the maintenance of a strong therapeutic relationship

**Ability to maintain and develop therapeutic relationships**

**Ability to experience and communicate empathy**
• An ability to maintain a consistent empathic attitude
  • to be responsive to the client’s verbal and non-verbal communication
  • to sense the emotions and perceptions of the client as if they were the counsellor’s own (while maintaining an awareness of the counsellor’s own experience)
• An ability to sense and understand those feelings and perceptions of which the client is aware, as well as those that have not yet entered the client’s awareness

• An ability to understand the potential significance of body language (i.e. facial expression, bodily posture) as indices of the client’s inner experience
• An ability to understand the potential significance of paralanguage (i.e. tone of voice, intonation, diction, cadence) as indices of the client’s inner experience
• An ability to identify inconsistencies between the client’s verbal and non-verbal behaviour
• An ability to empathise equally with all aspects of the client’s experience, even where these aspects are contradictory
• An ability to communicate empathically with the client in a way that conveys an accurate understanding of their emotions and perceptions, for example:
  • making empathic responses that the client can use constructively
  • accurately summarising and paraphrasing the client’s discourse
  • accurately reflecting the client’s feelings back to them
  • using metaphor where appropriate
• An ability for the counsellor to check that their perceptions of the client’s inner world are consistent with the client’s own experience, and to revise them in light of the client’s feedback

**Ability to experience and to communicate a fundamentally accepting attitude to clients**
• An ability to value clients regardless of their behaviour, attitudes and beliefs
• An ability to hold an attitude of consistent acceptance towards the client and to demonstrate this through a welcoming and non-judgmental attitude
• An ability to communicate genuine warmth and acceptance to the client both verbally and non-verbally
• An ability to respond to failures of unconditional positive regard (e.g. if the counsellor experiences rejecting and judgmental feelings towards the client) through self reflection and the use of supervision
• An ability for the counsellor to reflect on their own values and the ways in which these might influence their work with clients

**Ability to maintain authenticity in the therapeutic relationship**

• An ability for the counsellor to be aware of own experience in an accepting and non-evaluative manner throughout the process of building a relationship with the client
• An ability to maintain consistency between what is experienced by the counsellor and the way in which this is portrayed in the therapeutic relationship
• An ability to be fully engaged in the therapeutic relationship
• An ability to relate to the client in a non-defensive and open manner
• A capacity to tolerate and work with strong emotions
• An ability to relate to the client in a spontaneous way, where appropriate
• An ability to relate to the client without adopting a professional façade
  • An ability to demonstrate consistency between verbal and non-verbal communication
  • An ability to match outward responses to the client with the counsellor’s inner experiencing of the client
  • An ability to be aware of emotional, bodily and cognitive reactions to the client and to use these therapeutically
  • An ability to self-disclose and communicate experience of the client to the client, especially where this is:
    i) relevant to the client’s concerns
    ii) persistent or striking
    iii) likely to facilitate, rather than impede, the client’s therapeutic process

**Ability to conclude the therapeutic relationship**

• An ability to work collaboratively with clients to identify when they may be ready to end therapy, e.g.:
  • where clients begin to look back over their time in therapy
  • where clients begin to acknowledge their achievements in therapy
  • where clients begin to plan for the future
• An ability to initiate the conclusion of the therapeutic relationship when appropriate
• An ability to negotiate with the client how therapy will end
• An ability to develop with the client strategies for change and plans for action
• An ability to review with the client their progress over the course of therapy
• An ability to help clients make effective use of the ending phase of therapy:
  • an ability to help clients review their prospects for the future, taking into account their current social context and relationships
  • an ability to assist the client in expressing thoughts and feelings not previously addressed in therapy
  • an ability to help the client express feelings connected to endings, such as sadness and loss or concerns about dependency
• Where the client does not have informed choice about the timing of the ending, an ability to discuss this with them in a way which supports their progress
• An ability to explore with the client options for future therapeutic interventions should the need arise
Specific Competences

Approaches to work with emotions and emotional meaning

Ability to help clients to access and express emotions

- An ability to identify the ways in which clients manage and process their emotions, including the ability to recognise when clients are finding it difficult to access these
- An ability to help clients experience feelings which may be out of current awareness, e.g.
  - by helping clients focus their attention inwards in order to become more aware of their feelings
  - by helping clients find ways of describing emotions which seem difficult to access
  - by listening empathically for feelings that are implicit and not yet fully in awareness
  - by focusing the client’s attention on bodily sensations
  - by making empathic conjectures about feelings that have not yet been expressed
- An ability to judge when it is appropriate to help clients reduce the extent to which they avoid experiencing underlying feelings
- An ability to use methods that help clients increase contact with avoided emotion e.g.:
  - by helping clients explore what might be making it difficult for them to acknowledge and/or experience feelings
  - by identifying moments when clients seem to be having difficulty acknowledging and/or experiencing underlying feelings and drawing their attention to this
  - by helping clients explore the ways in which they avoid acknowledging and/or experiencing underlying feelings, and possible factors that may influence this e.g.:
    - previous negative experiences of expressing emotions to others
    - cultural and family attitudes to the expression of emotion
  - An ability to help clients achieve a level of emotional arousal that is optimal for exploring their feelings, e.g.:
- helping clients who are overwhelmed by feelings e.g. by offering a calming and containing presence, containing imagery, or help to self-soothe
- enabling clients who are out of touch with their feelings to increase emotional contact, for example by:
  - helping them review current concerns and focus on the most significant
  - helping them bring to mind and discuss previous episodes when they experienced heightened emotion
  - the counsellor using vivid imagery or language aimed at promoting feelings in the client
  - suggesting active methods that promote emotional expression (e.g. encouraging clients to repeat a phrase more forcefully)
- An ability to help the client differentiate between feelings that are appropriate to (and hence useful for) dealing with a current situation and those that are less helpful to them, for example,
  - because they are emotional responses relating to previous experiences rather than the present context
  - because they are reactions to other, more fundamental, emotions

Ability to help clients articulate emotions

- An ability to help the client clarify and find appropriate words to describe their emotions
- An ability to help the client verbalise the key concerns, meanings and memories which emerge out of emotional arousal
- An ability to help the client identify and verbalise the wishes, needs, behaviours and goals associated with feelings and emotions (i.e. the ‘action tendency’ inherent in emotions)
- An ability to suggest imagery and metaphor to help the client become more aware of and to articulate the meaning of their experiences
• An ability to work with images or metaphors in a way that is helpful to clients:
  • by communicating in a manner that helps clients focus on their experiencing
  • iii) by working with the client to elaborate the image or metaphor
  • ii) by checking the ‘fit’ of images or metaphors with the client’s experience

**Ability to help clients reflect on and develop emotional meanings**

• An ability to help clients explore their implicit central assumptions about self, others and the world
• An ability to help clients adapt central assumptions in the light of experience
• An ability to help the client explore alternative ways of understanding their emotional difficulties and the ways in which they experience themselves and others
• An ability to help clients explore and evaluate new perspectives on their experiences in order for them to:
  • develop alternative ways of understanding their experiences
  • revise their views of themselves
  • develop new narratives relating to themselves and their world
• An ability to help the client develop metaphors for themselves that fit with their newly-emerging experience
• An ability to help the client reflect on any new meanings that emerge:
  • to check the accuracy of meanings against experience
  • to assess the implications of the new meanings
  • to re-examine behaviour and where appropriate consider alternative forms of action

• An ability to help clients evaluate new perspectives in terms of their social context, personal values and goals in life

**Ability to help clients make sense of experiences that are confusing and distressing**

• An ability to recognise and to help clients reflect on reactions that they experience as problematic and/or incongruent (e.g. when they over- or under-react to an situation, or react in ways which they describe as being out of character)
  • an ability to help the client describe both their emotional reactions and the external situation, in ways that encourage the client:
    o to identify how they were feeling before they encountered the situation
    o to re-imagine the situation
    o to identify the moment when the reaction was triggered
    o to explore their reaction to the situation
    o to make links between their reactions and the way they construed the situation
    o to develop new ways of understanding the situation and their responses to it
Generic Metacompetences

Capacity to implement treatment models in a flexible but coherent manner

- An ability to implement a model of therapy in a manner which is flexible and which is responsive to the issues the client raises, but which also ensures that all relevant components of the model are included
- An ability to use clinical judgment in order to balance adherence to a model against the need to attend to any relational issues which present themselves
- An ability to maintain adherence to a therapy without inappropriate switching between modalities in response to minor difficulties (i.e. difficulties which can be readily accommodated by the model being applied)

Capacity to adapt interventions in response to client feedback

- An ability to accommodate issues the client raises explicitly or implicitly, or which become apparent as part of the process of the intervention:
  - an ability to respond to, and openly to discuss, explicit feedback from the client which expresses concerns about important aspects of the therapy
  - an ability to detect and respond to implicit feedback which indicates that the client has concerns about important aspects of the therapy (e.g. as indicated by non-verbal behaviour, verbal comments or significant shifts in responsiveness)
  - an ability to identify when clients have difficulty giving feedback which is ‘authentic’ (e.g. clients who respond in accordance with what they think the counsellor wishes to hear, rather than expressing their own view) and discussing this with them
- an ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining an optimal level of emotional arousal (i.e. ensuring that the client is neither remote from or overwhelmed by their feelings)

Counselling Metacompetences

Working with the whole person

- An ability, when working with clients, to maintain a holistic perspective (recognising the integral nature of intrapersonal, interpersonal, contextual, and spiritual aspects of the person)
- An ability to take fully into account the clients’ cultural and social context in order to empathise with their frame of reference

Maintaining a person-centred stance

- An ability to balance any tensions between the maintenance of the therapeutic relationship and the achievement of therapeutic tasks
- An ability to maintain a balance between directive and non-directive dimensions of the therapeutic process
- An ability for the counsellor to adopt an accepting and non-judgmental attitude towards the client while acknowledging their feelings for, and reactions to, the client

Maintaining safety in the therapeutic relationship

- An ability to balance the maintenance of a person-centred stance with the need to attend to issues of client safety and risk
- An ability to hold authority and contain the therapeutic process while sharing power appropriately with the client
- Maintaining psychological contact
An ability to establish and maintain psychological contact with the client at both explicit and implicit levels

Capacity to balance therapeutic tasks

- An ability to balance the need for warmth and acceptance with the need to be congruent and transparent with clients
- An ability to attend to both process and content in the therapeutic relationship
- An ability to balance emotional arousal with the need for understanding and meaning making in the therapeutic relationship
- An ability to balance levels of support and challenge in the therapeutic relationship
- An ability to hold in mind and to monitor the client’s emotional needs and capacities when devising and undertaking therapeutic tasks

Integrating the therapist’s experience into the therapeutic relationship

- An ability for the counsellor to make use of ‘metacommunication’ (describing the impact of the client’s behaviour and communications on them), and a capacity to:
  - judge when metacommunication might be helpful to the client
  - convey the intention behind the counsellor’s communication
  - explore the impact of the counsellor’s communication on the client
- An ability for the counsellor to recognize their own contribution to the construction of meaning in the therapeutic relationship
Acknowledgments

The competences for Counselling have been adapted from the Humanistic competence framework (Roth, Hill and Pilling, 2009) the main adaptation is their focus on working specifically with people with depression.

The full Humanistic Competence Framework can be found online at:

http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm

The work to devise the competences in this document was led by:

- Andy Hill
- Helen Coles
- Sally Aldridge
- Nancy Rowland