

# CST-L3 Support Activity for Understanding and Applying Theory for Criteria 6.2 and 6.3

The purpose of this support document is to provide activities aimed to equip candidates with the knowledge and understanding to meet the requirements of criteria:

6.2 Describe the main theoretical approaches to counselling

And

6.3 Use counselling theory to understand the client

## **Part 1**

In small groups invite candidates to “describe the main theoretical approaches to counselling”. 3 theories are sufficient e.g. Person centred, Psychodynamic, CBT. It can be overwhelming to try and cover too many theories.

Candidates need to focus on:

- The basic philosophy underpinning each theory
- The therapeutic goals of each theory
- The nature of the counsellor/client relationship for each theory

The responses from each of the small groups is shared in the large group to arrive at a coherent knowledge and understanding of each theory, appropriate to level 3.

The Theory Information Sheets (attached) are provided to clarify the requirements at this level.

## **Part 2**

Candidates watch a short film of a counselling session.

In small groups candidates use each of the theories identified in part 1, to “understand the client”. The responses from each of the small groups is shared in the large group. Candidates are supported to deepen their understanding through reflection and discussion.

It is important for candidates to realise that listing the skills used by the counsellor during the session is not enough to evidence knowledge and understanding at this level.

## Person Centred Counselling

### Definition

Person-centred counselling was created in the 1950s by American psychologist, Carl Rogers. This approach ultimately sees human beings as having an innate tendency to develop towards their full potential. However, this ability can become blocked or distorted by our life experiences - particularly those that affect our sense of value.

The core purpose of the person-centred approach is to facilitate the client's actualising tendency (self-actualisation is the belief that all humans will pursue what is best for them). This type of therapy facilitates the personal growth and relationships of an individual by allowing them to explore and utilise their own strengths and personal identity.

Key factors in this theory are the notions of self-concept and organismic self. The **self-concept** is who a person would like to be or who they think they should be. If a child has **conditions of worth** placed on them e.g., they are only deemed lovable if they behave in a certain way, the child adapts to be how they think people want them to be in order to be accepted and loved. The **organismic** or real self is who we actually are. Rogers's belief is that to be healthy there needs to be consistency between these two selves. We experience **congruence** when our thoughts about our organismic and self-concept are very similar—in other words, when our self-concept is accurate. High congruence leads to a greater sense of self-worth and a healthy, productive life.

**Conditions of Worth** are the conditions that are put upon a person **externally** by those around them and which they believe have to be in place for them to be seen as **worthy**. Typically, individuals cope with any conditional acceptance offered to them by gradually and unconsciously incorporating these conditions into their own self-image. To be anything else, or different could see them risk losing that positive regard and acceptance from others.

Over time, a person's identity - their personal judgements, meanings and experiences - can become displaced by the opinions of others. It is for this reason that person-centred counselling aims to help individuals to **self-actualise** and achieve personal growth. This is cultivated through the provision of a supportive environment where clients can strengthen and expand on their own identity and begin to separate themselves from their developed notions of how they should be.

A person-centred counsellor supports clients to move from an **external locus of evaluation** to an **internal locus of evaluation**. If someone is coming from an external locus of evaluation, they are dependent on the judgement of others for appraisal of themselves and seek approval from other people. Those coming from an internal locus of evaluation are not dependent on the judgements and opinions of others. They trust in their own judgements and do not need other's approval for self-esteem.

### **A person-centred counselling session**

The relationship between counsellor and client is equal and the client leads the sessions, being seen as the expert in their own life. The counsellor believes in the client's ability to change and self-actualise. The counsellor walks alongside the client at their own pace. They offer the three conditions which are sometimes characterised as **core conditions**:

1. **Congruence** - the counsellor must be completely genuine.
2. **Unconditional positive regard** - the counsellor must be non-judgemental and valuing of the client.
3. **Empathy** - the counsellor must strive to understand the client's experience.

If the core conditions are in place, therapeutic change is likely to take place.

Counselling is generally offered in a neutral and comfortable setting where a client can feel at ease, authentic and open to learning about themselves. In this way, the approach offers individuals the opportunity to counteract past experiences that affected conditions of worth (the circumstances under which we approve or disapprove of ourselves).

It is imperative that the client feels accepted and understood in order for them to open up and talk about and explore who they really are.

## Psychodynamic Counselling

### Definition

Psychodynamic counselling is mainly attributed to the work of Sigmund Freud, but many other therapists have further developed the concepts and application of psychodynamic theory.

The aim of psychodynamic therapy is to bring the unconscious mind into consciousness - helping individuals to unravel, experience and understand their true, deep-rooted feelings in order to resolve them. It takes the view that our unconscious holds onto painful feelings and memories, which are too difficult for the conscious mind to process. In order to ensure these memories and experiences do not surface, many people will develop defences, such as denial and projections. According to psychodynamic therapy, these defences will often do more harm than good.

Freud developed a structure of personality consisting of the id, ego and superego. The id is present from birth and is called the pleasure principle. It is the seat of impulses. It wants it and wants it now. The ego or reality principle is the socially acceptable part. It keeps the id in check. The superego is the part that keeps us on the straight and narrow. If someone had a difficult childhood, the superego can be very harsh and self-critical, denying the person pleasure and acceptance. The ego could be seen to negotiate between the id and superego, aiming to find a middle ground between being super critical and disinhibited.

Psychodynamic counselling believes that past experiences have a strong impact on present relationships and experiences and often old patterns are repeated.

Psychodynamic counselling can be short term or take place over many years.

### A Psychodynamic counselling session.

Historically the therapist was the expert, but this has moved towards a much more equal relationship with the client. The counsellor will take a full history from the client in order to understand what might be impacting on current problems and difficulties.

The counsellor maintains what is called "a blank screen", in that their own thoughts and feelings are not brought into the work. The client is encouraged to "free associate", which means to talk about whatever comes into their mind. The counsellor would try to make sense of this free association and make interpretations to the client. It is believed that old patterns of relating can be played out between the counsellor and client e.g. A client who had a punishing and critical parent may see the counsellor as punitive and critical. This is called transference. The counsellor will also interpret the transference in order to help the client understand their patterns of relating.

The psychodynamic approach is guided by the core principle that the unconscious mind harbours deep-rooted feelings and memories that can affect our behaviour and the role of the counsellor is to support the client to open up and explore unresolved issues and conflict hidden in their unconscious that are affecting their mood and behaviour.

Freud believes that people have strong defences against pain and discomfort and the psychodynamic counsellor will help a client identify and work through defences in order to deal with unresolved issues.

Some defences are:

**Rationalisation** - Justifications and excuses given to make a behaviour seem logical -- "A student fails the final he didn't study for and says... "I couldn't have passed it anyway - that teacher has it in for me."

**Projection** - Attempts to banish or "disown" unwanted and disliked thoughts, behaviours, and even "parts of self" by projecting or attributing them to someone else.

**Introjection** - The opposite of projection - subconsciously "takes in" to self an imprint (or recording) of another person including all their attitudes, messages, prejudices, expressions, even the sound of their voice, etc.

**Isolation** - Separation of memory from emotion...can remember and talk about the trauma but feels no emotion.

**Sublimation** - Redirection of impulses into socially acceptable activities -- normal and healthy, such as when the sexual impulses of adolescence is channelled into sports and competition.

**Displacement** - This defence reduces anxiety or pressure by transferring feelings toward one person to another -- commonly known as "dumping on" someone...e.g., man is mad his boss and kicks the cat when he gets home, or blows up and yells at his family.

**Repression** - Painful, frightening, or threatening emotions, memories, impulses or drives that are **subconsciously** pushed or "stuffed" deep inside.

**Conversion** - Mental conflict converted to a physical symptom... e.g., a soldier on being deployed into battle is conflicted about his desire to serve his country but believes it is wrong to kill for any reason develops paralysis, blindness, or deafness with no medical cause.

**Regression** - Behaving as if at a much younger age. In extreme cases of PTSD an adult could regress into a child-like state and curl up in a foetal position on the floor unable to communicate.

**Denial** - Unpleasant facts, emotions, or events are treated as if they are not real or don't exist. A person told that their spouse was killed in a motor vehicle accident acts as if he/ or she is still alive. (Not consciously lying).

**Splitting** - Thinking in extremes to avoid pain of reality. Things and people are seen as all good or all bad.

## **Cognitive Behavioural Therapy**

### **Definition**

Cognitive behavioural therapy also known as CBT works on the belief that thoughts, feelings and behaviour influence each other. It is based on the premise that changing negative thinking patterns, changes feelings, which in turn changes negative or self-defeating behaviours

CBT is rooted in the present and looks ahead to the future. It will look at learnt behaviours and negative and automatic thought patterns with a view of altering them in a positive way.

CBT evolved as a combination of 2 pre-existing therapies: cognitive therapy and behavioural therapy.

### **Cognitive Therapy**

Cognitive therapy, as its name suggests focuses on thoughts - including ideas, beliefs, and attitudes. The cognitive element of CBT looks at the way our thoughts can trigger or increase certain feelings and behaviours.

### **Behavioural Therapy**

Behavioural therapy believes that behaviour is often learned and can therefore be unlearned. It looks at harmful or self-defeating behaviours and explores ways of changing them.

These 2 therapies combine to examine how thoughts and behaviours relate and then identify strategies to change negative cycles.

### **A CBT Session**

The therapist and client have a collaborative relationship and work hard together to bring about change. What present as overwhelming problems are broken down into smaller parts to make them easier to cope with.

At the start of therapy, the main problem is identified and some goals are set. The therapist compiles a case formulation, which is basically an overview of the clients presenting problems and how the therapist understands these problems, alongside a treatment plan. The treatment plan can be revisited throughout the work.

Homework is an important part of CBT and the client is generally expected to put into practice techniques they have learnt in the sessions. As your therapy progresses, the client takes a more prominent role in the sessions in terms of content and structure. By the end of the treatment, clients should be able to carry on the work alone, implementing the new skills and techniques.

The CBT therapist will help the client understand any negative automatic and irrational thought patterns, the affect they have and what can be done to change them.

The therapy itself tends to last somewhere between six weeks and six months, depending on the nature of the concern being explored. Sessions are generally weekly, with each session lasting around 50 minutes to an hour.

This type of therapy is particularly helpful for those with specific issues as it is very practical (rather than insight-based) and looks at solutions. For this reason, the therapy works well for those who:

- Experience depression and/or anxiety
- Have an eating disorder
- Experience symptoms of post-traumatic stress disorder (PTSD)
- Have an addiction
- Want to change their behaviour
- Are experiencing anger issues

- Experience difficulties in sleeping (insomnia)
- Have a phobia
- Experience obsessive-compulsive behaviour, or are diagnosed with an obsessive-compulsive disorder

### **Some Key Terms**

NATS - Negative automatic thoughts

ABC model - Activating event, beliefs, consequence. The model looks at changing negative thoughts and beliefs about an event to positive ones, thus changing perception and outcome.

Internal dialogue, inner speech - identifies irrational thoughts.

'Musturbation' - A term to describe self-talk which consists of 'musts', 'shoulds' and 'oughts' e.g. I should be more successful.

Cognitive errors - Distorted thoughts and attitudes.

Cognitive restructuring - Replacing negative thoughts with positive thoughts and beliefs.

Irrational belief - An unreasonable thought which becomes a belief and impacts negatively on reality.

Polarised thinking - All or nothing, black and white thinking. Everything is all good or all bad.