



Counselling and Psychotherapy

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Questions

1. What do counsellors and psychotherapists do?
2. What is the difference between them?
3. How does counselling and psychotherapy differ from other kinds of help?



Counselling and psychotherapy

- Contracted relationship between therapist and client/patient
- Exploring problems with skilled practitioner
- Emphasis on self awareness and value of emotional experience in training as a way of learning about how to work with clients
- Essentially lay people who undertake a training founded in theory and philosophy which informs what they do and how they are in a relationship which is helpful to others.
- 100,000 practitioners?

Not psychologists, not psychiatrists, not coaches ...



History

Pavlov and Skinner - Behavioural conditioning

Freud - Psychoanalysis - working with the unconscious

Ellis - Cognitive – thinking effects emotions and behaviour

Then ... humanistic **Rogers** – person centred counselling

- human beings are not machines or driven by unconscious
- holistic, anti-expert model
- relationship based on empathy, unconditional positive regard and congruence



What they share ...

- A **philosophy** of what it is to be human
- A theoretical understanding of the **causes of human distress** and disturbance
- Focus on **individual experience** and difficulty
- A theoretical idea of what kind of **relationship is therapeutic** and why
- A theoretical understanding of **what constitutes change** and how this can be achieved
- Ways of being, **skills and interventions** informed by the theory and research



| Approach | Philosophy | Goals | Relationship |
|-----------------------------|--|--|--|
| Person-centred | All humans have the capacity for growth – and change - <i>self actualisation</i> - given the right conditions. | To move towards <i>organismic</i> self with greater trust in self, more spontaneous and alive. | Non-expert, <i>I-thou</i> relationship with emphasis <i>core conditions</i> (empathy, acceptance, and congruence) to enable client to accept self. Skills include empathic resonance, deep listening, congruence |
| Psychodynamic | Humans shaped by <i>unconscious</i> processes and early experience – pain is <i>repressed</i> . | To make the <i>unconscious conscious</i> and thus be free to choose rather than be driven by past unconscious choices. | Expert-patient relationship working with unconscious processes especially <i>transference</i> . Skills include <i>interpretation</i> , <i>free association</i> , challenging <i>defenses</i> . |
| Cognitive-behavioural (CBT) | Humans develop <i>irrational beliefs</i> that influence behaviour and emotional responses. | To develop more <i>rational beliefs</i> and change <i>behaviour</i> that is unhelpful. | More collaborative relationship which can be directive and instructional. Skills include challenging irrational beliefs, helping client to identify realistic goals and expectations of self. |



Health or not health?

Not just in a medical context:

- Most practitioners in private practice
- Many clients/patients don't have “medical” problems

Outcomes much wider than “getting better” but perhaps do fit into broader understanding of mental health as it is now understood

Psycho-social model : holistic – mind, body, spirit



What is the difference?

“If my GP suggested that I should see a counsellor I would think there was something wrong with my life. If my GP suggested that I see a psychotherapist I would think there was something wrong with my head.”

- Complex overlapping roles and functions ... context important
- Very confused definitions - 50 year discussion
- Self identity
- Also counselling skills



Helping – using counselling skills



- Professionals using counselling skills
- Befriending and support
- Help lines

Coaching – goal focused personal/professional development



Counselling

Focus on **common life problems** rather than psychological therapy for mental disorders.

- Transitions - life, death, birth, change
- Life issues - choices, meaning, events, circumstances
- Relationships - problems, patterns, conflict
- Wounds - abuse, bullying, personal history

Which can lead to unhappiness, distress, common mental health problems eg. anxiety and depression ...



Working on my problems



Counselling Services

Many counselling services focus on **one** common life problem eg. substance misuse, bereavement, parent support, workplace problems, redundancy

- Many in third sector – voluntary agencies
- Generally paid less than psychotherapists
- Often shorter term work 6-12 sessions... but not always
- Where in NHS - usually in primary care
- Many counsellors work as private practitioners



Psychotherapy

Working on the foundations of the “self” ... healing the psyche

- More deep-rooted complex problems (especially in a medical context)
- Greater focus on psychopathology, dysfunction, mental health problems
- Work with more fragile clients/patients
- Longer term work with less severe presentations ... especially in private practice



Working on the
foundations of my self



Psychotherapy services

- Generally paid more than counsellors
- Usually longer term work ... but not always
- Where in NHS - in primary **and** secondary care
- Many in private sector or as private practitioners

Both counsellors and psychotherapists often part of multi-disciplinary teams in medical settings

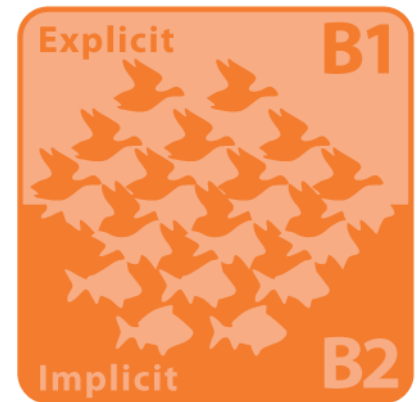


The overlap...

Where problems of “living” are also problems of “self”

Exploration of **explicit** difficulties often leads to working with **implicit** (more deep-rooted difficulties, patterns, hurts) ... many counsellors do psychotherapy:

- many work under both ‘titles’
 - experienced counsellors often do same work as psychotherapists
 - counsellor trainings and research in HE
-because humans don't fit into boxes



Working on my self

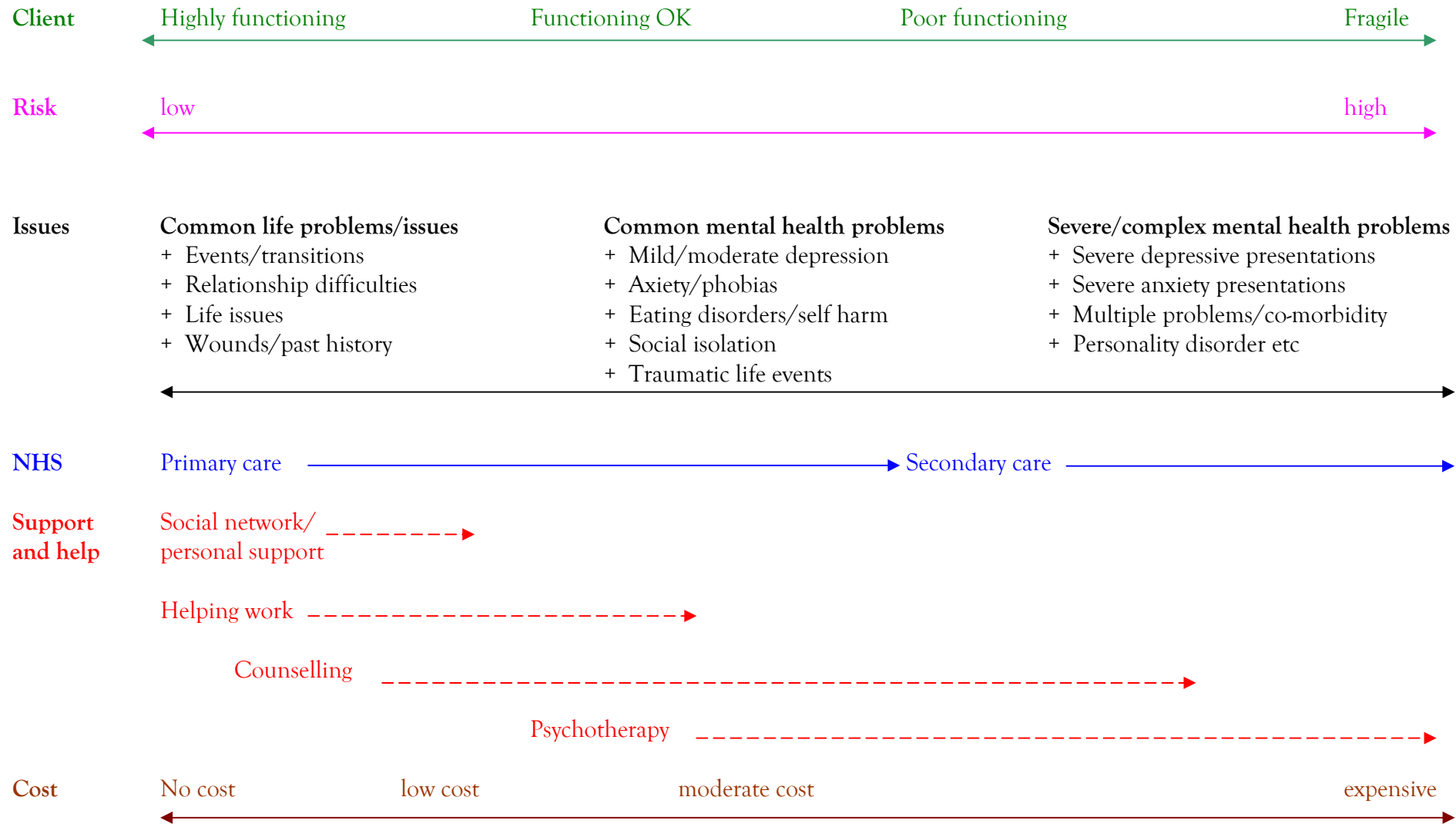


How they work together ...

- » Good social networks/support and helping skills prevent need for counselling/psychotherapy
- » Counselling for common life problems/mild moderate mental health problems prevents more complex difficulties, need for psychotherapy, longer term work, secondary mental health care

Client's own circumstances, individual history and resources often determine which kind of intervention is appropriate rather than the presenting issue itself

Continuum of client/patient need and available help





Training

- Counselling – 450 hrs at different levels - level 4 to Masters level 7- 100-150 hrs client work, self development (but not necessarily mandatory personal therapy)
- Psychotherapy – 900 hrs at Masters level 7, 600 hrs clinical placement, requirement for personal therapy (often for several years)

Usually under one title either ‘counselling’ or ‘psychotherapy’



Where next?

- » Difficulty of expressing this complexity in SOPs and SETs
- » Different professional bodies and their histories
- » Different training contexts, levels and requirements
- » Impact on services

HPC having to engage with plethora of professional bodies, organisations and services with different agendas – some about professional status rather than needs or safety of clients.

Not like dealing with BPS!



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