Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools (ETHOS)

Clinical Practice Manual

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The Manual draws on key material from the British Association for Counselling & Psychotherapy (BACP, 2014) '*Competences for humanistic counselling with young people (11-18 years)'*.

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Part III: Supplementary Materials

Introduction

The purpose of this Clinical Practice Manual is to provide guidance and a resource for the ETHOS trial of school-based humanistic counselling (SBHC) for young people aged between 13-16 years old. Its aim is to support training and the delivery of counselling within the trial.

The Manual sets out the context and procedures of the ETHOS trial as well as the principles of humanistic counselling, the practice of humanistic therapy, and the range of interventions available to practitioners working with young people in schools.

For the purposes of the ETHOS trial, it is essential that humanistic practitioners adhere to the model. However, the Clinical Practice Manual is not a straightjacket; it is not meant to override clinical judgement. The purpose of the Clinical Practice Manual is to provide a 'boundary around the intervention' that allows practitioners to be appropriately responsive to each individual client.

The Person-Centred and Experiential Psychotherapy Scale – Young Person (PCEPS-YP) is referred to throughout the text. Practitioners are encouraged to refer to the levels shown, along with the full PCEPS-YP information in Section 8, in order to ensure that their responses to the young person are adhering to the competences framework and following best practice according to this scale.

To support learning and practice, we have referenced relevant Counselling MindEd e-learning sessions (see minded.org.uk). Counsellors are strongly encouraged to register on the MindEd website and to work though these sessions, as well as any other sessions that may be of interest.

Part I: Basic Knowledge

Part I details the basic knowledge required of all counsellors preparing to offer SBHC to young people aged 13-16 years as part of the ETHOS trial.

It covers four areas of relevant knowledge:

Section 1: The humanistic model of counselling
Section 2: Young people and their development
Section 3: Working in a school context
Section 4: Legal and ethical issues relating to work with young people

These areas of knowledge underpin the practice of SBHC, which will be covered in the rest of the Manual. The BACP (2014) *Competences for humanistic counselling with young people (11-18 years)* is used as a framework throughout the Manual.

Section 1: Knowledge of the Basic Assumptions and Principles of Humanistic Counselling

Competence reference:

- Knowledge of the basic assumptions and principles of humanistic counselling (p.71)

Counselling MindEd sessions:

- CMD 412-000 Welcome to Counselling MindEd
- CMD 412-012 The Evidence for Counselling CYP
- CMD 412-003 Counselling CYP: A client study
- CMD 412-001What is Counselling for CYP and YA?
- CMD 412-002 Key Differences between Counselling CYP and Adults
- CMD 412-017 Cultural Competence in Counselling CYP

In Section 1, knowledge of the basic assumptions and principles of humanistic counselling has been categorised into three areas. This is based on the view that counsellors delivering SBHC as part of the ETHOS trial will need the following:

1. A thorough understanding of the philosophy and principles that inform the approach.
2. An understanding of how the modality explains human development and psychological distress.
3. An understanding of the rationale for therapy and how this relates to therapeutic change, including the SBHC Process Model (Figure 1).

These three areas of knowledge help the counsellor to develop formulations of the young person's presenting concern and to focus on the issues and processes that may be maintaining it.

Philosophy and principles that inform the humanistic approach. Counsellors delivering SBHC as part of the ETHOS trial should have a thorough understanding of each of these key principles of humanistic counselling that inform all humanistic practice:

- ***Experiencing is central.*** Thinking, perceiving, sensing, remembering, and feeling – along with the inherent meanings and actions associated with them – create the individual's subjective reality.
- ***The actualising process is central.*** Humanistic theory holds at its core the idea that people are naturally motivated towards psychological growth and the realisation of their potential. Humanistic therapy requires the therapist to provide conditions in the therapeutic relationship that will allow the actualisation process to be facilitated.
- ***People are free to act in relation to their worlds.*** Therapy must be based on the client's self-determination and self-direction.
- ***People are relational beings who will best be helped through authentic, person-to-person relationships.*** Humanistic therapy is therefore based upon the therapist offering a genuine, congruent relationship with the client.
- ***The diversity of human experience is to be valued and treated equally.*** The humanistic therapist respects the client's world view and offers empathic understanding of their subjective perspective.
- ***Human experience has multiple perspectives.*** These may include intrapersonal, interpersonal, contextual, cultural and spiritual perspectives; therefore the sum of a person's experience is greater than each of these parts. Humanistic therapy seeks to understand the whole client, strengths and weaknesses, rather than labelling or pathologising them.

How humanistic theory explains human development and psychological distress. Humanistic counselling assumes that:

- ***Healthy functioning involves experiencing in an integrated, holistic manner***. The focus of therapy is on the person as a whole, rather than particular symptoms or areas of functioning.
- ***Human functioning and behaviour are guided by the individual's subjective reality.*** Distress results from particular types of emotional experience, emotional processes, and ways of construing the self.
- ***Psychological processes are influenced by, and take place within, a social context.*** People have a fundamental need for positive regard from significant others, and that if this is absent during the formative years then psychological development will be adversely affected. The need to gain positive regard under adverse conditions can lead to the internalisation of the values and attitudes of others, resulting in:

    - Internal conflict, denial, and distortion of experience in an attempt to reduce anxiety
    - Rigidity and unquestioning acceptance of beliefs about the self and the world
    - An external locus of evaluation with an inability to trust their own judgment
    - Emotional regulation is shaped by early childhood experiences.

The rationale for therapy and understanding of therapeutic change. Humanistic counselling is based on the principle that certain conditions proposed by Carl Rogers (1957) are necessary for therapeutic change to occur. These conditions clearly link to the SBHC Process Model. The conditions include the following concepts:

- ***There should be 'psychological contact' between client and therapist.*** The client and therapist communicate and respond to each other's presence.
- ***The therapist's empathy, when it is perceived by the client, reduces the client's isolation and increases their self-understanding.*** In the SBHC Process Model, this links the counsellor activity of 'communicates empathy' to the client activity of 'explores and expresses genuine concerns, experiences and emotions', leading to the various positive client outcome pathways.
- ***The therapist's accepting and non-judgemental attitude, when it is perceived by the client, reduces the client's defensiveness, increases contact with their experiencing self, and facilitates positive self-regard.*** This attitude is shown in the SBHC Process Model in the counsellor qualities of 'accepting', 'caring', and 'friendly', which are shown leading to the client activity of 'explores and expresses genuine concerns, experiences and emotions', thus resulting in various positive client outcome pathways.
- ***The therapist's genuineness and transparency, when perceived by the client, increases trust and models psychological health.*** This is again demonstrated by the SBHC Process Model in the counsellor qualities of 'trustworthy', 'consistent/dependable', and 'confidential'. These counsellor qualities are shown in the Process Model to facilitate the client activity of 'explores and expresses genuine concerns, experiences and emotions', leading to the various positive client outcome pathways.

These key principles and conditions for change are reflected in a Process Model. The SBHC Process Model is based on empirical evidence -- mainly from interviews with young people of what is experienced as helpful in SBHC, and how it helps. The following paragraph explains how the Process Model links with these key principles and conditions in order to provide a model for therapeutic change and positive therapeutic outcome.

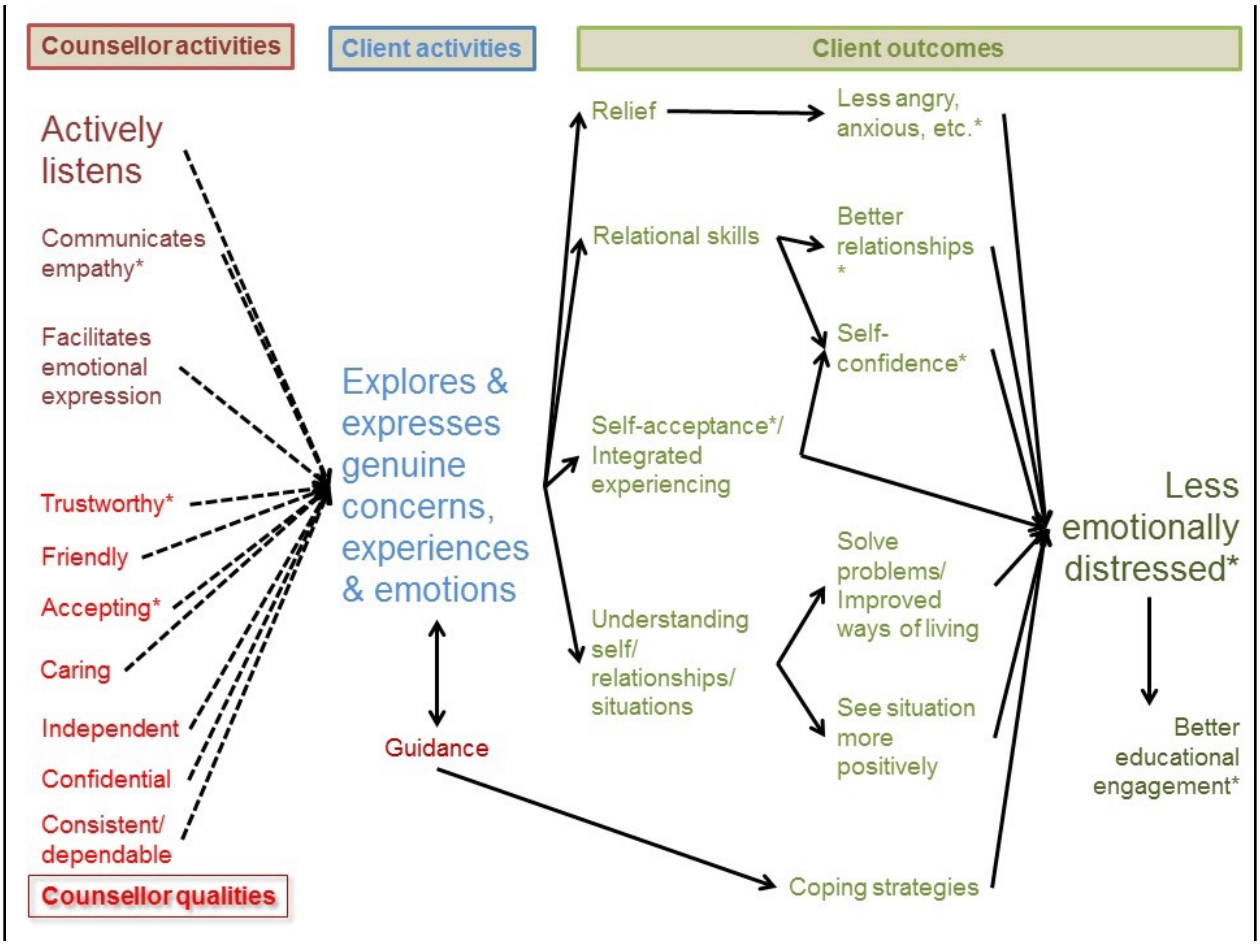


Figure 1. Process Model for School Based Humanistic Counselling (SBHC)

The Process Model suggests that certain 'input' factors (i.e. counsellor qualities such as warmth and counsellor activities such as listening) lead, via the young person's activity, to a set of 'outcome' variables for the client, such as less emotional distress.

At the centre of the model is a client who is able to express their genuine experiences and emotions. This is facilitated by a counsellor who listens, engages with the client in an accepting, empathic, trustworthy, and active-but-non-directive way; and who is friendly, independent and offers confidentiality. This leads on to five potential change pathways, all of which may ultimately reduce emotional/psychological distress:

1. Through the counselling, the client may develop better relational skills (including being more honest, assertive and listening more), leading to improved relationships with others.
2. The client may be helped to explore and express strong feelings, i.e. 'get things off their chest', which can lead to reduced anger and anxiety.
3. The client may become more self-accepting and they may become more able to accept the totality of their experiencing.
4. The client may develop insight into self, others and their situation. Given the client's potential for self-righting, this allows the client to find better ways of addressing their problems, either by changing their actions or by seeing the situation in a different way.

5. In addition, through experiencing the counsellor as giving suggestions and guidance, the client may come to find new ways of coping with their emotions.

This important model for therapeutic change will be referred to again in relevant sections of the Manual to assist the practitioner in linking their practice in delivering SBHC with the relevant aspect of the SBHC Process Model.

Section 2: Basic Knowledge of Young People and Their Development

Competences references:

- Knowledge of development in young people and of family development and transitions (p.1)
- Knowledge and understanding of mental health problems in young people and adults (p.4)

Counsellors delivering SBHC as part of the ETHOS trial will need basic knowledge of child and adolescent development and of family transitions. This is in order to understand young people in a developmental context, and important for establishing where a young person is in the process of their development as well as supporting the principle of viewing the person as a whole. Section 2 covers this area briefly. For more in-depth resources covering this area please see further reading in Part III.

Theories of child and adolescent development. There are many theories regarding human development covering all aspects of this complex process. Rather than looking for one straightforward path, current thinking tends to view the development of the person as being a dynamic process of interactions between biological, psychological and environmental factors, beginning with the relationship between the infant and their primary caregivers. Theories of child development also cover different aspects of this process. The Swiss psychologist Jean Piaget (1964), for example, wrote extensively about children's cognitive development, giving us useful concepts to describe the significant changes which take place in childhood and which change the way in which a person is able to relate cognitively with their environment.

Humanistic theories of the care environment and its interaction with child and adolescent development. Humanistic theory starts from an assumption that human existence is best understood in terms of how people experience the world from their own subjective point of view. According to Carl Rogers, in infancy, the child's experiencing of their world is as an integrated and undifferentiated whole in which there is no differentiation between 'me' and 'not-me' experiences (Cooper et al., 2013). In his paper about the development of the personality in infancy, Rogers (1959) wrote, "As the awareness of the self emerges, the individual develops a need for positive self-regard" (p. 223) and went on to say, "The infant learns to need love. Love is very satisfying, but to know whether he is receiving it or not he must observe his mother's face, gestures and other ambiguous signs" (p. 223). As Rogers sees it, this is when the child becomes increasingly concerned with retaining the positive regard of its caregiver and will begin to associate its self-experience with how it is responded to by significant others. This marks the start of the development of a potential incongruence between self and experience in the individu-

al. In the same paper Rogers goes on to describe this process further: "He has not been true to himself, to his own natural organismic valuing of experience, but for the sake of preserving the positive regard of others has now come to falsify some of the values he experiences and to perceive them only in terms based upon their value to others" (p. 226).

This model of human development has implications for counsellors and counselling. For Rogers, the further away an individual moved from their 'organismic' self in order to secure positive regard from another, the more likely it was that psychological distress would develop, leading to disturbances in the person's wellbeing. In humanistic counselling, the core conditions provide a relationship intended to facilitate a return in the individual to self-acceptance and therefore the relief of emotional and psychological distress. This is articulated in the SBHC Process Model of counsellor activities and qualities leading to a range of positive client outcomes.

Attachment theory. Closely related to Rogers's approach, though more commonly identified with psychodynamic therapy, is the work of John Bowlby (1973). Bowlby proposed that human infants, born in a state of vulnerability and dependence upon others for survival, have an innate need to attach and maintain proximity to someone able to help them cope and stay safe in the environment. Through his studies of animal and human attachments, Bowlby went on to suggest that, in order to develop a secure attachment, children require a caregiver who is psychologically, as well as physically, present, and emotionally available to them, so that they can develop psychologically alongside another mind as well as being kept physically safe while they grow. Bowlby's 'Attachment Theory' holds that a child's early experiences of being cared for physically, psychologically and emotionally will dictate the development of an *internal working model* (Ainsworth et al., 1978) for seeing the world and themselves in relation to it. This is compatible with Rogers' concepts of the development of 'self-concept' or 'self-structure', and is useful for the counsellor trying to establish a sense of how the young person views themselves in relation to others.

Attachment theory offers a way, allied to humanistic therapy, of understanding the importance of peer relationships in adolescence and how young people adapt to, and cope with, the pressures of secondary school. For example, the need to conform to a particular peer group or gang might be viewed as an attempt to 'attach' to a group in order to cope with the difficulties of separating from family. This may explain the need of the young person to maintain such connections, despite their potential harmful effect on the individual and their self-esteem or functioning. Understanding attachment theory in this way may help counsellors to reflect on the behaviour of their clients and work with them to help them understand their actions when they seem confusing or potentially destructive.

Attachment theory may also frame an understanding of the problems experienced by young people who have been adopted, or in the care system at any point in their early lives, which can re-emerge powerfully in adolescence. This can also apply to young people who have lost an important attachment figure early in their lives due to circumstances such as death or separation and divorce of the parents. Some children have experienced multiple losses of attachment figures in their early life and they may be found to be particularly vulnerable in their relationships with school and peers in adolescence.

Knowledge of attachment theory can be helpful for counsellors in exploring and understanding how the client has developed their particular point of view on themselves and on their relationships with others and the world around them. In addition, the SBHC Process Model promotes counsellor activities and qualities which directly correlate with the provision of caregiver

and environmental conditions considered to be optimal for development such as ‘caring’, ‘consistent’ and ‘accepting', leading to pathways of positive therapeutic outcome for the client.

Attachment theory, along with humanistic models of personality development in childhood and adolescence, is an environmental, relational model of development that stresses the importance of a consistent attuned response from the caregiving environment. Recent perspectives on attachment integrate research from child development and neuroscience, highlighting the importance of early relationships on the development of the brain that affect psychological contact, empathy, attunement and implicit communication, as well as affect regulation and reflective functioning.

Adolescent development. Some knowledge of the process of adolescence may be useful for counsellors who are helping young people to understand themselves and their difficulties. This knowledge used appropriately by the counsellor can provide a ‘normalising’ context for the client, helping them to feel better about themselves and potentially less ashamed, isolated and worried about their problems. Counsellors seeking sources for further reading may wish to read Dacey et al. (2006) or Geldard et al. (2016); information on both of these texts can be found in Part III.

The period of human development which has come to be known as ‘adolescence’ is one which sees considerable changes in many, if not all, areas of the young person’s functioning. The scope of this developmental trajectory can present challenges to the counsellor working with young people. The biological aspect of this phase, puberty, sees profound physiological changes across genders as the body moves towards physical and sexual maturity, generally over about five to seven years. For the purposes of this trial, counsellors will be working therapeutically with young people aged 13-16 years. For the majority of the young people of this age seen for counselling, puberty will be well underway and clients will be contending with physical, sexual, emotional, cognitive, and relational changes in their functioning. It is important that counsellors are aware of these changes and look out for any particular impact they may be having on the young person and any difficulties they are experiencing, as they are an important part of the young person’s context. Counsellors should be aware that:

- Young people tend to have widely differing responses to the process of puberty; these can be a mixture of positive and negative (Archibald, Graber & Brooks-Gunn, 2006).
- Young people may be highly conscious during this phase of how they are changing in relation to their peers. Those for whom the changes begin earlier than their peers can struggle as much as those who lag behind. These are issues that can often present in counselling in a variety of forms (Mendle, Turkheimer & Emery, 2007; Mendle & Ferrero, 2012; Steinberg & Morris, 2001).
- Adolescence is also a time of change in other aspects of the young person’s functioning. There are hormonal, neurological and cognitive developments which will all have an impact on how the young person feels about themselves, their relationships, and the world around them, as well as impacting on their behaviour too at times (Archibald, Graber & Brooks-Gunn, 2006).
- Cognitive developments in adolescence allow young people to develop the capacity for abstract thinking, allowing them to move away from the more concrete thinking of childhood to being able to handle concepts, ideas and abstract theories (Fonagy et al., 2002).

- Adolescence brings considerable change in young people's relationships with their family, community, and peers. During the time they are at secondary school, many young people will move from having their parents and family provide them with their core relationships towards becoming more firmly attached to friends, romantic relationships, school staff, and other connections while they separate from the family ties which have served them throughout childhood (Steinberg & Morris, 2001).

In terms of the SBHC Process Model of therapeutic change, understanding something of the process of adolescence and how it can affect young people can assist counsellors in providing counsellor qualities of being 'accepting' and 'caring', and in the counsellor activities of 'communicating empathy'. Being understood and accepted in this way in the therapeutic relationship has been demonstrated to help clients to feel safe to explore their experiences and concerns further, potentially leading to greater self-acceptance and understanding of the self.

Young people and mental health. Counsellors delivering SBHC need some knowledge of the mental health presentations they may encounter during the trial in order to ensure that young people receive the most appropriate help with their difficulties. Research suggests that "mental health problems in young people are a significant and growing problem" (McArthur, Cooper & Berdondini, 2013, p. 355). Therefore, it is likely that some young people presenting for counselling in school may be exhibiting the symptoms of classifiable mental health difficulties and some may have received a diagnosis from medical professional such as a G.P. or psychiatrist. It is important that counsellors are aware of what is meant by the diagnosis and what the implications may be for counselling. Counsellors also need to make efforts to understand what meaning the young person makes of any diagnosis or 'label' they may have been given. Humanistic therapy does not seek to use diagnoses as a way of 'knowing' anything about their client or being an expert with superior knowledge of their mental or emotional health.

Possible mental health diagnoses or presenting problems:

- ***Anxiety.*** Anxiety is a disorder relatively common in childhood. Anxiety can be experienced across a broad spectrum from mild worries to debilitating phobias, sometimes experienced in educational settings in the form of 'school refusing'. Anxiety can be masked in some young people by aggression or depression. Diagnostic labels for anxiety which may be encountered by counsellors include: *generalised anxiety disorder (GAD), panic disorder, obsessive-compulsive disorder (OCD), phobia, and post-traumatic stress disorder (PTSD).*
- ***Attention Deficit Hyperactivity Disorder (ADHD).*** ADHD is a neurodevelopmental disorder characterised by symptoms in the young person of inattention, impulsivity and hyperactivity. There has been a marked increase in the number of children and young people diagnosed and treated pharmacologically for ADHD in the UK in recent years (McCarthy et al., 2012).
- ***Autistic Spectrum Disorder (ASD).*** Those who have been diagnosed as being on the autistic spectrum are likely to have difficulties with social functioning and communication. Adolescents on the autistic spectrum can present with a range of problems in their relationships with their peers and with adults. Counsellors may find that young people

with a diagnosis of ASD may also present with depression and anxiety relating to their diagnosis.

- ***Depression.*** As with anxiety, depression can present with varying degrees of severity in young people. Counsellors may meet young people exhibiting symptoms of *mild, moderate* or *severe* depression. Young people experiencing depression may present with symptoms of low mood, low energy, a lack of motivation and *anhedonia* i.e. the absence of any pleasure in life. Depression can also have an impact on a young person's sleeping and eating as well as on their relationships and studies. Counsellors working with young people exhibiting the symptoms of depression will need to take note of any shift in the severity of an individual's symptoms. Depression can also be at the root of behaviours such as self-injury and suicidal ideation or attempts.
- ***Eating disorders.*** The two most commonly diagnosed eating disorders are *anorexia nervosa* and *bulimia nervosa.* Young people who have received a diagnosis of either of these or another eating disorder, or who are displaying the relevant symptoms, are likely to need support beyond the counselling room. Counsellors will need to work with the client alongside other professionals such as a psychiatrist, dietician or G.P. For more information on the diagnosis and treatment of eating disorders in young people see Kirkbride (2015).
- ***Psychosis.*** Psychosis is defined as a thought disorder where cognitions are distorted to such an extent that there is a break with reality in the mind of the sufferer. Although generally rare, psychosis can emerge in adolescence and is also sometimes linked to substance misuse. Psychosis can also involve symptoms of *mania, visual* and *auditory hallucinations,* and *paranoid delusions,* amongst others. Any counsellor concerned that a client is developing a psychosis should seek immediate advice from their supervisor. As with many mental health issues, early intervention for psychosis is known to give the individual the best chance of making a good recovery.

The above represents a brief outline of some of the mental health diagnoses counsellors may come across during their work in school. For sources of more detailed information, please see Part III.

When working with clients with a mental health diagnosis, counsellors must ensure that they are always working within the limits of their professional capabilities, and consider onward referral to other professionals where appropriate. Advice from a clinical supervisor should always be sought on these matters.

Section 3: Basic Knowledge for Working in the School Context

Competences references:

- Knowledge and understanding of mental health problems in young people and adults (p.83)
- Ability to work within and across agencies (p.18)

Counselling MindEd sessions:

- CMD 412-004 Counselling in a Schools Context

- CMD 412-006 Counselling in Secondary Schools
- CMD 412-010 Counselling and Other Services

Section 3 covers the context-specific knowledge required by counsellors who will be working in an educational setting as part of the ETHOS trial.

Partnership working. An essential component of school-based counselling is the ability to work in partnership with the school itself. Counsellors coming into school to deliver a therapeutic intervention need to develop a working understanding of the school culture and be able to work alongside it in order to offer an effective intervention. Schools in the UK generally differ in how they are organised and counsellors will need to become familiar with their particular school's systems in a variety of relevant areas. These will include:

- The ethos, culture and core business of the school, and how this relates to the counselling service
- The governing and organisational structures of the school
- The roles and responsibilities of teaching and support staff. This relates in particular to those staff who are directly connected to the counselling service and its delivery
- Assessment systems used by the school and any relevant timetables for these
- Any ways in which students are grouped, i.e. form groups, houses, etc.

School policies. It is important that counsellors working in school make themselves aware of the policies in operation regarding attendance, uniform, discipline, exclusion, etc. Counsellors need to make sure they understand how the ETHOS counselling provision will fit with existing structures in the school. The following will have been clearly established according to ETHOS trial protocols within the school before counselling can take place and the counsellor should familiarise themselves with these guidelines and procedures:

- Access and referral to the service
- The management of client confidentiality
- How appointments will be scheduled within the structure of the existing school day
- How missed appointments will be managed
- How clients will be informed and/or reminded about their counselling appointments and how the young people will make their way to and from counselling appointments autonomously, e.g. with an appointment card to show their teacher or with a runner who will accompany them to the room
- What will happen if the young person decides they wish to end their session early, i.e. do they return to class or go to another arranged location in the school?

The counselling room should be a space which is suitable for the delivery of counselling, i.e. basic sound-proofing, easy for students to locate, or unlikely to be interrupted or required for something else.

Communication in the school context. As counsellors delivering SBHC for the ETHOS trial, it is vital to understand the importance of good communication in all aspects of managing the ETHOS counselling provision. Counsellors may be required to communicate vari-

ous elements of SBHC and the ETHOS study to students, school staff, parents or other professionals and should feel confident in doing so both orally and in writing.

Counsellors need to have a clear sense of boundaries regarding confidentiality of session content and be able to manage this alongside the need to share information appropriately when relevant.

Counsellors will need to be clear what the school policy is regarding the reporting of child protection or safeguarding concerns - including who to go to should there be a concern - and discuss with relevant staff members how the counselling service will incorporate this within the boundaries of the therapeutic relationship. Confidentiality and information sharing will be covered in more depth later in this part of the Manual.

Working collaboratively in schools. Overall, counsellors will need to work collaboratively with their school and other relevant services such as specialist Child and Adolescent Mental Health Services (CAMHS) in providing counselling which fits well within the school structure while also maintaining the integrity of the therapeutic work and of the ETHOS trial.

Section 4: Basic Knowledge of Ethical and Legal Issues in Therapeutic Work with Young People

Competences references:

- Knowledge of legal frameworks relating to working with young people (p.5)
- Ability to recognise and respond to concerns about child protection (p.22)
- Knowledge of, and ability to operate within, professional and ethical guidelines (p.9)
- Knowledge of, and ability to work with, issues of confidentiality, consent and capacity (p.13)

Counselling MindEd sessions:

- CMD 412-014 Applying the law in counselling CYP
- CYP IAPT 413-022 Confidentiality, Consent, Capacity and Ethics
- Core 410-053 Legal and Ethical Framework
- Core 410-056 The Mental Health Act
- Core 410-055 The Children Act
- Core 410-054 Safeguarding with Young People and Vulnerable Young Adults
- CMD 412-015 Using the BACP Ethical Framework in Counselling CYP

Section 4 covers basic legal frameworks relating to work with young people and considers what knowledge is required for working ethically. Further resources in Part III will cover these areas in more depth.

Legal frameworks relevant to work with young people. Many aspects of therapeutic work with young people are covered by UK laws, statutes and government guidance, and it is important that counsellors working in the field have knowledge of these. The law and statutory guidance applied to this work is regularly subject to change, so counsellors need to ensure

that their knowledge in this respect is kept up-to-date. BACP has recently published new guidance on the law regarding safeguarding children as well as on working in a school context in England and Wales as part of their 'Legal Resources for Counsellors and Psychotherapists' series. These are available as free downloads to BACP members (details in Part III). There is also several relevant government documents regarding safeguarding in education with which counsellors should familiarise themselves. The details are included within the text and again in Part III.

The main legal frameworks relevant to therapeutic work with young people in school in England and Wales follow, along with a brief description of their impact. While there is no requirement for counsellors to be completely familiar with all of these documents, basic knowledge of the statutes and guidance underpinning counselling young people is essential. Counsellors wishing to read further on this subject should see Daniels and Jenkins (2011) and Bond and Mitchels (2008) in Part III**.**

- ***Gillick v West Norfolk and Wisbech Area Health Authority (1985).*** The Gillick ruling by the House of Lords established the right of young people aged 16 years or under to give their consent to medical treatment regardless of the wishes of their parent(s) if the child is able to understand fully the nature and consequences of what is proposed. It is relevant to the capacity to consent to counselling in clients aged 16 years of age or under.
- ***The Children Act (1989).*** The Children Act 1989 sets out the responsibilities of parents, local authorities, courts and other agencies in safeguarding and promoting the welfare of children.
- ***The UN Convention on the Rights of the Child (UNCRC*; *ratified in the UK in 1991*).** The UNCRC is global human rights legislation covering the civil, political, economic, social, health and cultural rights of children and young people aged under 18 years. Rights relevant to counselling include the right of children to express their views freely in all matters affecting them, the right to privacy, the right to be protected and the right to enjoy good health, including mental health.
- ***The Human Rights Act (1998).*** The Act requires all citizens to be treated equally with dignity, fairness and respect and establishes a person's right to confidentiality of information.
- ***The Data Protection Act (1998).*** The Act is the primary legislation that governs the protection of personal data in the UK. It is relevant to counsellors with regard to the sharing of information and record keeping.
- ***The Education Act (2002).*** The Act places a duty on schools to exercise their functions with a view to safeguarding and promoting the welfare of their pupils. It is relevant to school-based counsellors working with child protection issues and risk.
- ***'Working together to safeguard children' (DfE, 2015).*** This document provides statutory guidance on safeguarding and child protection for those working with children and young people.
- ***'Keeping children safe in education' (DfE, 2015).*** This document provides statutory guidance for schools and colleges regarding safeguarding and child protection procedures.
- ***'What to do if you're worried a child is being abused' (DfE, 2015).*** This offers practitioners working with children and young people non-statutory advice regarding how to identify potential harm and how to proceed in those circumstances.

The laws relating to young people have in common the principle that the welfare of the young person is paramount. As the counselling offered by the ETHOS trial offers a confidential therapeutic space to young people, it is possible that from time to time clients will disclose to their counsellors material within a session which raises concerns regarding the safety or wellbeing of that young person or others. Counsellors working in a school setting will need to make sure that their response to child protection matters complies with the policies of that school.

Schools will generally have a designated safeguarding lead member of staff to whom counsellors should speak if they have a concern about child protection. When the counsellor is concerned that a young person is at risk of harm they will explain this to the young person, consider with them exactly which information needs to be disclosed (only that pertinent to the risk or danger will be passed on), invite the young person to be involved in the reporting on of such information, and attempt to gain their consent for the passing on of information. Should a young person not give consent to the sharing of information and the counsellor deems that someone is at risk of serious harm or in immediate danger, then they will disclose this to the appropriate member of staff without the young person's consent. The counsellor will also need to inform their ETHOS supervisor of the child protection issue.

Counsellors should make themselves aware of the signs of possible abuse in young people and also of possible areas of risk. Abuse includes any maltreatment of a young person or vulnerable person and includes harm, which is physical, sexual, emotional or involves neglect of a young person's basic needs. Areas which can potentially involve risk of serious harm include self-harm or injury, alcohol and substance misuse, eating disorders, and gang-related behaviour. Counsellors working in school should acquaint themselves with the government guidance '*Keeping children safe in education'* (DfE, 2015), which gives further details on abuse and specific safeguarding issues (see Part III). The NSPCC website (www.nspcc.org.uk) is a useful resource for counsellors seeking information regarding the signs of abuse.

Counsellors must also make themselves aware of the procedure for reporting any Adverse Events which arise as a result of the young person's participation in the study. Definitions, information, and process for reporting Adverse Events can be found in the *Adverse Events Information Document*.

Working with confidentiality, consent, and capacity. In order to make decisions on child protection and to be effective as counsellors working with young people, practitioners must have sound knowledge of the concepts of confidentiality, consent and capacity:

Confidentiality, information sharing, and consent. Confidentiality is one of the foundations of any therapeutic endeavour. Clients are invited to enter the counselling relationship and share their experiences and private thoughts on the basis that these will remain between them and their counsellor. The right to have this kind of sensitive and private information kept confidential is enshrined in the Human Rights Act (1998) and the Data Protection Act (1998). However, the confidentiality of the counselling relationship in this context is not absolute and it is important that ETHOS counsellors understand the limits of confidentiality in relation to this study, and are able to explain these limits adequately to their clients. This then allows the client to enter the therapeutic relationship having given informed consent to the limits of confidentiality. Capacity to consent and confidentiality are considered further in the ETHOS guidance document *Competence to Consent Guidelines*.

When contracting, counsellors will explain to clients that the counselling is confidential and that the counsellor will not share what the client speaks about in the session with anyone else, unless something is disclosed in a session which leads the counsellor to believe that the client, or another person, may be at risk of serious harm.

Counsellors should therefore have an understanding of what is meant by 'harm'. Harm is defined in The Children Act (1989) as:

> ill-treatment or the impairment of health or development [including, for example, impairment suffered from seeing or hearing the ill-treatment of another]; 'development' means physical, intellectual, emotional, social or behavioural development; 'health' means physical or mental health; and 'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical. (Children Act, 1989, p. 31)

Where a client discloses something such as self-injury or substance misuse etc., the counsellor must assess with the client whether this poses a risk to them of serious harm and therefore whether a breach of confidentiality is required. This will be considered in more detail in the section regarding risk assessment and ongoing collaborative assessment.

Capacity. The concept of capacity is particularly relevant to work with young people. In order to consent to a confidential therapeutic relationship on their behalf, young people aged 16 and below are required to be viewed as having the capacity to consent to such a relationship. This concept emerged from the Gillick ruling which established the right of a person aged 16 and under to give consent to medical treatment regardless of the views of their parent(s) if they are considered able to understand the full implications of the treatment. Counsellors must note that capacity to consent may change if a client's ability to make decisions is impaired in a significant way, i.e. by drugs or alcohol or other cognitive impairments. It is therefore not necessarily the case that a young person deemed as having the capacity to consent to a confidential counselling relationship at the beginning of the work will continue to be thus considered throughout.

Working within professional and ethical guidelines. All counsellors should be aware of the ethical and professional guidelines governing therapeutic work and those relating particularly to work with young people. The BACP (2015) '*Ethical framework for the counselling professions'* states:

> Careful consideration will be given to working with children and young people that:
>
> a. Takes account of their capacity to give informed consent, whether it is appropriate to seek the consent of others who have parental responsibility for the young person, and their best interests
> b. Demonstrates knowledge and skills about ways of working that are appropriate to the young person's maturity and understanding. (p. 8)

Counsellors need to bear in mind general ethical principles of keeping the interest of the client paramount in their decision-making. It is important to consult with an ETHOS clinical supervisor when considering breaking confidentiality.

It is also important from an ethical standpoint that counsellors are aware if the work is exceeding the limits of their professional capabilities and understand how to proceed when this is the case. On this matter the BACP (2015) '*Ethical framework for the counselling professions'* states: "We must be competent to deliver the services being offered to at least fundamental professional standards or better" (p. 6).

Counsellors should be aware of the wider support network for supporting young people's mental health in their school and local community, and to be willing to refer on as and where appropriate in liaison with the school pastoral care team.

When issues concerning child protection or professional limits are raised in this study, practitioners should seek whatever support they need from ETHOS supervisors in the first instance, other ETHOS colleagues (such as the Counselling Co-ordinator or Project Manager), their professional bodies, and other relevant sources in order to make sure they are supported in their decision-making.

Part II: Practice

Part II of the Manual focuses on the delivery of school-based humanistic counselling (SBHC) to young people aged 13-16 years as part of the ETHOS trial. According to the Process Model, SBHC takes the position that distressed young people have the capacity to address their difficulties successfully if they can talk them through with an empathic, supportive, and qualified counsellor. School-based humanistic counsellors use active listening and empathic reflections, inviting clients to access and express underlying emotions and needs, and helping them to reflect on, and make sense of, their experiences and behaviours. Young people are also encouraged to consider the range of options available to them, and to make choices that are most likely to be helpful within their given circumstances. The intervention will be based on those outlined in the BACP '*Competences for humanistic counselling with young people (11-18 years)*' (Hill, Roth & Cooper, 2013).

Section 5: Initiating the Therapeutic Relationship and Building a Framework for School-Based Humanistic Counselling

Competences references:

- Ability to explain and demonstrate the rationale for humanistic approaches to therapy (p.73)
- Ability to conduct a collaborative assessment (p.61)
- Ability to work in a 'culturally competent' manner (p.30)
- Ability to communicate with young people of differing ages, developmental level and background (p.39)
- Ability to establish and agree a therapeutic focus/goals (p.73)
- Ability to develop a contract for the therapeutic work (p.74)
- Ability to conduct a risk assessment (p.67)
- Ability to make use of measures (including monitoring of outcomes) (p.56)

Counselling MindEd Sessions:

- CMD 412-Presenting Issues in Counselling with CYP
- CMD 412-019 What is Assessment in CYP Counselling?
- CMD 412-020 Areas to Consider in Assessment with CYP
- CMD 412-021 Engaging the CYP in Collaborative Assessment
- CMD 412-022 Establishing a Therapeutic Goal/Focus with CYP
- CMD 412-023 Contracting with the CYP
- CMD 412-024 Risk Assessment with the CYP
- CMD 412-025 Using Outcome Measures in Counselling CYP

Section 5 of the ETHOS Clinical Practice Manual guides the practitioner through the process of collaborative assessment and contracting for therapeutic work, including working with therapeutic focus and/or goals. It will examine the important considerations for practitioners at this stage, including considering any cultural implications for the young person and the work, as well as the need to take into account different client backgrounds and developmental levels. The section concludes with what is required for assessing risk throughout the counselling process.

Establishing the rationale for humanistic approaches to therapy. The therapeutic intervention being delivered within the ETHOS trial is school-based humanistic counselling (SBHC). It is important that all counsellors delivering therapy as part of this trial understand and are able to explain to clients what the rationale is for the humanistic approach in this context in a concise and coherent manner. This is an ethical priority as it supports the principle of informed consent. Counsellors will need to convey important aspects of the humanistic model to their client in an open and accessible way at the first session so the young person is aware of how the counsellor is approaching the therapeutic work. In order to ensure that their communication of this is pitched at an appropriate developmental level, counsellors are advised to refer to the PCEPS-YP Item 9: 'Developmental Responsiveness' (see below).

The following principles should be conveyed clearly, taking into account the young person's capacity to understand and adapting accordingly, during the initiating phase of the therapeutic relationship:

- Humanistic counselling works from the central belief in the young person's own capacity for growth and problem-resolution.
- Humanistic counselling takes a collaborative approach to therapeutic work. The counsellor is not the 'expert' but someone who will work in collaboration with the young person, who is viewed as an active partner in the work.
- The counsellor will strive to hold an accepting attitude toward the young person and the material they bring to their sessions.
- The counsellor will strive to be genuine and open in their relationship with the young person.
- The counsellor holds the hope that the process of therapy will result in a sense of emotional relief for the young person. The counsellor should explain to the young person that the intention of humanistic counselling is to lead to new emotional awareness and understanding. This can follow on to new forms of action and behaviour on the part of the young person. The SBHC intervention is based on the Process Model which hypothesises how this change occurs.
- The counsellor should also let the young person know that sometimes the counselling may bring them into contact with difficult feelings which may cause some upset.

Counsellors will communicate to clients that they are there to provide a collaborative relationship, offering an empathic and accepting stance, through which the young person will hopefully become clearer about their own difficulties, feelings and experiences, and therefore be better equipped to solve or cope with the difficulties they are currently experiencing. The young person's own capacity to find the answers to their problems is emphasised throughout. The counsellor may want to say something like:

> *During our sessions I'm going to be listening really carefully to what you say and seeing if I can help you to explore some of your thoughts and feelings a bit more deeply. Hopefully, as we start to work together in this way things will become clearer for you and you might start to feel better. I'm not the expert on you or what you should do in any situation which means I won't be giving you advice or telling you what I think you should do. It's*

important to understand that we are going to be working together in helping you to understand yourself, so you can make decisions based on that understanding. How does that sound?

This collaborative approach is associated with good outcomes in therapy. When communicating this to the young person, the counsellor needs to bear in mind the young person's developmental level and capacity to understand. Any explanation should be couched in terms which are easily understood by the young person.

At this initial stage it is important for the counsellor to establish their openness, attitude of non-judgemental acceptance, and willingness to be genuine in the therapeutic relationship. The counsellor here is establishing themselves as trustworthy, friendly, and accepting which are all counsellor qualities demonstrated within the SBHC Process Model as leading to positive therapeutic outcome. The counsellor needs to communicate to the young person that this is a space for them to bring worries or any difficulties that they are experiencing, and the counsellor will try to help them explore them in a way which is helpful and offers relief. Here they may want to say something like:

These sessions are a space for you to bring anything you want to. When we meet together each week you can bring whatever you are thinking or feeling, or whatever is going on for you and we can sit and think about it together. It doesn't matter if what you are feeling isn't clear or feels wrong or messy; these are all things we can look at and think about together in the session. How does that sound?

Conducting a collaborative assessment. Collaborative assessment is an ongoing process throughout the counselling. Its purpose is for the counsellor to get a sense of the problem from the young person's own point of view, and a sense of the young person's process – especially emotion regulation difficulties – such as the blocking or interruption of feelings, or the presence of overwhelming levels of emotion. In order to do this effectively, the counsellor needs to keep on the client's track and to check that this level of tracking is maintained. The relevant PCEPS-YP item is included below (Box 1) to assist counsellors in maintaining the optimum level of client tracking throughout this process.

Box 1. PCEPS-YP Item 2: Tracking

1. **No tracking:** Therapist responses do not follow the client's track at all, or they divert client from their thoughts/feelings; therapist fails to check their perceptions against client's own experience.
2. **Minimal tracking:** Therapist is only occasionally on client's track; therapist fails to check their perceptions against client's own experience.
3. **Slight tracking:** Therapist tries to track client but often fails to do so accurately; only occasionally checks their perceptions against client's own experience.
4. **Adequate tracking:** Therapist is adequately on client's track, checking their perceptions with client and showing ability to revise their understanding based on client feedback.
5. **Good tracking:** Therapist responses consistently follow the client's track; therapist checks and revises their perceptions of the client's experience based on client feedback.
6. **Excellent tracking:** Therapist is sensitively and actively follows the client's track, quickly and flexibly responding and revising perceptions based on client feedback.

The BACP (2014) *Competences for humanistic counselling with young people (11-18 years)* says the following regarding the assessment procedure:

> Assessment is a collaborative process that is revisited throughout the counselling work, in which the young person is given an opportunity to describe their difficulties, as well as their strengths and resources, such that the focus and goals for the therapeutic work can be established and agreed. (p.61)

For the purposes of the ETHOS trial, this process of collaborative assessment occurs at the beginning of the initial counselling session and continues throughout the counselling work. This should allow the therapeutic work to remain relevant and appropriate to the needs of the young person as it progresses. The assessment process at the beginning of the work helps to provide a solid client-centred base from which to proceed therapeutically. The collaborative assessment process will allow the practitioner and young person to develop a shared understanding of the young person's difficulties, as well beginning to identify the strengths and resources which they can draw upon.

The counsellor will engage the young person actively in the assessment process, explaining the relevance of parts of the process – for example, the importance of information gathering – in order that the young person understands fully why this is being done.

Throughout this process the counsellor will at all times strive to convey their interest in the young person and their curiosity about the young person's world view and their perspective on the problems and issues they are experiencing. The counsellor must hold the young person's world view in mind in understanding how the young person makes meaning of themselves and their world. For example, young people may see it as important that they have fashionable clothes or a smartphone in order to feel accepted by their peers. Not having these things may have an effect on their feelings about themselves. This is their view of what is important for them and needs to be understood and accepted by the counsellor, even if they do not share this view. Counsellor responses to the information which emerges during this phase should be non-judgemental. Counsellors could respond for example with, '*It seems like not having a smartphone like your friends makes you feel not as good as them*', rather than, '*Do you really think it matters what kind of phone you have?*'. Along with holding the young person's world view in mind, the counsellor must also retain their own independent viewpoint and not over-identify with the young person.

By communicating empathy in this way during the early stages of the intervention, the counsellor will be helping to facilitate the client's exploration and expression of their concerns, emotions and experiences, to lead to positive client outcomes (see SBHC Process Model).

The assessment process. The following is a checklist of the main principles of the assessment process according to the BACP (2014) *Competences*. Practitioners need to ensure that they hold these principles in mind and use them as a guide in initiating the therapeutic work.

In carrying out a collaborative assessment, counsellors must:

1. Establish the assessment as a mutual, collaborative process.
2. Place emphasis on the young person as a 'whole person'.

3. Help the young person gain a perspective on their situation in order to make informed choices about the changes they wish to make in their lives.
4. Identify any issues of existing and potential risk in order to inform risk management planning.
5. Aim to identify the most suitable intervention, if any, which may include onward referral.

Undertaking a generic assessment. Initially, practitioners should use their knowledge of child and adolescent development to gain a sense of the young person's developmental level, as well as how they are functioning and what their general levels of understanding are. The PCEPS-YP item 9: 'Developmental Responsiveness' is included below (Box 2), in order to assist counsellors in matching their communications appropriately according to the client's developmental level.

Box 2. PCEPS-YP Item 9: Developmental Responsiveness

1. **No developmental responsiveness:** Therapist does not adapt to the developmental capacity of the client in any way; offers no alternative methods of communication or symbolisation aside from talking; is unable to tolerate expression of client feelings outside of the 'acceptable' adult range.
2. **Minimal developmental responsiveness:** Therapist attempts to respond at the appropriate developmental level but is unable to do so adequately, consistently or well; sounds awkward, stilted, uncomfortable or patronising in adapting their language or way of working with the young person.
3. **Slight developmental responsiveness:** Therapist is somewhat able to respond to the young person's developmental capacity but is slightly 'off' e.g. trying too hard or overestimating the young person's developmental level.
4. **Adequate developmental responsiveness:** Therapist is mostly sensitive to, and able to respond appropriately to, the client's developmental capacity through language and creative methods of symbolising experience; therapist shows some ability to empathise with and accept challenging, but developmentally appropriate, client actions and feelings.
5. **Good developmental responsiveness:** Therapist consistently matches client's developmental capacity through language and creative methods of symbolising experience; they respond non-defensively and openly to challenging but developmentally appropriate client feelings and actions.
6. **Excellent developmental responsiveness:** Therapist's responses are comfortably, consistently, and intuitively matched with the client's developmental capacities; therapist shows an understanding of the meaning in the client's developmentally appropriate feelings and actions, even when these are challenging or puzzling.

As the young people taking part in the ETHOS trial will all be aged between 13-16 years old, able to speak and understand English, as well as having been deemed to have the capacity to consent to counselling, some assumptions can be made regarding their developmental level. However, even within these parameters young people can vary widely in how they are able to conceptualise and understand themselves and their problems, as well as in the language that they use to articulate feelings. Therefore, practitioners should be prepared to adapt the language and methods of communication they use with young people and to use alternative methods where

necessary. For example, it may be more appropriate for some young people to use drawings or diagrams to explain their relationships or difficulties rather than just talk about them with their counsellor. Practitioners may need to use slightly different methods to help some young people to articulate their issues and express their feelings. These might include:

- Drawings of family and friends, i.e. family tree diagrams or genograms showing relationships between people.
- Diagrams showing relationships and connections, both at home and in school.
- Drawings to show emotions or thoughts.

Throughout the assessment process, counsellors need to project an attitude of warmth and non-judgemental support to the young person to help facilitate the therapeutic work.

Assessing the young person's difficulties. As part of the collaborative assessment process, the practitioner will need to assist the young person in discovering and articulating what the difficulty is which they are currently experiencing as well as where in their life they experience it. The counsellor will need to explore with the young person the areas where difficulties may have emerged such as:

- Problems in their family
- Low self-confidence/self-worth
- Anger
- Bereavement
- Difficulties at school
- Difficulties in peer relationships/friendships (including bullying)
- Difficulties with sexuality and intimate relationships
- Anxiety
- Difficulties in managing mood
- Low mood and negative life outlook (including self-harm and suicidal ideation)
- Difficulties arising from risky behaviours (misuse of alcohol and drugs, sexual behaviour, behaviours leading to involvement with police etc.)

Counsellors will need to encourage the young person to explore these areas initially to help them get a clear sense of where their difficulties lie. They can then help the young person to trace how the problem has developed, including identifying any relevant issues in the context of their family or cultural background. The purpose of this is to assist the young person in moving towards a clear sense of their difficulties and what might be the best use of their sessions. Practitioners will encourage the young person to elaborate further on their difficulties and identify various factors such as; what happens, when are the triggers, what makes things worse, what might improve the situation, etc. Counsellors can help with this process by asking questions such as:

'*When did you first notice that you were feeling down?*'
'*Are there any particular situations where your anxiety is worse or more noticeable?*'
'*When do you find you are losing your temper most often?*'

It is also important that the counsellor get a good sense of how, and to what extent, the issues identified impact upon the life and functioning of the young person. This might include basic functioning such as sleeping and eating, as well as in their relationships with friends and family. Here, counsellors may want to use questions such as:

> '*What do you think has changed for you in everyday life since you've been feeling low?*'
> '*How is your sleep at the moment? Do you find that your anxiety has an effect on your falling or staying asleep?*'

By helping the client to explore and express their concerns in this way, the work may follow the Process Model pathway towards a positive therapeutic outcome. It is important throughout this process that the counsellor remains mindful of the importance of using questions sparingly and appropriately. The aim is to maintain a caring and friendly approach while gathering necessary information without becoming intrusive or interrogating the client.

The 'whole' person: Strengths and positive resources. One of the fundamental principles of humanistic counselling is that of seeing the 'whole' person of the young person, rather than just viewing them as their difficulties or issues. It is therefore important for counsellors to help the young person explore and identify their strengths and resources as well as their difficulties.

Being interested in the whole of the young person is important in helping them experience themselves as 'seen' and understood by their counsellor, rather than simply labelled or pathologised. This can be particularly helpful for those young people who have been labelled by themselves and others as 'badly behaved', 'mentally ill', etc.

By actively listening in this way to the client the counsellor communicates their acceptance, allowing the client to continue to feel safe in expressing themselves and moving towards a positive outcome.

Young people who present for counselling may have a negative sense of themselves. By demonstrating a willingness to talk about strengths as well as difficulties, counselling can help with repairing and building self-esteem. Helping young people to identify the good relationships they have made and their positive qualities is a vital part of SBHC.

Counsellors should get a sense of how the young person is currently functioning in a range of spheres such as:

- Personal
- Interpersonal
- Social
- Academic

This will help the young person and counsellor in building a sense of where both difficulties and strengths and resources lie within the client.

ETHOS counsellors will ask the young person to complete an Outcome Rating Scale (ORS) at each session, the results of which will provide the counsellor and the client information about the client's functioning in the domains of personal well-being, close relationships, social settings (including school), and general well-being.

The counsellor may use explorative questions with the young person in order to get a sense of their strengths, such as:

> '*If your best friend was here, what would she say were your best qualities?*'
> '*So it sounds like you get stressed in maths and it makes you feel really down…and in other lessons?*'

Exploring the young person's life story. An important aspect of the ongoing collaborative assessment can be helping the young person look at their history in a way that enables them to understand themselves and any difficulties they have more fully. One method of achieving this is by encouraging the young person to talk through relevant aspects of their life story. Doing this may help the young person to discover that some of their interests or strengths have emerged from particular events or developments in their lives. This also allows the potential for young people to identify where their difficulties may have developed after experiencing particular stressors in their family or general life such as moving, bereavement or separation and divorce.

Working collaboratively on this can help the young person make sense of their difficulties as well as feeling they have been understood by another. This kind of understanding is identified as important in terms of good therapeutic outcome. The SBHC Process Model suggests that this approach can lead to increased self-acceptance for the client, as well as an increased understanding of their situation and relationships. Also, helping the young person to explore their immediate and extended families, as well as other social supports within their community and outside of it will help them to identify resources that they can call on for support and strength. For example:

> *'It sounds as though losing your nan last year was really difficult for you and your mum and that somehow you found a way through that difficult time. As I hear it I can't help wondering what helped you through it and what you might learn about yourself from what you experienced?*'
>
> Or
>
> '*You've talked about how you argue a lot with your parents, but I also notice that you talk about your uncle Alex quite a bit. It sounds like he might be someone you find it easy to talk with.*'

Counsellors should also be prepared to explore, in a similar manner, the young person's experiences at school in terms of strengths as well as difficulties. It can be helpful here to assist the young person in mapping out their school life with regard to subjects and school staff, enabling them to identify important relationships and any resources they can utilise:

> *'I wonder if it would be helpful to look really closely at your time in school and see which lessons are difficult to stay in and which are a bit easier. We could see if there are any common factors linking them, maybe teachers you like or find it less stressful to be around. What do you think?*'

Exploring the young person's social and cultural context. The social and cultural context of the client is an important factor to consider in gaining a collaborative understanding of the young person and their difficulties and strengths.

Counsellors' basic knowledge of mental health concerns should take into account the prevalence of these across different cultures, ethnicities, and social classes. Counsellors should be listening for protective factors in the young person's background including social support, proximity to extended family and access to community resources. Equally, counsellors should take an interest in any potential stressors in the young person's background including potential for overcrowding, poor housing, neighbourhood harassment or problems with gangs.

Counsellors will need to understand and bear in mind a young person's cultural background throughout the assessment and consider this when exploring their world view and difficulties they are experiencing. Counsellors should be careful not to impose an attitude based upon their own cultural background on the young people they come into contact with.

Counsellor's self-reflection during the assessment process. In the above respect and throughout this process, counsellors should reflect on their responses to the young person and the material they have shared in order to ensure that their own feelings or judgements do not interfere with their ability to respond to the young person in an open, accepting, and empathic manner.

Establishing and agreeing a therapeutic focus/therapeutic goals. Establishing the young person's goals and focus for the work is a collaborative effort and an ongoing process throughout the therapeutic work. As the SBHC intervention is time-limited it may be useful to discuss the goals and or focus for counselling in the early stages of therapeutic work. Some young people may already have a clear focus or goal in mind and this can be explored with the counsellor to ensure that it feels appropriate for the kind of intervention available. Other young people may need some collaborative assistance in exploring and articulating what they would find most useful to focus on.

Any goals or focus decided upon at this stage of the counselling can be revisited throughout the therapeutic work when appropriate. In this way the young person can decide, along with their counsellor, if their initial goals are still relevant or if things have changed in the course of the counselling. Counsellors may find it useful to 'check in' with the client at the start of each session regarding how they think they are progressing toward their goal or if they feel a change of focus is needed.

Contracting for counselling. During this initial phase, counsellors will need to explicitly agree the boundaries of the therapeutic work, including:

- ***Attending counselling sessions.*** Clients need to know that to get the most out of their counselling they will need to commit to coming to the session each week if possible and on time. The counsellor can let them know at this point what the protocol will be for non-attendance at a session.
- ***Confidentiality and the limits of confidentiality.*** Here, drawing on their knowledge of the law regarding confidentiality, the school context they are working within as well as the protocol of the ETHOS trial, counsellors should fully explain the limits of the confidential relationship being offered. Counsellors need to make clear to the young person that the con-

tent of their sessions will remain confidential unless anything is disclosed which makes them believe that the client is at risk of harm from themselves or another.

- ***Number of counselling sessions.*** The ETHOS trial is a time-limited intervention of up to ten sessions. This number cannot be extended. Counsellors should make it clear to the young person how many sessions are available to them and make arrangements regarding when these will take place.

In some cases it may be decided during this process that a counselling relationship is not appropriate at this point, or the young person has decided that they no longer wish to continue. In these circumstances, the counsellor can decide whether to invite the young person to consider their decision and return the following week to see if they still feel that way, or agree that this is not the right time for counselling and not pursue any further sessions.

If the counsellor feels that counselling is not an appropriate intervention and that some other form of help is required by the young person, this should be discussed with the counsellor's supervisor, as well as with the young person, before any action is taken.

Please note that, if the counselling is terminated, the young person will remain a participant in the ETHOS trial and will be expected to attend all research meetings. This should be made clear to the young person.

Conducting a risk assessment. Assessment for risk must be an ongoing part of therapeutic work with young people. It is carried out on the basis that it will help improve the quality of life of the young person and hopefully prevent or minimise the risk of significant harm occurring. As with all aspects of the collaborative assessment covered so far, the assessment of risk will be ongoing throughout the counselling work.

The ETHOS trial has risk to self or others, at baseline assessment, as an exclusionary criterion. Therefore, pastoral team members of school staff will be asked to only put forward for the trial those young people not seen as being at risk of serious harm. The self-report measures used at baseline will also contain questions regarding serious risk. However, risk issues may emerge during the young person's participation in the trial. Should a young person disclose that they, or someone else, are at risk of serious harm during the counselling this should prompt an immediate conversation regarding risk issues with the young person, and appropriate procedures (see below) should be followed. Note, young people would not be excluded from the study should risk issues emerge once they have been accepted into the trial.

Any risk assessment or exploration of risk factors carried out by a counsellor should be based on a solid foundation of knowledge of the different forms of risk being assessed. These could include:

- Risk of harm to self, including:
  - Suicide risk
  - Self-harm without apparent suicidal intent e.g. deliberate self-poisoning or self-injury
  - Self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk
- Risk of self-neglect
- Risk of harm to others (e.g. violent and challenging behaviour)

- Risk of harm from others (e.g. domestic violence, abuse, neglect, parental mental ill health/substance misuse) (BACP, 2014, p. 67)

Risk assessment and school policy. At all stages of this trial counsellors should adhere to guidelines in the ETHOS document *Assessing and Managing Risk Guidelines*.

Counsellors will familiarise themselves with their individual school's policy regarding safeguarding and child protection and also discuss the policies with a relevant member of school staff in advance of seeing any clients. It is important that the counsellor and the school are clear regarding what the procedure is if a young person discloses material which raises concern regarding their wellbeing during their session.

During this initial phase, the counsellor will make the young person aware that if the young person makes a disclosure at any point during their counselling that suggests they, or someone else, are at risk of serious harm or in immediate danger, then the counsellor will need to follow the usual school safeguarding/child protection procedures. This would mean discussing the disclosure with the appropriate person within the school. If, during the therapeutic work, this reporting on is deemed necessary by the counsellor, they will explain this to the young person, consider with them exactly which information needs to be disclosed (only that pertinent to the risk or danger will be passed on), invite the young person to be involved in the reporting on of such information and at all stages attempt to gain their consent for the passing on of information. Should a young person not give consent to the sharing of information and the counsellor deems that someone is at risk of serious harm or in immediate danger, then they will disclose this to the appropriate member of staff without the young person's consent.

Gathering information for risk assessment. An important part of collaborative risk assessment is gathering information from the young person. As the counsellor invites the young person to tell them more about their family situation, their thoughts and feelings as well as behaviours, the counsellor will be listening out for anything which could be a risk factor for that young person. Examples of this could be a young person mentioning being upset by a domestic violence situation they have witnessed at home, a fourteen-year-old girl talking about her boyfriend threatening to hit her, or someone disclosing plans to take an overdose. Counsellors need also to have an awareness when exploring risk that there are different types of risk factors to consider:

- Static and unchangeable historical events (e.g. a history of child abuse).
- Dynamic but chronic, with only slow change over time (e.g. social deprivation).
- Dynamic and acute, and can change rapidly (e.g. access to lethal weapons, or conflict with parents and/or peers) (BACP, 2014, p. 68).

Counsellors carrying out a risk assessment need to bear in mind their knowledge of the demographics and other factors which have been identified by research as enhancing risk for certain groups and in particular contexts.

If a counsellor becomes aware of risk factors as they talk with their young person, they will need to skillfully explore these further. For example:

'*You've told me that you felt like hurting yourself on Tuesday. It sounds as though you were feeling very upset. Can you tell me a bit more about what happened and whether this is something that has happened before?*'

Or

'*You've just told me that your mum slapped you on Friday night because she thought you were wearing too much make-up. I think that is something we need to explore further together. I wonder if you can tell me a bit more about what happened.*'

The counsellor needs to pay attention to the young person on a number of different levels when carrying out a risk assessment. This includes non-verbal communication or presentation as well as anything the client discloses verbally or otherwise. For example, if the client struggles to make and maintain eye-contact, seems withdrawn, or if they are unkempt or have bruises of other marks on them, counsellors may need to investigate further the possibility of risk. There is the generic assessment component of potentially placing the young person's current presenting difficulties in a particular context, such as home life or family events. There is also the risk component and the various factors associated with this.

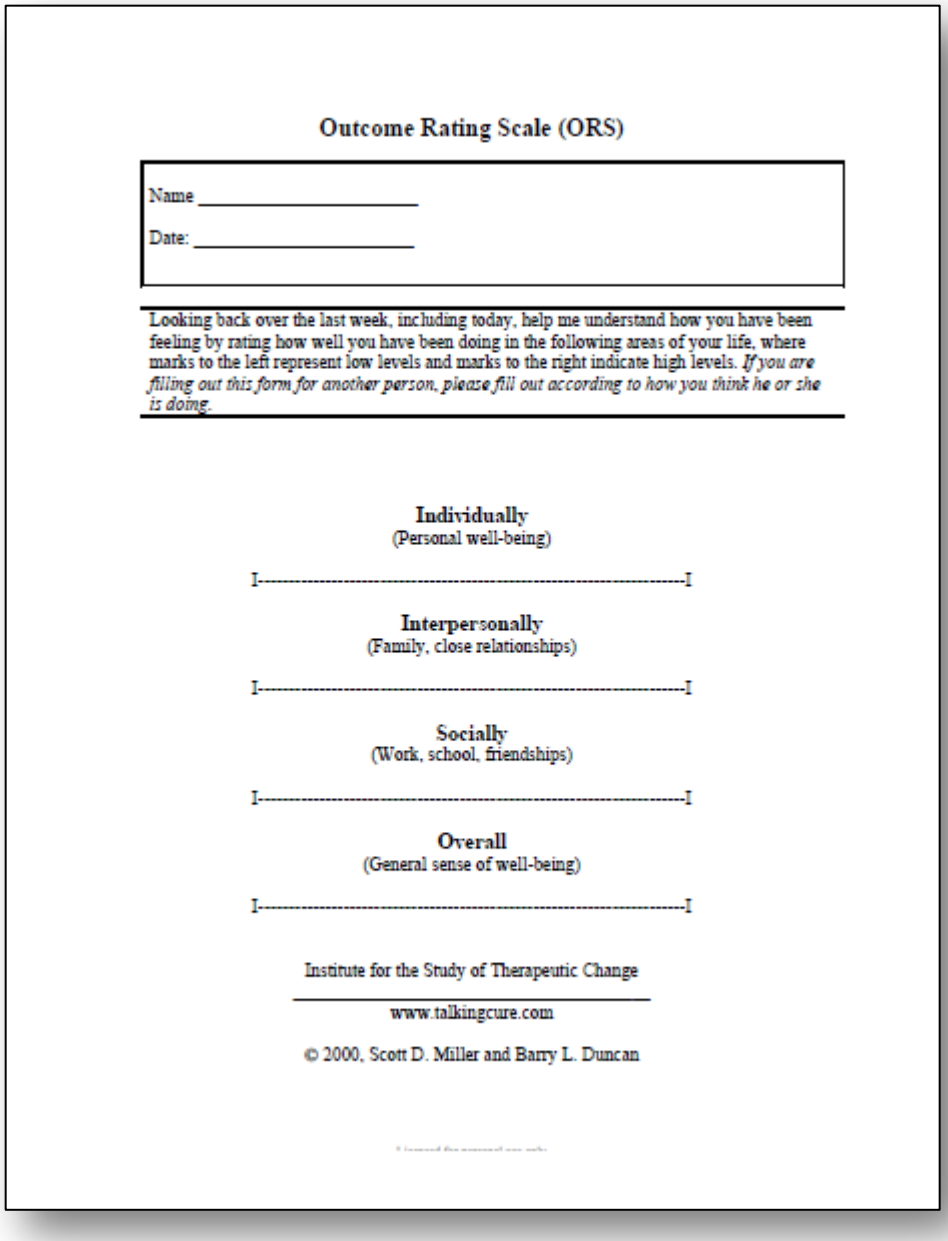
When assessing for risk, counsellors will be assisted by by methodically thinking through the various aspects of the presentation which might involve risk in order to gauge the likelihood that harm will occur and how soon and to what degree.

In situations involving risk, counsellors should also assess the possible factors reducing the risk of harm. For example, are the family already known to local family and children services?

Seeking advice and supervision as part of risk assessment. It is good practice for counsellors to discuss any concerns regarding risk in their clinical supervision, even where these don't appear to involve a risk of significant harm. Risk is a complex area for counsellors working with vulnerable young people to deal with, and support is an important component of managing it successfully. Counsellors should also discuss in supervision any concerns they have that a young person will need to be referred on to another service or practitioner where they feel they might be working outside the limits of their capabilities, as well as any Adverse Events which may have occurred.

Monitoring outcomes: Using the Outcome Rating Scale (ORS) to evaluate SBHC.

In order to evaluate the effectiveness of SBHC several measures will be administered at intervals throughout the study to participants in counselling and those in the control group. The ETHOS trial session-by-session measure to be administered by counsellors will be the ORS. Further information can be found in Part III.



Outcome Rating Scale (ORS)

Name _____

Date: _____

Looking back over the last week, including today, help me understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

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Introduction to the Outcome Rating Scale (ORS). The ORS is a simple, four-item session-by-session measure designed to assess areas of life functioning known to change as a result of therapeutic intervention. Research indicates that it is a reliable measure of change, that it correlates well with other measures of treatment outcomes and that it has been associated with improved therapeutic outcomes in adults (Law, Miller & Squire, 2014). Please note that the ORS is a licensed measure and should not be used outside of this trial without permission from the authors (heartandsoulofchange.com).

Miller and Duncan (2000) developed the ORS as an ultra-brief alternative to longer measures whose length of administration, scoring, and interpretation made them less practical.

The ORS assess four aspects of client functioning, widely considered to be valid indicators of positive outcome in therapy:

1. Personal or symptom distress (measuring individual wellbeing).
2. Interpersonal wellbeing (measuring how well the client is getting along in relationships).
3. Social role (measuring satisfaction with school and relationships outside of the home).
4. Overall wellbeing.

These four aspects are translated into four visual ORS scales. The scales are l0cm lines, with instructions to place a mark on each line with low estimate to the left and high to the right. The ORS rates are written at a 13-year-old's reading level, making it feasible for young people in the ETHOS trial to understand.

Clients should be asked to complete the ORS at the beginning of each session.

The ORS is not designed to predict what diagnosis a young person is likely to have, nor is it measuring symptom reduction. The purpose of the ORS is to provide real time feedback on progress in the four specific aspects of client functioning.

Introducing the ORS at the first session. When explaining the use of the ORS in the first session, counsellors should avoid using clinical jargon and explain the purpose of the ORS and its rationale in a common sense way. For instance, the ORS can be introduced by saying that it is designed to assess distress and help measure progress. The specific wording is not important. When it comes to administering the ORS, it is useful to read the instructions out to the clients and ask if they have any questions before they start. For example:

> '*Before we get started I would be grateful if you could take a minute to fill out a very brief questionnaire to help us understand how things are going for you. Every time we meet I will ask you to fill the form again to help us track progress. Are you ok with that? OK, so let me go over the instructions with you.*'

Discussing the ORS results. Scoring of the ORS is done in front of the client using a centimetre ruler. Each of the four visual scales is 10cm in length, so the score for each scale is the measurement length on the ruler (e.g. 3.3cm = score of 3.3) with 10 being the highest score for each scale. Each score is written in the right margin, and then the four scores added for the overall score. The total possible score is 40. The next step is to plot the client's overall score on a graph to monitor the trajectory of progress (see Supplementary Materials).

The ORS cut-off score between the clinical population and the non-clinical population for 13-17 year olds is 28. It is important to explain this cut-off score to the young people. For instance:

> '*Great, thanks. Let me show you what I have done. The four lines on the form are each 10cm. I have used the ruler to come up with a score for each line. I then have added the numbers for a total score and plotted them on this graph. We can see your score here. Scores above this line represent young people who seem to be doing all right in life and*

don't seek help. Scores below this line, like yours, are typically young people who are having problems and wanting help to make some changes. Is that true for you?'

'*OK, so when we fill out this form each time we meet I will be putting your scores on the graph and connect the dots, and hopefully we will soon see a line going up which will tell us we are on the right track. If it does not go up, or goes down, we will know about it right away and we can talk about it, and together work out what might need to be different and what might be more helpful.*'

Collaborative formulations and the ORS scores. It is important to help the young person connect their presenting problems with their ORS scores. This connection can be incorporated within the collaborative assessment process and/or when constructing collaborative formulations with young people, for example, when looking at therapeutic goals and focus. To young person (laying out the ORS in front of them):

'*I would be grateful if you could tell me a bit about why you put the marks where you placed them so I can better understand the problems that brought you here.*'

This will often end up with a narrative about the problem, which is fine. Such discussions can be a part of general conversation in the session and the process of arriving at shared formulations with clients. For example:

'*It sounds like you are spending a lot of your day worrying and avoiding places out of fear. Does that explain your mark here on the Me [How am I doing?] scale?*'

Do's and don't's of using clinical outcome tools. The following list, adapted from Law, Miller and Squire (2014), is intended to assist counsellors in using the ORS appropriately and effectively during their sessions with young people.

Do:

- Make sure you have the forms you need ready before the session.
- Always explain why you are asking the young person to fill out a form.
- Look at the answers in the session and discuss the answers with the young person.
- Share the information in supervision.
- Always use information from the forms in conjunction with other clinical information.

Don't:

- Give out a questionnaire if you think the person doesn't understand why they are being asked to complete it.
- Use any form if you don't know why you are using it.
- Insist on the young person filling out the forms if they are too distressed.
- See the numbers generated from the ORS as an absolute fact.
- See your clinical judgement (irrespective of the ORS scores) as an absolute fact.

If counsellors are in any doubt about how to administer the ORS or have any other issues with the scale, they should discuss this with their supervisor and/or a member of the ETHOS trial team.

Completing the Current View tool. After a first session with each client, counsellors should complete a Current View form, based on their best knowledge and understanding of the client. Detailed instructions for completing the Current View form are provided separately.

If and where, during the counselling process, more knowledge becomes available of a client's issues or context, a new Current View form should be completed. The reason for completing the form should be marked in the top right hand corner. At the end of counselling, a final Current View form should be completed for the young person, indicating the counsellor's full and final knowledge of the young person.

Section 6: Establishing, Maintaining, and Concluding the Therapeutic Relationship

Competences references:

- Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view' (p.46)
- Ability to experience and communicate empathy (p.75)
- Ability to experience and to communicate a fundamentally accepting attitude to young people (p.76)
- Ability to maintain authenticity in the counselling relationship (p.76)
- Ability to manage endings and service transitions (p.50)
- Ability to conclude counselling relationships (p.77)

Counselling MindEd sessions:

- CMD 412-027 Entering the CYP's Frame of Reference
- CMD 412-018 Establishing a Therapeutic Alliance
- CMD 412-028 Communicating Empathy
- CMD 412-029 Communicating Acceptance
- CMD 412-030 Being Congruent
- CMD 412-023 Contracting with the CYP
- CMD 412-031 Self-Awareness in the Therapeutic Relationship
- CMD 412-032 Facilitating Emotional Expression with CYP
- CMD 412-033 Working with Emotional Meanings in Counselling with CYP
- CMD 412-034 Introducing Creative and Symbolic Methods with CYP
- CMD 412-035 The Range of Creative and Symbolic Methods with CYP
- CMD 412-036 Creating Methods in Action: Case Study
- CMD 412-043 Concluding Counselling

Section 6 covers the establishment, maintenance, and conclusion of the therapeutic relationship in SBHC. It is based on the core principles of humanistic counselling as exemplified throughout this Clinical Practice Manual.

The ability to create a therapeutic relationship, together with knowledge of the basic assumptions and principles of humanistic psychological therapies, form the basic competences for SBHC. The therapeutic relationship is founded on the therapist offering, and the client experiencing, the Rogerian core conditions of empathy, unconditional acceptance, and authenticity. These conditions are necessary for SBHC to be therapeutic and are therefore indispensable and present constantly throughout the therapeutic work, as opposed to interventions, which are only used in specific situations where they would be helpful.

The SBHC Process Model proposes that the counsellor activity of actively listening to the client will communicate empathy and facilitate emotional expression. The counsellor qualities shown in the Process Model, including friendliness, care and consistency are identified by young people as supporting therapeutic change, leading to positive therapeutic outcomes.

The therapeutic alliance. The therapeutic alliance is generally seen as having three components:

1. The relationship or bond between counsellor and client.
2. Consensus between counsellor and client regarding the techniques/methods employed in the therapy.
3. Consensus between counsellor and client regarding the goals of therapy (BACP, 2014, p. 46).

The second two components have already been covered in the previous section of the Manual, on making a contract for the counselling; the following focuses on the first, the relationship or bond between the counsellor and young person.

Therapist factors associated with the alliance. The following counsellor factors have been identified as increasing the probability of forming a positive alliance:

- Being flexible and allowing the young person 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.
- Being able to demonstrate an understanding of the young person's perspective and their situation.

The following are identified as 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.

Counsellors should use these lists, along with the SBHC Process Model, and their understanding of the core conditions for therapeutic change, to help them provide a therapeutic environment which will encourage the forming of a positive therapeutic alliance, in order to ensure the best outcome for the client. This general attitude of warmth and acceptance established during the initial stages should be maintained throughout the therapeutic work.

The client's perspective and 'world view'. A crucial aspect of delivering SBHC is the counsellor's ability to convey to the young person a sense that they understand their frame of reference, i.e. their world view, and how they understand themselves within it. To support counsellors in this, the PCEPS-YP item 1: 'Client Frame of Reference' is included below (Box 3) in order to guide counsellor interventions in this respect.

Box 3. PCEPS-YP Item 1: Client Frame of Reference

1. No understanding: Therapist's responses convey no understanding of the client's frame of reference; or, therapist adds meaning based completely on their own frame of reference.
2. Minimal understanding: Therapist's responses convey a poor understanding of the client's frame of reference; or, therapist adds meaning partially based on their own frame of reference rather than the client's.
3. Slight understanding: Therapist's responses begin to approach an adequate understanding of the client's frame of reference but are consistently somewhat 'off'.
4. Adequate understanding: Therapist's responses convey an adequate understanding of the client's frame of reference.
5. Good understanding: Therapist's responses convey a good understanding of the client's frame of reference.
6. Excellent understanding: Therapists' responses convey an accurate understanding of the client's frame of reference and therapist adds no meaning from their own frame of reference.

Counsellors will need to demonstrate a high level of curiosity about the young person's sense of themselves and the world around them, rather than trying to impose something that relates to the counsellor's own frame of reference. For example:

> '*From what you've told me, it sounds like school feels a bit like being in a jungle where everyone's out to attack each other. I imagine that might be pretty scary at times.*'
> Rather than:
> '*School's not so bad really. It feels a lot scarier than it actually is.*'

Throughout the therapeutic work, the counsellor will need to hold the client's world view in mind, while retaining an independent perspective and guarding against identification with the client. In the example above, the counsellor might want to retain knowledge of their own subjec-

tive experience of being in school as fairly manageable, while also getting alongside the young person in understanding their subjective experience of it as frightening. In this way the counsellor is communicating empathy, demonstrated by the SBHC Process Model as leading to positive therapeutic outcome.

Maintaining the alliance. The foundation of SBHC is the relationship between young person and counsellor so it is vital that counsellors recognise when the therapeutic alliance is compromised or under strain in any way and respond quickly. The counsellor may notice signs such as the young person coming late to sessions or being unwilling to attend at all. They might also be uncommunicative in sessions or be unwilling or unable to engage with the counselling. If the counsellor suspects that there is an issue with the therapeutic alliance, they should check with the young person that there is a shared understanding of the rationale for the therapeutic work and that they are both in agreement with regard to the goals or focus of the work.

Counsellors who think that the alliance is under strain in respect of their relationship or bond with the young person will need to explore this sensitively with their young person. Young people may find it difficult to share their negative feelings about the counsellor or the counselling, but should be encouraged to do so appropriately:

> '*Your teacher said that you hadn't wanted to come to our session this week. Is there something happening here that you feel unhappy with? It may be that it is something I have done which is making you feel uncomfortable. It would be good if we could talk it through as then there's a chance we can sort it out between us.*'

Counsellors must make it clear to the young person that they are open to all their feelings about the counselling, positive or negative, as this is in the interest of the young person's progress towards wellbeing. They must be prepared to take appropriate responsibility for their part in strain on or rupture of the therapeutic alliance.

Experiencing and communicating empathy. Empathy involves an apprehension of, and absorption in, the young person's frame of reference. Empathy is the effort to understand the young person's internal world with as much accuracy as possible, and to communicate and check that understanding with the young person. It is a subtle activity requiring sensitivity to both implicit and explicit communication from the young person and an ability accurately to convey the counsellor's understanding of the young person's experience in a way that fosters their self-awareness. The PCEPS-YP item 3: 'Emotional Resonance' is included below (Box 4) in order to guide counsellors in providing best practice in this respect.

Box 4. PCEPYS-YP 3: Emotional Resonance

1. **No resonance:** Therapist consistently misses or dismisses client feelings and perceptions; makes assumptions based on therapist's own perceptions and is completely out of tune with the client.
2. **Minimal resonance:** Therapist is only occasionally and inconsistently able to communicate client feelings and perceptions back to them, with their responses typically based on therapist's own feelings.
3. **Slight resonance:** Therapist communicates understanding of some of the client's feelings and perceptions, without fully resonating with them.

4. **Adequate resonance:** Therapist is generally able to resonate with, and communicate accurate understanding of, client's feelings and perceptions.
5. **Good resonance:** Therapist is consistently and accurately attuned to the client and clearly communicates their understanding of the client's spoken and unspoken feelings.
6. **Excellent resonance:** Therapist is especially in tune with the client and capable of deeply sensing, and resonating with, the feelings that are both unspoken and spoken.

According to the SBHC Process Model, the communication of empathy by the counsellor allows the client to explore and express their concerns, experiences and emotions which leads to the pathways for positive client outcome shown in the diagram.

Empathy is vital for maintaining psychological contact with the young person. Counsellors must monitor on a moment-by-moment basis the degree to which psychological contact is maintained in a session by noticing whether the young person's communications are reasonably coordinated with and/or match the counsellor's verbal and non-verbal behaviour and using appropriate empathic responses to adjust work for young people who show evidence of being out of psychological contact i.e. reflecting the young person's words sensitively with the aim of helping them to articulate aspects of their subjective experience.

Counsellors must try to maintain a consistently empathic attitude throughout the work by being responsive to verbal and non-verbal communications from the young person and by sensing the emotions and perceptions of the young person as if they were the counsellor's own (while also maintaining a connection to the counsellor's own experience).

In order to experience and communicate empathy, the counsellor:

- Senses and understands those feelings and perceptions of which the young person is aware, as well as offering tentative, respectful conjectures regarding those that may have not yet entered the young person's awareness or that the young person may be experiencing but has not yet said explicitly: e.g.,
  '*I can hear a lot of anger when you are speaking about your dad, but I wonder if there is some sadness in there too?*'
- Understands the potential significance of body language (i.e. facial expression, bodily posture) as indicators of the young person's subjective experience: e.g.,
  '*I notice that you are sitting right on the edge of your seat. I wonder if there is something that is making you feel tense right now?*'
- Understands the potential significance of paralanguage (i.e., tone of voice, intonation, diction, cadence) as indicators of the young person's subjective experience: e.g.,
  '*I wonder if you are beginning to feel quite sad about the way your friendship with Millie ended. I'm noticing a change in your tone when you speak about her now. You don't seem as angry as you have in the past.*'
- Offers accepting curiosity about inconsistencies between the young person's verbal and nonverbal behaviour: e.g.,
  '*I'm interested in how you laughed when you said that Mitch hasn't messaged you since Saturday, because you've been talking a lot about how hurt you feel when boys ignore you after you've got together.*'
- Empathises equally with all aspects of the young person's experience, even where these aspects are contradictory: e.g.,

'*I get the sense that you would really like to be able to go into more lessons but I understand that some of your classes feel absolutely terrifying to you.*'

Counsellors will need to communicate empathically with the young person in a way that conveys an accurate understanding of their emotions and perceptions, for example by:

- Making empathic responses that the young person can use constructively, i.e.:
  '*It sounds like your mum and dads' separation was a really difficult time for you.*'
- Actively summarising and paraphrasing the young person's discourse, i.e.:
  '*So although they first split up six years ago, the court case has been going on this whole time.*'
- Accurately reflecting the young person's feeling's back to them, i.e.:
  '*You felt very confused and angry when you were first told about the separation.*'
- Using metaphor in the young person's own linguistic style where appropriate, i.e.:
  '*It sounds like you feel like your whole world had turned upside down at that moment.*'
- Checking that their perceptions of the young person's inner world are consistent with the young person's own experience and revising them, if necessary, in the light of the young person's feedback, i.e.:
  '*So, I'm not sure if you're saying that you feel sad about what happened or whether it's something else.*'

Experiencing and communicating a fundamentally accepting attitude to young people. To be effective, empathy needs to be accompanied by an attitude of unconditional acceptance on the counsellor's part. The therapist-offered condition that predicts beneficial outcome in counselling is that of the young person consistently experiencing the counsellor's acceptance. In order to assist and guide counsellors in this respect, the PCEPS-YP item 4: 'Accepting Presence' is included below (Box 5) for counsellors to refer to.

Box 5. PCEPS-YP 4: Accepting Presence

1. Explicit nonacceptance: Therapist explicitly communicates disapproval or criticism of client's experience/meaning/feelings.
2. Implicit nonacceptance: Therapist implicitly or indirectly communicates disapproval or criticism of client's experience/meaning/feelings.
3. Incongruent/inconsistent nonacceptance: Therapist acceptance is inconsistent and slightly judgemental.
4. Adequate acceptance: Therapist demonstrates at least some degree of acceptance of the client's experience.
5. Good acceptance: Therapist clearly conveys unconditional acceptance, even in face of the client's challenging behaviours or thoughts.
6. Excellent acceptance: Therapist skillfully conveys clear, grounded acceptance of the client's experience and does not demonstrate any kind of judgment towards client experiences or behaviours, even when these might be criticised by others.

In SBHC, the counsellor's tentative empathy reflections are the vehicle for communication of this acceptance and the counsellor's congruence is what makes any of this feel trustworthy and palatable to the young person. Various terms have been used to describe this accepting

attitude, such as unconditional positive regard, non-possessive warmth, prizing, respecting, affirming, and valuing the young person's humanity. The two key elements to this are:

1. An affirming of the young person's value as a unique human being.
2. The adoption of a non-judgemental approach regardless of whether the behaviour, attitudes or beliefs of the young person are at variance with those of the counsellor. The importance of this attitude is that it supports the young person's self-determination and self-esteem.

In order to experience and communicate a fundamentally accepting attitude to the young person, the counsellor:

- Values the young person regardless of their behaviour, attitudes and beliefs. The counsellor can demonstrate this valuing by maintaining an attitude of interest and curiosity regarding the young person and the material they bring to their session. For example, a counsellor who is an atheist would maintain a curiosity regarding a client's beliefs if they were committed to a particular religion:
  'It sounds as though your religion has an important place in your life. Perhaps you can tell me more about your beliefs.'
- Holds an attitude of consistent acceptance towards all aspects of the young person and demonstrates this through a welcoming and non-judgemental attitude. The counsellor demonstrates this attitude by being consistently interested in what the young person brings to talk about no matter what it is. Counsellors will allow the client to lead the session content rather than selecting what they think is important or avoiding certain areas because the counsellor doesn't value them:
  'What do you think it is important that we look at today? This is a space for you to bring anything you want to work on.'
  Rather than:
  (Therapist looking at the floor) 'I don't think we need to talk about your concerns about being gay. These sessions are for looking at other issues. I wonder if you are still finding it hard to sleep?'
- Communicates genuine warmth and acceptance to the young person both verbally and non-verbally. Counsellors should be aware of the importance of their facial expressions and body language in terms of communicating warmth and acceptance. Smiling as the young person is greeted and maintaining appropriate eye-contact and tone of voice are important in conveying an attitude of acceptance.
- Responds to failures of unconditional positive regard (e.g., if the counsellor experiences rejecting and judgemental feelings towards the young person) through self-reflection and the use of supervision. Where counsellors become aware that they have struggled to maintain this attitude they should work through this in their own self-reflection and in supervision. Counsellors need to remember that the condition of maintaining an accepting attitude is crucial for a beneficial therapeutic outcome.
- Reflects on their own values and the ways in which these might influence their work with young people. With the above in mind, counsellors should be willing on an ongoing basis to reflect on the values they hold which might interfere with their capacity to maintain an attitude of acceptance. For example, where a counsellor has a set of personal beliefs re-

garding LGBT issues, they may need to reflect on whether these beliefs could interfere with their capacity to demonstrate an attitude of acceptance to a young person struggling with gender identity issues.

Maintaining authenticity in the therapeutic relationship. The concept of authenticity – sometimes referred to as genuineness or congruence – underpins both empathy and unconditional acceptance. For empathy to be effective the counsellor must be genuinely interested in the young person and how they see the world. Likewise, unconditional acceptance must be genuinely felt by the counsellor and not simply portrayed as part of a 'professional' façade; the counsellor tries to create a real, human relationship by being themselves, and not 'professional' or 'expert'. In the SBHC Process Model, the counsellor quality of being consistent and dependable fits in with this concept of authenticity as well as that of being friendly. The PCEPS-YP item 5: 'Genuineness' is included below to assist counsellors in maintain a consistently genuine approach with clients.

Box 6. PCEPS-YP Item 5: Genuineness

1. No genuineness: Therapist sounds completely fake, artificial or patronising and does not seem aware of their own experiencing of the client.
2. Minimal genuineness: Therapist sounds somewhat wooden, stiff, formal or technical; unable to relate in a person-to-person manner with the client.
3. Slight genuineness: Therapist sounds a little distant or affected and only occasionally aware of their own experiencing of the client; rarely able to connect to the client in a person-to-person manner.
4. Adequate genuineness: Therapist generally sounds natural, unaffected and able to some degree to maintain a person-to-person stance; some congruence with occasional lapses.
5. Good genuineness: Therapist sounds consistently natural or genuine, in touch with their experiencing of the client at a person-to-person level, and expresses this in a facilitative manner.
6. Excellent genuineness: Therapist sounds completely genuine, very real or personally present, without any façade or pretence; comfortably, sensitively and appropriately conveys their experience of the client in a person-to-person manner.

In order to maintain authenticity in the therapeutic relationship, the counsellor:

- Is fully engaged in the therapeutic relationship. The counsellor must be as present in the here-and-now with their client as they can be. This means not being distracted by their own outside or personal concerns.
- Relates to the young person in a non-defensive and open manner, being spontaneous where appropriate, demonstrating consistency between verbal and nonverbal communication, and by not adopting a 'professional' façade. Perhaps the simplest way to describe what this looks like is that the counsellor is their 'real' self in the therapeutic relationship, while maintaining a therapeutic stance. The counsellor recognises that they are in a professional role with boundaries and responsibilities for the young person's wellbeing, but they do not hide behind a professional 'persona' which might prevent both counsellor and young person from truly being in contact during the sessions. The counsellor is natural and their responses to the client come from their genuine self rather than idea of how a counsellor should respond.

- Is able to welcome and work with the young person's strong emotions. The counsellor should be genuinely able to manage any emotions that arise in the young person. The young person needs to experience the therapist as able to manage what they bring without becoming overwhelmed or rejecting of their process.
- Remains aware of their own experience in an accepting and non-evaluative manner throughout the process of building a relationship with the young person. Here the counsellor maintains an awareness of their own experience during the therapeutic work, whatever that may be. The counsellor is able to note this experience in whatever way is appropriate, while building the therapeutic relationship and maintaining an accepting attitude.
- Is aware of emotional, bodily and cognitive reactions to the young person and uses these therapeutically. The counsellor remains connected throughout the therapeutic work to their own bodily, emotional and cognitive experiences. Where appropriate, these are fed back to the young person in the form of tentative empathic responses, i.e.:
  'As you are speaking about your brother's death I can feel a pain in my heart area. I wonder if you are experiencing the pain of his loss?'
- Maintains consistency between what they experience and the way in which this is portrayed in the therapeutic relationship, matching outward responses to the young person with their inner experiencing of the young person. Here the counsellor needs to demonstrate a congruence between how they are experiencing the young person and how they are responding. For example, if they are experiencing the young person as very angry or upset, it is important that this comes across in their empathic reflections rather than making an attempt to dismiss or 'dilute' the young person's experience, i.e.:
  'I get the sense you're feeling very angry right now.'
  Rather than:
  'You might not need to feel so angry about what happened. Perhaps you misunderstood what she said.'
- Is able to self-disclose and communicate experience of the young person to the young person, only where this is relevant to the young person's concerns, is persistent or striking, and is likely to facilitate rather than impede the young person's therapeutic process.

Counsellors need to bear in mind that if they can communicate their acceptance of the young person though maintenance of the accepting attitude, empathic reflections and authenticity as above, then they are able to provide conditions which are predictive of a beneficial therapeutic outcome (see Process Model).

Bringing the work to a close. For the purposes of the ETHOS trial, young people will be offered up to ten sessions of counselling. There will be no further sessions offered beyond this.

Planned endings. Where young people have continued with their sessions, the concluding phase of the therapeutic relationship is a time to review progress in therapy and look to the future. At this point, young people may be reminded of previous endings in their lives and experience quite strong feelings. It is important for counsellors to support the young person in expressing these feelings.

As SBHC is a time-limited therapeutic intervention, it is possible that some young people may not feel ready to come to an ending within their offered timescale. In such cases it is important for counsellors to facilitate the expression of such feelings, explore with the young person how to manage any difficulties which may persist, and ensure as far as possible that the ending is an opportunity for increased autonomy and self-awareness, rather than one which the young person experiences as negative. Counsellors need to be aware that, due to the nature of the trial, extensions to the counselling will not be possible and that, where necessary, young people should be referred back to the school's pastoral care team.

Counsellors will need to be prepared to initiate the conclusion of the counselling where:

- The young person feels that they are ready to end.
- The counselling is nearing the end of the fixed period of delivery.
- The counsellor feels certain that the work is no longer helpful for the young person.

To integrate the ending of the therapy as part of the therapeutic relationship, the counsellor:

- ***Negotiates with the young person how therapy will end.*** This should involve a collaborative discussion about how the counsellor and young person will manage the ending when it arrives. For example, the young person may want to use the final session as an opportunity to review their progress in the therapy or to look back at previous sessions.
- ***Prepares the young person for ending therapy by explicitly referring to the time-limited nature of the counselling at the outset, and throughout therapy, as appropriate (e.g. in connection with discussions about loss).*** As the ETHOS trial is time-limited intervention, having established a contract for the number of sessions being offered at the start of the work, it may be helpful to remain mindful of the number of sessions remaining on an ongoing basis. The counsellor could begin each session by looking with the young person at how many sessions there are left and inviting them to reflect on any feelings they might have about this or how they would like to use the time they have.
- ***Assesses any risks to the young person that may arise during or after discharge from the service.*** Counsellors will need to work alongside other pastoral services in their schools in order to be able to provide appropriate help to those young people who may be at risk if left without support once the counselling ends.
- ***Develops with the young person strategies for change and plans for action.*** The end of counselling can provide a good opportunity for young people to think through how they might like to move forward from their experience in counselling. Counsellors can consider with the young person what changes they have made, or would like to make, in their behaviour and/or relationships after they have finished their sessions. For example, a young person might want to sustain a commitment to self-reflection that they have developed in the course of their counselling. They could be encouraged to keep a journal of thoughts and feelings in order to maintain a connection to their inner world. Or a young person might want to discuss how they intend to challenge themselves to develop their confidence after the counselling ends. They might draw up a plan with the counsellor of how they could achieve this.

- ***Reviews with the young person their progress over the course of therapy, reflecting on the process of the intervention as well as what they have learnt and gained from counselling.*** Here the counsellor can consider encouraging the young person to focus in on how they have experienced their counselling sessions. This is a way of helping the young person to internalise a sense of what they have found helpful and what they have gained. The counsellor might want to do this in the form of a review of all the sessions that have taken place or by asking the young person what stands out for them as being helpful.
- ***Helps the young person make effective use of the ending phase of therapy.*** This can be done by:
  - Reviewing their prospects for the future, taking into account their current social context and relationships:
    '*How do you think things look now? How do you feel about the people in your life and your connections with them? What might you need to change in order to make sure you have what you need to be happy and well?*'
  - Assisting the young person in expressing thoughts and feelings not previously addressed in therapy:
    '*As we are coming to an end now, it might be useful to think if there is anything you haven't said or expressed that you think it might be useful for us to explore before we finish?*'
  - Helping the young person explore any feelings of anxiety about managing without the counsellor:
    '*I am getting a sense that you might have some concerns about what you will do without our sessions for support. Maybe we can think now about who you could go to if you are struggling or what other options or resources you might be able to use.'*
  - Helping the young person make connections between their feelings about ending in therapy and other losses/separations. Explore with the young person options for future counselling interventions and other sources of support should the need arise:
    '*I wonder if our ending now is bringing up thoughts and feelings from the other goodbyes that you have had to say in your life*.'
    Or:
    '*I wonder if it would be helpful for us to think about where you could go if you felt like you needed to talk to someone again. Let's have a think about what might be available to you.*'

Premature or unplanned endings. Where an ending is unplanned, counsellors should:

- Where possible, explore with the young person why they wish to terminate contact with the service earlier than originally planned: e.g.,
  '*You're saying that you don't want to continue with your sessions. Maybe we can talk about what's brought you to that point. It might be that ending is the right thing for you at the moment, but it is important that we think it through first before coming to a decision.*'

- Establish whether it is the young person's individual wish to end contact with the service or whether it has been influenced by other family members, peers etc.: e.g.,
  'I need to just check with you that this is your decision. I'm wondering if anyone else has spoken to you about your counselling.'
- Explore with the young person whether their concerns about the intervention or service can be addressed: e.g.,
  'It may be that we can do something differently to make this work better for you. Would you like to tell me what it is about the counselling that is making you want to end?'
- Assess any risk to the young person from an early ending with the service. If a young person wants to end their counselling early, the counsellor needs to make sure that any issues of risk which have arisen during the work are adequately considered at this point. For example, a young person may wish to end prematurely if they have begun to disclose difficulties which are troubling for them and which they have not spoken about with anyone before. Having spoken about them, the young person may then feel anxious about the possible consequences of their disclosure and wish to end counselling as a reaction to this. If risk is involved, the counsellor will need to consider carefully whether they can maintain the young person's confidentiality. This should be discussed with the young person where possible and with the counsellor's supervisor if possible before confidentiality is broken.
- Contact relevant professionals or agencies regarding an early ending. The counsellor will need to discuss any premature endings with their supervisor and possibly staff from the ETHOS project. If the counselling ends early, the young person will remain a participant in the ETHOS trial and will be expected to attend all research meetings. This should be made clear to the young person.

Section 7: Working with Emotional Content in School-based Humanistic Counselling

Competences references:

- Ability to work with emotional content of the session (p.49)
- Ability to help young people to access and express emotions (p.78)
- Ability to help young people reflect on emotions and develop new understandings (p.78)
- Ability to help young people make sense of experiences that are confusing and distressing (p.79)
- Ability to use creative methods and resources to help young people express, reflect upon, and make sense of their experiences (p.79)
- Ability to use applied relaxation (p.92)

Working with emotional content in the session. An important part of the process of SBHC involves working with the young person's emotions. SBHC has at its foundation an understanding that working with emotions - including clarifying, articulating, expressing and understanding them - will offer clients relief from psychological and emotional distress, as well as the potential for new emotional awareness and understanding. This is shown clearly by the SBHC Process Model which suggests that the exploration and expression of the client's emotions can lead to the five pathways of positive client outcome. Counsellors are also advised to

refer to the PCEPS-YP item 6: 'Emotion Focus' as shown below (Box 7) in order to ensure that they are adhering to the model for best practice in this respect.

Box 7. PCEPS-YP 6: Emotion Focus

1. No emotion focus: Therapist consistently ignores emotions or responds instead in a highly intellectual manner while focusing entirely on non-emotional content. When the client expresses emotions, the therapist consistently deflects the client away from them.

2. Minimal emotion focus: Therapist seems to have a concept of emotion focus but doesn't implement adequately, consistently or well; therapist may generally stay with non-emotional content; sometimes deflects client way from their emotion; reflects only general emotional states ('bad') or minimises client emotion.

3. Slight emotion focus: Therapist often ignores or deflects client away from emotion; therapist only slightly or occasionally helps client to focus on emotion; while they sometimes respond in a way that points to client emotions, at times they fail to do so, or do so in an awkward manner.

4. Adequate emotion focus: Therapist generally encourages client focus on emotions (by either reflections or other responses), with only minor, temporary lapses or slight awkwardness.

5. Good emotion focus: Therapist does enough of this and does it skillfully and sensitively, trying to help the client to evoke, deepen and express particular emotions.

6. Excellent emotion focus: Therapist does this consistently, skillfully, and even creatively where appropriate, offering the client powerful, evocative reflections or questions, while at the same time enabling the client to feel safe while doing so.

Focusing on emotions in this way offers the young person more options regarding new ways of behaving and acting in their lives. This approach comes directly from a humanistic understanding that psychological and emotional distress result from particular types of emotional experience, emotional processes, and ways of construing the self.

SBHC has been developed from the assumption that emotions motivate and guide behaviour, which can be towards growth and enhancement of the individual or, as in psychological distress, can become stuck and unhelpful. Good psychological health means being free to experience and express emotions as they change constantly in response to the changing environment, helping us to navigate that environment. These are known as primary adaptive emotion responses.

The SBHC Process Model suggests that, by helping young people to explore their experiences, emotions and problems in an empathic, accepting and trusting relationship, the young person may experience greater wellbeing and relief from distress. It is therefore important that, in delivering SBHC, counsellors are able to assist young people in accessing and expressing their emotions as part of the counselling process, including when the young person is finding it difficult to access and articulate feelings.

Helping young people to access and express their emotions. In SBHC, the counsellor should help the young person to get in touch with their full range of emotions, and to experience them in the session in order to work with them. They may help the young person to feel them in their body and/or to express them non-verbally, for example, with tears, sighs, clenched fists, or hugging themselves. They help the client to articulate emotions, putting them

into words or finding metaphors and images. They help the young person find the meanings behind the emotion, and where they might have come from. The SBHC therapist is just as interested in the young person's emotional process as in the content of the young person's story.

Sometimes young people may struggle to immediately access and express their emotions. This may be for a number of reasons: they may be kept out of their awareness because they are too frightening, or because the young person has been taught that they are unacceptable; or the young person may be aware of them but be unable to express them and therefore resolve them because they believe they are unacceptable. Sometimes, without the young person being aware of it, emotions are replaced by alternative responses that seem more acceptable; for example, fear or sadness replaced by anger, or anger replaced by tears.

In order to help the young person experience feelings which maybe out of current awareness the counsellor can use a variety of methods, such as:

- Helping the young person focus attention inwards in order to become more aware of their feelings, i.e.:
  '*I wonder if you can tell me what's going on inside you right now?*'
- Helping the young person find ways of describing emotions which seem difficult to access, i.e.:
  '*I wonder what that feeling might look like if it was a shape or an animal? What colour is it?*'etc.
- Using 'empathic attunement' to identify feelings that are implicit and not yet fully in awareness, i.e.:
  '*Big sigh as you talk about Nan'*
  Or
  '*You're biting your nails as you speak about mum – Did you notice?*'
- Using 'empathic conjectures'. The counsellor's empathic understanding helps them imagine how the young person might be feeling, even though they are struggling to express it. These conjectures are offered tentatively and without defensiveness, giving the young person the freedom to reject or to disagree with them. Often, even if the conjecture is not quite right, the young person is helped to find a more accurate expression, i.e.:
  '*You've been talking about some very difficult experiences. I wonder if there might almost be a bit of anger or something around that? Does that fit?*'
  Or
  '*So you feel as though your emotions are all over the place; it's almost like, what? Somehow … feeling out of control?*'
- Focussing the young person's attention on bodily sensations, i.e.:
  '*You are saying that you feel sad. I wonder if you can describe or show me where you feel that in your body?*'

Counsellors can also help the young person differentiate between feelings that are appropriate to, and therefore useful for, dealing with a current situation and those that might be less helpful because, for example:

- They are emotional responses relating to previous experiences rather than the present context.

- They are reactions to other, more fundamental, emotions (an example of this would be a fight/flight reaction to studying for an exam where the young person perceives the exam as triggering a fundamental threat to their sense of self and reacts accordingly with enhanced levels of panic and anxiety).

Articulating emotions. Articulating emotions is an important part of the process of SBHC. While reading the following section, it may be helpful for counsellors to refer to the PCEPS-YP item 7: 'Emotional Symbolisation' shown below (Box 8). This will assist in guiding counsellors towards the best way of facilitating the client's emotional symbolisation and expression.

Box 8. PCEPS-YP 7: Emotion Symbolisation

1. **No emotion symbolisation:** Therapist imposes own language on the client, anticipates and assumes client's meaning and leaves things unexpressed; does not attempt to help client symbolise experience.
2. **Minimal emotion symbolisation:** Therapist attempts minimally to facilitate the client's symbolisation of their difficult-to-access feelings and experience but lacks patience and misses the underlying meanings and needs.
3. **Slight emotion symbolisation:** Therapist is able to facilitate the client's symbolisation of emotion and other experiences to some degree but is inconsistent and mostly unimaginative in their approach; has slight sensitivity to underlying meanings and needs.
4. **Adequate emotion symbolisation:** Therapist is generally able to facilitate client symbolisation of emotion and experiences in a patient manner.
5. **Good emotion symbolisation:** Therapist is skillful and imaginative in facilitating client emotions and experiences and communicates patience when feelings are difficult to symbolise; helps client to identify and express the needs and concerns associated with their emotions.
6. **Excellent emotion focus:** Therapist is especially sensitive to the client's pace in symbolising emotions and other experiences; works closely and creatively with the client to fine-tune the expression of even difficult-to-access experience and emotion so that understanding matches symbolisation.

Counsellors can utilise a variety of methods when helping the young person to articulate their emotions, such as:

- Helping the young person to find appropriate words to describe their emotions, i.e.:
  '*What words might you use to describe that feeling? Is it frustration, irritation or maybe rage? There are lots of words to describe anger; let's see if we can find the right one for you.*'
- Helping the young person verbalise the key concerns, meanings and memories which emerge out of emotional arousal, i.e.:
  '*You've told me you're feeling really sad today. I wonder if there is something particular you are thinking about?*'
- Helping the young person to identify and verbalise the wishes, needs, behaviours and goals associated with feelings and emotions, i.e.:
  '*Would you like to say more about that feeling? What do you think it means for you? Is there something that it tells us you need or want at the moment?*'

- Suggesting imagery and metaphor to help the young person become more aware of, and to articulate the meaning of, their experiences, i.e.:
  '*When you talk about what happened yesterday it sounds almost like you were an exploding volcano of feelings*.'

Managing strong emotions which may impact on effective change. During the counselling process it is possible that the young person may come into contact with levels of emotion which feel uncomfortable or overwhelming. Counsellors need to be able support the young person to achieve an optimal level of emotional arousal by helping contain emotions that are overwhelming and supporting the young person to get in touch with emotions which are being avoided. This is predominately possible through the consistently accepting and empathic relationship offered by the counsellor. On occasion the following techniques may be helpful, collaboratively brokered, where a client is under-regulated and overwhelmed by their feelings:

- *Grounding:* This can be used when a young person is unhelpfully overwhelmed, and perhaps feeling as though they might panic. The counsellor can help the client to focus on objects in the room, on their breathing, on the feeling of their body in the chair, their feet on the floor.
- *Pacing:* This can help the young person feel safe enough to approach a feeling by managing the expression of emotions in a very slow, gradual way, a little at a time.
- *Self-soothing:* If the client is feeling overwhelmed within the session, the counsellor can help the client to feel in imagination the soothing, comforting presence of another protective person, or even a comforting object from their memory (see below).
- *Clearing a space:* This intervention is helpful if it seems that the client is overwhelmed either by a particular emotional trigger, or by so many different problems that they do not know 'where to begin'. Possible ways of introducing the intervention might be:

  '*You seem to have a lot going on at the moment, and it feels hard to know what to focus on. I wonder if it would be helpful to do something to work out what's most important just now. There's something we could do called "clearing a space" …*'

The counsellor invites the young person to imagine a container for each feeling or problem, and to imagine putting the container in a place where it can stay until it is needed, or the young person is ready to look at it. The young person can then choose which container to take the lid off, and work with in the session. Young people are often very creative, describing images such as a magazine file on a shelf in the corner to a pirate's chest bound in chains on a desert island. Some young people may want to write the feelings down and actually put them in a container to be kept safely by the counsellor until they are ready to approach them.

Counsellors may also offer clients applied relaxation techniques as a way of managing anxious thoughts or feelings both in and outside their counselling sessions. This corresponds with the Process Model where the client activity 'Guidance' may result in a client outcome of 'Coping strategies'.

Working with 'blocks' to expression of feelings. In SBHC, the young person will occasionally require help in processing emotions that interfere with effective change (e.g. hostili-

ty, anxiety, excessive anger, avoidance of strong affect). Sometimes, as described above, a young person might block their expression of emotions, with or without awareness of what is happening. The counsellor can help simply by noticing this. A possible intervention might be: '*You seem very sad, but I notice that it seems hard for you to cry.*' If the young person replies, for example, that crying makes them feel vulnerable, the counsellor can choose from a range of responses, using empathy to decide what is most appropriate at that moment:

- Empathic conjecture: '*Perhaps it feels almost too scary to be vulnerable just now.*'
- Seeking meaning: '*Hmmm… I wonder what it would mean to you to be vulnerable?*'
- Working with different 'parts' of the young person (see 'configurations of self' below): '*It's kind of like a part of you needs to cry, but another part says "No, that would be weak".*'

Eliciting and working with emotions that facilitate change. SBHC recognises that people often experience themselves as being made up of different parts or 'configurations of self'. Each part has its own contribution to make to the person's growth. SBHC does not make assumptions about the absolute value of any particular type of configuration; for example, that any part is destructive, per se, or needs to be eliminated. However, sometimes parts can become dominant, or can become hurtful to other parts e.g. a configuration that means to be protective can produce paralysing anxiety or a configuration that means to be motivating – an 'inner critic' – can lead to guilt and misery in other parts.

A marker for working with configurations of self is suggested with any sort of dilemma or internal conflict that the client expresses or implies. First, the counsellor can train their ear to hear the different parts or 'voices' in the client; then they will be able to help the young person to notice and to separate these different parts, i.e.:

> '*It sounds as though part of you wanted to ask Sadiq out, but another part felt afraid and didn't want to.*'

Some young people often experience a harsh inner critic as an internal monologue. The counsellor can help the young person achieve a new awareness that there is also another part of them experiencing the relentless criticism, and that it is this part that feels distressed, battered, and even bullied at times. Having identified the different parts, the counsellor can invite the young person to conduct their internal dialogues out loud, by speaking alternately from each part, so it can be heard and understood. The counsellor can help to draw out the different parts of self for the young person, with phrases such as:

> '*This sounds like "Luke the critic" might be talking.*'
> '*Does "Luke the critic" feel like the right name for this part of you?*'
> '*What else does "Luke the critic" say?"*'
> '*Can you use the tone of voice that "Luke the critic" uses?*'
> '*I wonder if you can picture the expression on "Luke the critic's" face as he talks?*'

These dialogues can play out in many different ways with individual clients. In talking from the critic part or other part, the client might come to realise a connection:

> '*Oh no, I sound just like my Dad.*'

The counsellor can help the client to move between parts:

> '*"Luke the critic" is saying you're a loser. Can you say something about how it feels to be told that?*'

In talking from the experiencing part, the client might find some energy and insight to disagree with the critic:

> '*Actually, it wasn't because I'm a pathetic loser that I didn't ask her out. I chose not to. I wasn't sure it was the right time as she had only just ended with Mala.*'

Commonly, in the face of harsh and relentless criticism, the experiencing part of the client may collapse, feeling defeated and beaten:

> '*The critic is right; I am a loser. The thought of Mo saying "no" to me or laughing and telling everyone is just so terrifying.*'

This collapse is a crucial point in therapeutic work. The important thing is for the counsellor not to panic when this happens and instead to keep in mind that this is not an accident but rather a process that the client repeats over and over again in their life. In fact, it is a therapeutic opportunity to see how the young person functions and how they get themselves into a state which causes them such distress and paralysis.

The counsellor has two choices: On the one hand, they can help the client stay with the collapsed experiencing part in order to deepen it:

> '*I wonder how it might be to stay with that part of you that just feels terrified and like a loser? What is that like? What does this part need?*'

On the other hand, the counsellor can help the client look more deeply at their critic process:

> '*Ok, that sounds important. Let me see if I'm with you. It sounds like you're describing what happens when you're left feeling down about yourself. How does the critical part get the other part to agree with them?*'

In addition, it is often quite useful to help the young person explore what the critical part is afraid of, and how it is trying to help (even while it is causing distress). In the process, clients often develop a much clearer sense of how their distress works. Sometimes, this leads the critical aspect to soften, either into self-compassion or into fear. In the latter case, the newly accessed feeling of fear can be worked with in the counselling, with the critic softening and finding more successful ways to motivate.

Self-soothing. In the 'Managing strong emotions' section above, self-soothing was described as an emotion regulation intervention, helping a client to experience in imagination the

safe and protective presence of another if they are feeling overwhelmed. Self-soothing can also be used to help a client to have the experience of soothing themselves, if this is something that they are not able to do spontaneously. This is like a 'configurations of self' intervention, where one part of the client learns to soothe another.

In doing this work, it is very helpful if the counsellor first assists the young person to experience their 'core pain'; that is, what hurts the most. The counsellor can then help the young person put into words what that pain needs. Following that, the counsellor can help the young person to imagine how that need might be met. For example, they could imagine doing this for the part of them that hurts, or themselves as a lost/lonely child. At other times, they can imagine a friend or a child having the same experiences as themselves. The young person then imagines what they could say and do to help that person. After that, the counsellor can ask:

> '*I wonder if you can imagine how that part of you/friend/child is feeling, as they hear what you're saying?'*
>
> Or
>
> *'I wonder if you might be able to find that kind and sympathetic part of you again, when you are feeling hurt or vulnerable, or when the critical part of you is too loud?*'

If, when asked to imagine what they would say to a friend or a child, they say something like '*I'd tell them they're being pathetic*', the counsellor will know that they have offered self-soothing work before the young person was ready for it, and need to respond to this by returning to the earlier phase of helping the young person look more deeply at their critic process (especially what it is afraid of and how it is trying to help).

Managing and containing strong emotions and their associated behaviours.

It may be that some of the young people being seen as part of this trial will struggle to a large degree with strong emotions such as anger and aggression which they find hard to contain within the counselling session. Counsellors will need to be flexible in responding to situations where this happens with a young person in a counselling session. Counsellors need to use techniques such as:

- Naming emotions exhibited by the young person, i.e. '*I can see that you are very angry right now. I wonder if we can talk about that together sitting down.*'
- Stating the 'rules' of the therapy room, and indicating what behaviour is appropriate/inappropriate, i.e. '*Do you remember in our first session together how I said that the only rules for our sessions were that you didn't damage anything in this room or another person while we were in here?*'
- Use of 'time out' procedures. Counsellors may need to negotiate with individual schools as to what the arrangements are should a young person be unable for any reason to manage the 'rules' of the therapy room. It may be that arrangements can be put in place to allow a young person to spend 'time out' with a member of school staff before returning to their session when they have calmed down and are ready to continue.

Reflecting on emotional expression and behaviour. Counsellors must remember at all times that the young person's emotional expression (including aggressive behaviour) is a form of communication and needs to be understood in order for the young person to be able to move on from it, where necessary.

Counsellors can help with this by reflecting on the meaning of the behaviour/emotional expression and relating it to the current and past context. This can help the counsellor and the young person collaborate in making meaning out of behaviour which may, at the time, seem destructive or unbearable.

At times, counsellors may need to reflect on their own reaction to the emotional/behavioural expression as well as their influence on the young person's behaviour and make use of supervision to reflect and, if need be, act on these where appropriate.

Developing new understandings. The purpose of encouraging young people to access and articulate their emotions is to enable them to be heard empathically by the counsellor and hence to find relief from psychological and emotional distress, along with finding new ways of doing things in their lives (see Process Model). Counsellors working on this should refer to the PCEPS-YP item 8: 'Facilitation of Client Self-Development' shown below (Box 10) for guidance.

Box 10. PCEPS-YP Item 8: Facilitation of Client Self-Development

1. No facilitation: Therapist either fails to recognise, or consistently ignores new client awareness or new perspectives; generally responds instead to client despair or stuckness in recycling old narratives. When the client expresses new, emerging experiences, the therapist consistently deflects the client away from them.

2. Minimal facilitation: Therapist occasionally recognises emerging new client perspectives and narratives but fails to facilitate the client to explore or develop them.

3. Slight facilitation: Therapist recognises emerging new client perspectives and narratives but their attempts at facilitating client exploration and development are awkward, ineffective or, conversely, directive.

4. Adequate facilitation: Where appropriate, therapist generally recognises and encourages exploration of emerging client experiences or new narratives and actions (by either reflections or other responses), with only minor, temporary lapses or slight awkwardness.

5. Good facilitation: Therapist recognises and skillfully supports emerging new perspectives; where appropriate, offers responses that facilitate the young person to translate new perspectives into alternative understandings or actions. Implicitly convey trust in the client's self-development potential.

6. Excellent facilitation: Therapist works consistently, skillfully, even creatively, where appropriate, to highlight, and facilitate the client to explore, emerging new perspectives and any subsequent alternative understandings or actions; therapist may do this by offering client choices or implicitly or explicitly communicating trust in the client's self-development process.

Counsellors need to help the young person to 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, including increasing their self-confidence.

- Develop new narratives relating to themselves and their world and see their situation more positively.

As new meanings and ways of seeing themselves emerge for the young person, the counsellor can encourage them to check the accuracy of meanings against their experience and to assess the implications of the new meanings. Counsellors should then help the young person to understand their behaviour and, if the young person wishes, consider alternative forms of action e.g. '*Now that we understand the pain and sadness beneath your anger a little better, I wonder if that helps you to able to see yourself in a different way?*'

Making sense of experiences that are confusing and distressing. Helping the young person to reflect on reactions they experience as problematic and/or incongruent, i.e. when they over- or under-react to a situation, or react in ways which they describe as being out of character, is an important skill in SBHC. When this arises in the counselling, counsellors can help the young person describe both their emotional reactions and the external situation in ways that encourage the young person:

- To identify how they were feeling before they encountered the situation: e.g., '*You say you don't know why you lost your temper in class on Tuesday. Maybe we can take a really close look at what happened/What were you feeling that morning before you went into the classroom?*'
- To re-imagine the situation: e.g., '*Now let's see if you can give me a 'blow by blow' account of what happened in the classroom, as much detail as possible.*'
- To identify the moment when the reaction was triggered: e.g., '*So, it sounds as though you really got angry when you thought you had got the answer wrong and everyone was laughing at you.*'
- To explore their reaction to the situation: e.g., '*What do you think about how you reacted? How did you feel afterwards?*'
- To make links between their reactions and the way they construed the situation: e.g., '*So when you thought they were laughing at you it made you feel very angry and you picked up the chair and smashed it on the floor.*'
- To develop new ways of understanding the situation and their responses to it: e.g., '*So what do you make of what happened now? How might you have liked to have responded? What would that look like?*'

Creative methods and resources. Counsellors offering SBHC may, at times, use creative methods if it is felt that this could be helpful in the exploration and expression of the client's emotions or situation. Counsellors need to be sensitive to the young person's individual feelings regarding creative methods. While some young people feel very comfortable engaging with art or other creative materials, for others they might pose a threat to their self-esteem. Here it may be helpful for counsellors once again to consider the PCEPS-YP item 9: 'Developmental Responsiveness' shown below (Box 11) in order to help them consider when the use of creative methods might be appropriate.

Box 11. PCEPS-YP Item 9: Developmental Responsiveness

1. No developmental responsiveness: Therapist does not adapt to the developmental capacity of the client in any way; offers no alternative methods of communication or symbolisation aside from talking; is unable to tolerate expression of client feelings outside of the 'acceptable' adult range.

2. Minimal developmental responsiveness: Therapist attempts to respond at the appropriate developmental level but is unable to do so adequately, consistently or well; sounds awkward, stilted, uncomfortable or patronising in adapting their language or way of working with the young person.

3. Slight developmental responsiveness: Therapist is somewhat able to respond to the young person's developmental capacity but is slightly 'off' e.g. trying too hard or overestimating the young person's developmental level.

4. Adequate developmental responsiveness: Therapist is mostly sensitive to, and able to respond appropriately to, the client's developmental capacity through language and creative methods of symbolising experience; therapist shows some ability to empathise with and accept challenging, but developmentally appropriate, client actions and feelings.

5. Good developmental responsiveness: Therapist consistently matches client's developmental capacity through language and creative methods of symbolising experience; they respond non-defensively and openly to challenging but developmentally appropriate client feelings and actions.

6. Excellent developmental responsiveness: Therapist's responses are comfortably, consistently, and intuitively matched with the client's developmental capacities; therapist shows an understanding of the meaning in the client's developmentally appropriate feelings and actions, even when these are challenging or puzzling.

Creative methods may come in useful with particular clients or at certain points in the therapeutic work such as:

- When a young person may not have highly developed verbal skills.
- When a young person seems 'stuck' and unable to elaborate.
- When a young person seems disengaged.
- When a young person demonstrates a preference for visual/symbolic rather than verbal forms of communication.

In these situations, the counsellor can draw on knowledge of different creative methods and resources that may be appropriate for use with young people; for example: art, play materials, sand tray, and therapeutic games. If the young person is comfortable to do so, the counsellor may use art and play materials such as pens, pencils, paper or a sand tray to encourage the young person to express themselves using non-verbal methods. Drawing a picture can be a good way of supporting a young person in externalising their emotional experiences in a way which allows them to be observed as separate from themselves and can feel less threatening and overwhelming than experiencing them directly (see Geldard, Geldard & Yin Foo (2015) for an excellent resource on various creative interventions with young people). Counsellors need to be sure not to

direct the young person's use of the materials or to interpret what they produce but to offer feedback such as:

> '*Would you like to tell me about what you have drawn?*'
> '*I notice that you have drawn a large black circle in the centre of the page.*'
> '*The people in your picture look quite far apart from one another*.'

The benefits of using creative resources include:

- Providing a natural form of communication for young people because of their associations with play, although this needs to be balanced against the aversion some young people may feel to activities associated with play and 'childishness'.
- Providing a working distance or reflective space between a young person and their problems. This can feel less immediate and threatening for some young people who are not used to experiencing and expressing their emotions.
- Providing opportunities for young people to project their inner experience into the perceptual field they share with the counsellor. For example, a drawing or a picture made with objects in a sand tray allows the counsellor and young person to look together at what has been produced in order for the young person to be accompanied in their exploration of their inner world of thoughts and feelings.
- Helping young people to access and explore feelings, thoughts and beliefs. For some young people, the use of creative methods can make this easier to do.
- Helping to externalise internal conflict between aspects of the self. Using methods such as role-play or Gestalt 'two chair' work can enable the young person to observe alongside the counsellor some of their configurations of self that might be at the root of their conflicts.
- Helping to explore the relationship between the young person and significant others. Using creative methods can enable young people to get a visual sense of where they see themselves in relation to others. Drawings, genograms or working in the sand tray with figures and objects are all useful methods for helping the young person to identify and explore significant relationships.
- Helping to explore problematic situations in the past, present or future as well as looking at alternative scenarios. Creative methods can be used to create visual representations of issues to be worked on or explored in counselling.

Since SBHC is a collaborative intervention counsellors using creative methods will need to collaborate with the young person throughout in selecting the methods and resources that are consistent with the young person's needs and abilities as well as their personal preferences. Counsellors must be careful that their own preferences for creative methods in general, or one method in particular, do not influence the direction of the counselling. Counsellors may assist the young person to describe and explore their experience while engaging with the creative/symbolic methods in order to facilitate the accessing and expressing of the young person's emotional world. This should be balanced with the need for the counsellor to adopt and maintain a non-intrusive and non-interpretative stance when helping the young person to explore the personal meanings which emerge in the creative work. Counsellor and young person together may collaboratively explore the emotional meaning the young person makes.

The use of creative methods and resources comes with a note of caution as it may be all too easy for the counsellor working with young people to reach for such an activity when the 'contact is tenuous' (Pearce & Sewell, 2014) and the counsellor is responding to their own discomfort with this experience. However, there may also be times when it might be useful for counsellors delivering SBHC to use creative methods and resources to help young people express, reflect upon and make sense of their experiences.

Section 8: Person Centred & Experiential Psychotherapy Scale – Young Person (PCEPS-YP) and Evaluating School-Based Humanistic Counselling

Using the PCEPS-YP Scale to enhance competence when delivering SBHC.

The PCEPS- YP Scale details a range of ways in which the counsellor can be, and can behave, within the counselling relationship that determine the counsellor's level of skill in key aspects of the therapeutic relationship. Counsellors should use this guide to ensure that they are adhering to the PCEPS-YP as closely as possible throughout the trial.

1. Client frame of reference. The counsellor has an accurate understanding of the client's frame of reference (i.e., their world view) and the ways in which the young person understands themselves within it. The therapist's responses convey an understanding of this inner world, as immediately expressed by the client, rather than coming from the therapist's own frame of reference. For example, the counsellor might say, 'It seems like not having a smartphone like your friends makes you feel not as good as them.' rather than 'Do you really think it matters what kind of phone you have?'

2. Tracking. The counsellor's responses are on the young person's track consistently throughout the counselling work. The counsellor constantly checks and responsively revises their perceptions of the young person's world view, based on feedback from the young person. The counsellor uses tentative questioning to check that they are staying on the young person's track, such as:

> '*I think what you said was that your first day at high school was overwhelming. Is that right?*'
> Or
> '*It sounds like you're saying that you really don't want to be friends with Louise any more but you are worried that you'll be on your own if you don't stay in her group.*'

The counsellor should be aware of when their responses might take them away from the young person's track or when they are leading the young person in a way that moves them off their track.

3. Empathic resonance. The counsellor uses empathic attunement to resonate with, and communicate their understanding of, the young person's spoken and unspoken feelings and perceptions. The counsellor tunes into, and reflects back to the young person, their unspoken or non-verbal communications such as body language, facial expressions, sighs, etc. For example:

> '*You seem very sad right now.*'

Or
'I am wondering if you are feeling sad about that. I notice your shoulders drooping a little and you are looking down at your hands.'

4. Accepting presence. The counsellor's responses convey a fundamentally accepting attitude toward the young person, regardless of their behaviour, attitude and beliefs. This attitude is conveyed throughout all aspects of the therapeutic work by the counsellor's way of being, body language and tone of voice. These should all convey warmth and genuine acceptance of the young person, along with a consistently welcoming and non-judgemental attitude.

The counsellor communicates to the client, verbally and non-verbally, that they accept without judgement whatever the client brings in their narrative, or emotionally. Empathy helps to understand the client's underlying feeling. This can be conveyed with calm and open reflections and paraphrases, such as:

'*You hate your mum.*'
'*You're frightened that if you don't have sex with Jake he will stop liking you*.'

5. Genuineness. The counsellor should respond at all times in a way that naturally conveys their moment-to-moment experiencing of the young person. The counsellor does this without adopting an artificial or 'professional' façade. In their responses, the counsellor sounds genuine, idiosyncratic, natural and real. The counsellor relates in a person-to-person way with the young person, rather than taking a parent- or teacher-like stance, or sounding patronising and superior. The counsellor is able to express their congruent experience of the young person in a way which facilitates the young person feeling accepted and understood.

6. Emotion focus. The counsellor actively works to help the young person focus on their emotional experiences and meanings, both explicit and implicit. The counsellor will help the young person to:

- Focus their attention inwards in order to become more aware of their feelings.
- Focus their attention on bodily sensations.
- Reflect toward emotionally poignant content.
- Intensify, heighten, evoke or deepen their emotions.

The counsellor is careful not to be overly-intellectual in their responses rather than staying with the emotional content. Counsellors should avoid responses which minimise or dismiss emotional content or which ignore the young person's attempts to verbalise an emotional state.

The counsellor adopts the therapeutic stance and uses the process guiding interventions described in the preceding sections with the intention of helping the client to focus on the emotional content of their story, to put feelings into words, and to experience the emotions in the session at the right level of intensity to work with them.

7. Emotion symbolisation. The counsellor uses the methods and therapeutic attitude described in the Manual previously to help the young person to articulate their emotions and other experiences. The counsellor uses their therapeutic skill to help the young person to verbalise their emotions, including those which may seem hard to access. The counsellor also facilitates

the young person in identifying and verbalising the wishes, needs, behaviours and goals associated with feelings and emotions.

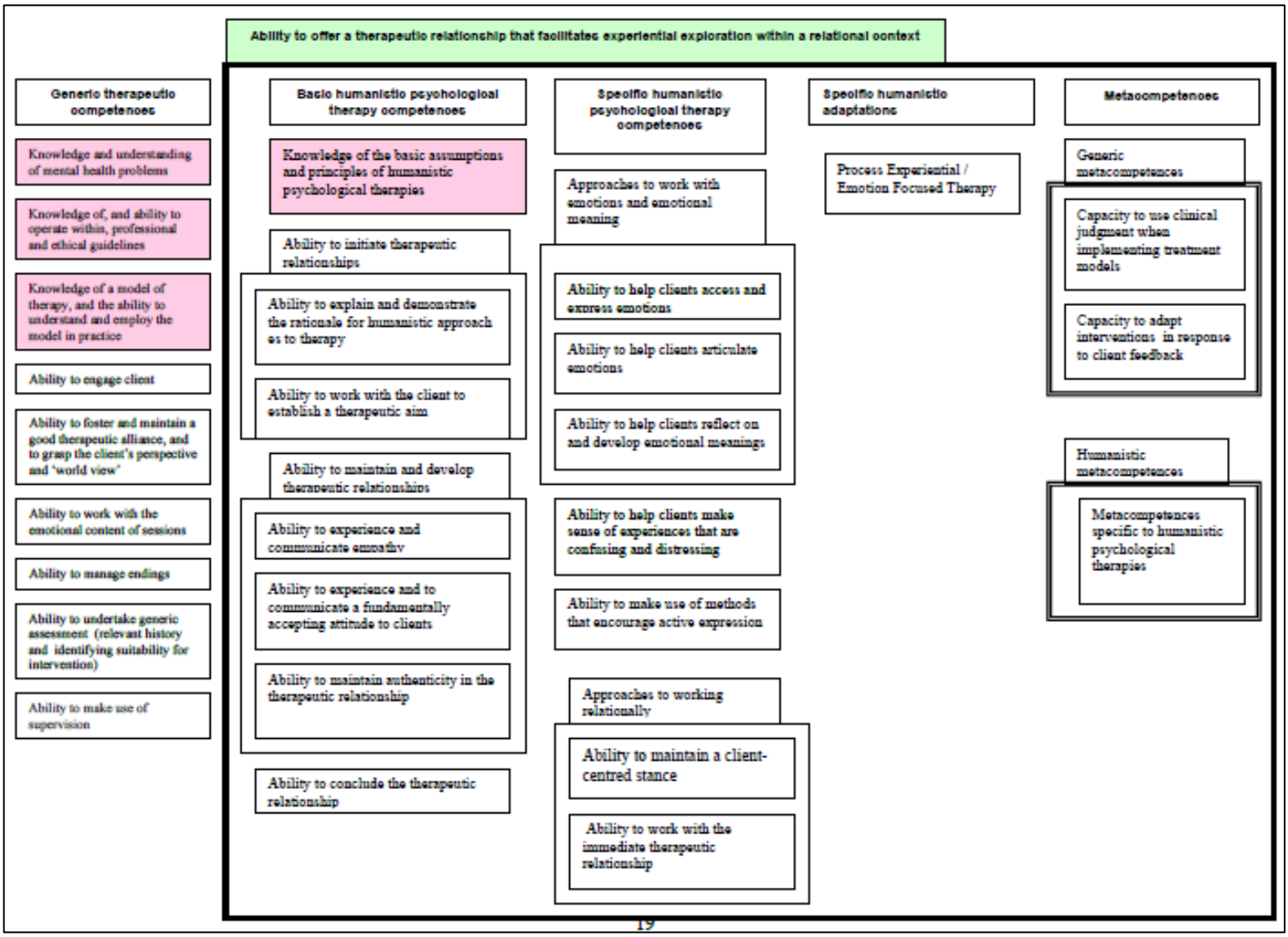
8. Client self-development. The counsellor works actively to facilitate new client awareness, growth, perspectives and narratives. They will support the young person in gaining new awareness where appropriate, as well as facilitate the young person to develop new narratives about themselves and their world.

9. Developmental responsiveness. The counsellor adapts to the young person's developmental capacity throughout the therapeutic work. The counsellor communicates at a developmentally appropriate level while respecting the young person's capacity; they do not 'talk over the young person's head' or patronise them. In doing this, the counsellor is able to employ a range of symbolic communication modes, e.g., drawing, play or other creative methods. The counsellor is able to understand and work with developmentally appropriate levels of emotion and behaviour, as opposed to inflexibly insisting on adult ways of communicating and acting.

Part III: Supplementary Materials

Competences for Humanistic Counselling with Young People (11-18 Years)

The full Competences framework can be found on the BACP website:
www.bacp.co.uk/research/competences/



PERSON-CENTRED & EXPERIENTIAL PSYCHOTHERAPY SCALE – Young Person Counselling Version (PCEPS-YP) (Version 18.8.16)

Client ID_____ Session _____
Rater_____ Segment_____

Rate the items according to how well each activity occurred during the therapy segment you've just listened to. It is important to attend to your overall sense of the therapist's level of skill. Try to avoid forming a 'global impression' of the therapist early on in the segment.

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1. CLIENT FRAME OF REFERENCE:

How much do the therapist's responses convey an understanding of the client's frame of reference (i.e., their world view) and the ways in which the young person understands themselves within it?

Do the therapist's responses convey an understanding of the client's inner world, as immediately expressed by the client? Or, conversely, is the therapist only able to respond from their own frame of reference?

1. No understanding: Therapist's responses convey no understanding of the client's frame of reference; or, therapist adds meaning based completely on their own frame of reference.
2. Minimal understanding: Therapist's responses convey a poor understanding of the client's frame of reference; or, therapist adds meaning partially based on their own frame of reference rather than the client's.
3. Slight understanding: Therapist's responses begin to approach an adequate understanding of the client's frame of reference but are consistently somewhat 'off'.
4. Adequate understanding: Therapist's responses convey an adequate understanding of the client's frame of reference.
5. Good understanding: Therapist's responses convey a good understanding of the client's frame of reference.
6. Excellent understanding: Therapists' responses convey an accurate understanding of the client's frame of reference and therapist adds no meaning from their own frame of reference.

2. TRACKING:

To what extent is the therapist following the client's track?

Are the therapist's responses closely following the client's expressed thoughts, feelings and story? While following the client's track, is the therapist able to check and responsively revise their perceptions of the client's world view based on client feedback?

Conversely, are the therapist's responses a diversion from the client's own train of thoughts and feelings? Is the therapist inflexible in their perspective?

1. No tracking: Therapist responses do not follow the client's track at all, or they divert client from their thoughts/feelings; therapist fails to check their perceptions against client's own experience.
2. Minimal tracking: Therapist is only occasionally on client's track; therapist fails to check their perceptions against client's own experience.
3. Slight tracking: Therapist tries to track client but often fails to do so accurately; only occasionally checks their perceptions against client's own experience.
4. Adequate tracking: Therapist is adequately on client's track, checking their perceptions with client and showing ability to revise their understanding based on client feedback.
5. Good tracking: Therapist responses consistently follow the client's track; therapist checks and revises their perceptions of the client's experience based on client feedback.
6. Excellent tracking: Therapist is sensitively and actively follows the client's track, quickly and flexibly responding and revising perceptions based on client feedback.

3. EMPATHIC RESONANCE:

How well is the therapist able to resonate with, and communicate their understanding of, the young person's spoken and unspoken feelings and perceptions?

How accurate and consistent is the therapist's understanding of the client's inner world? Is the therapist able to tune into, and reflect back, the young person's unspoken or non-verbal communication such as body language or tone of voice (when this is possible to observe) in addition to the client's verbally expressed feelings and thoughts?

Conversely, to what extent does the therapist miss or dismiss the client's feelings, or assume the client shares their feelings?

1. **No resonance:** Therapist consistently misses or dismisses client feelings and perceptions; makes assumptions based on therapist's own perceptions and is completely out of tune with the client.
2. **Minimal resonance:** Therapist is only occasionally and inconsistently able to communicate client feelings and perceptions back to them, with their responses typically based on therapist's own feelings.
3. **Slight resonance:** Therapist communicates understanding of some of the client's feelings and perceptions, without fully resonating with them.
4. **Adequate resonance:** Therapist is generally able to resonate with, and communicate accurate understanding of, client's feelings and perceptions.
5. **Good resonance:** Therapist is consistently and accurately attuned to the client and clearly communicates their understanding of the client's spoken and unspoken feelings.
6. **Excellent resonance:** Therapist is especially in tune with the client and capable of deeply sensing, and resonating with, the feelings that are both unspoken and spoken.

4. ACCEPTING PRESENCE:

Do the therapist's responses convey a fundamentally accepting attitude toward the young person?

How well does the therapist's attitude convey acceptance of the young person's world view regardless of their behaviour, attitudes and beliefs?

How well do the therapist's way of being and tone of voice convey genuine acceptance to the young person?

To what degree is the therapist able to hold a consistent welcoming and non-judgemental attitude?

1. Explicit nonacceptance: Therapist explicitly communicates disapproval or criticism of client's experience/meaning/feelings.
2. Implicit nonacceptance: Therapist implicitly or indirectly communicates disapproval or criticism of client's experience/meaning/feelings.
3. Incongruent/inconsistent nonacceptance: Therapist acceptance is inconsistent and slightly judgemental.
4. Adequate acceptance: Therapist demonstrates at least some degree of acceptance of the client's experience.
5. Good acceptance: Therapist clearly conveys unconditional acceptance, even in face of the client's challenging behaviours or thoughts.
6. Excellent acceptance: Therapist skillfully conveys clear, grounded acceptance of the client's experience and does not demonstrate any kind of judgment towards client experiences or behaviours, even when these might be criticised by others.

5. GENUINENESS:

How well does the therapist respond in a way that genuinely and naturally conveys their moment to moment experiencing of the client?

How much is the therapist able to relate to the young person without adopting a professional façade?

Does the therapist sound artificial, overly professional, formal, stiff, pedantic or affected vs. genuine, idiosyncratic, natural or real?

Is the therapist able to relate to the young person in a genuine person-to-person manner? Or, conversely, is the therapist patronising or parental in their responses?

To what degree is the therapist able to skillfully express their congruent experience of the young person in a facilitative manner?

1. No genuineness: Therapist sounds completely fake, artificial or patronising and does not seem aware of their own experiencing of the client.
2. Minimal genuineness: Therapist sounds somewhat wooden, stiff, formal or technical; unable to relate in a person-to-person manner with the client.
3. Slight genuineness: Therapist sounds a little distant or affected and only occasionally aware of their own experiencing of the client; rarely able to connect to the client in a person-to-person manner.
4. Adequate genuineness: Therapist generally sounds natural, unaffected and able to some degree to maintain a person-to-person stance; some congruence with occasional lapses.
5. Good genuineness: Therapist sounds consistently natural or genuine, in touch with their experiencing of the client at a person-to-person level, and expresses this in a facilitative manner.
6. Excellent genuineness: Therapist sounds completely genuine, very real or personally present, without any façade or pretence; comfortably, sensitively and appropriately conveys their experience of the client in a person-to-person manner.

6. EMOTION FOCUS

How much does the therapist actively work to help the young person focus on their emotional experiences and meanings, both explicit and implicit?

Does the therapist facilitate the client to:

- *Focus their attention inwards in order to become more aware of their feelings?*
- *Focus their attention on bodily sensations?*
- *Reflect toward emotionally poignant content?*
- *Intensify, heighten, evoke or deepen their emotions?*

Does the therapist help by:

- *Responding to explicit or implied emotional content in what the young person is saying or doing?*
- *Making empathic conjectures about feelings that have not yet been expressed?*
- *Enquiring about client feelings?*

Lower scores reflect ignoring implicit or explicit emotions; staying with non-emotional content; focusing on or reflecting generalised emotional states ('feeling bad') or minimising or downplaying emotional states (e.g., reflecting 'angry' as 'annoyed'); failing to recognise, or ignoring, the young person's attempt to verbalise a feeling.

1. No emotion focus: Therapist consistently ignores emotions or responds instead in a highly intellectual manner while focusing entirely on non-emotional content. When the client expresses emotions, the therapist consistently deflects the client away from them.
2. Minimal emotion focus: Therapist seems to have a concept of emotion focus but doesn't implement adequately, consistently or well; therapist may generally stay with non-emotional content; sometimes deflects client way from their emotion; reflects only general emotional states ('bad') or minimises client emotion.
3. Slight emotion focus: Therapist often ignores or deflects client away from emotion; therapist only slightly or occasionally helps client to focus on emotion; while they sometimes respond in a way that points to client emotions, at times they fail to do so, or do so in an awkward manner.
4. Adequate emotion focus: Therapist generally encourages client focus on emotions (by either reflections or other responses), with only minor, temporary lapses or slight awkwardness.
5. Good emotion focus: Therapist does enough of this and does it skillfully and sensitively, trying to help the client to evoke, deepen and express particular emotions.
6. Excellent emotion focus: Therapist does this consistently, skillfully, and even creatively where appropriate, offering the client powerful, evocative reflections or questions, while at the same time enabling the client to feel safe while doing so.

7. EMOTION SYMBOLISATION

When focusing on emotions and experiences with the client, how well does the therapist assist the young person to articulate them?

How skillful is the therapist in facilitating the young person to:

- *find appropriate words to describe their emotions, especially those that seem difficult to access?*
- *verbalise the concerns, meanings and memories which emerge out of emotional arousal?*
- *identify and verbalise the wishes, needs, behaviours and goals associated with feelings and emotions?*

Is the therapist able to offer imagery and metaphor to help the young person accurately articulate the meaning of their experiences?

1. **No emotion symbolisation:** Therapist imposes own language on the client, anticipates and assumes client's meaning and leaves things unexpressed; does not attempt to help client symbolise experience.
2. **Minimal emotion symbolisation:** Therapist attempts minimally to facilitate the client's symbolisation of their difficult-to-access feelings and experience but lacks patience and misses the underlying meanings and needs.
3. **Slight emotion symbolisation:** Therapist is able to facilitate the client's symbolisation of emotion and other experiences to some degree but is inconsistent and mostly unimaginative in their approach; has slight sensitivity to underlying meanings and needs.
4. **Adequate emotion symbolisation:** Therapist is generally able to facilitate client symbolisation of emotion and experiences in a patient manner.
5. **Good emotion symbolisation:** Therapist is skillful and imaginative in facilitating client emotions and experiences and communicates patience when feelings are difficult to symbolise; helps client to identify and express the needs and concerns associated with their emotions.
6. **Excellent emotion focus:** Therapist is especially sensitive to the client's pace in symbolising emotions and other experiences; works closely and creatively with the client to fine-tune the expression of even difficult-to-access experience and emotion so that understanding matches symbolisation.

8. FACILITATION OF CLIENT SELF-DEVELOPMENT

How much does the therapist actively work to facilitate new client awareness, growth, perspectives and narratives?

Does the therapist:

- *Recognise, support, or symbolise emerging new client emotions or other experiences?*
- *Facilitate the young person to translate new perspectives into alternative ways of understanding their experiences and actions?*
- *Facilitate the young person to develop new narratives about themselves and their world?*

Lower ratings are used when the therapist ignores new awareness, insight or shifts in perspective or behaviour.

1. No facilitation: Therapist either fails to recognise, or consistently ignores new client awareness or new perspectives; generally responds instead to client despair or stuckness in recycling old narratives. When the client expresses new, emerging experiences, the therapist consistently deflects the client away from them.
2. Minimal facilitation: Therapist occasionally recognises emerging new client perspectives and narratives but fails to facilitate the client to explore or develop them.
3. Slight facilitation: Therapist recognises emerging new client perspectives and narratives but their attempts at facilitating client exploration and development are awkward, ineffective or, conversely, directive.
4. Adequate facilitation: Where appropriate, therapist generally recognises and encourages exploration of emerging client experiences or new narratives and actions (by either reflections or other responses), with only minor, temporary lapses or slight awkwardness.
5. Good facilitation: Therapist recognises and skillfully supports emerging new perspectives; where appropriate, offers responses that facilitate the young person to translate new perspectives into alternative understandings or actions. Implicitly convey trust in the client's self-development potential.
6. Excellent facilitation: Therapist works consistently, skillfully, even creatively, where appropriate, to highlight, and facilitate the client to explore, emerging new perspectives and any subsequent alternative understandings or actions; therapist may do this by offering client choices or implicitly or explicitly communicating trust in the client's self-development process.

9. DEVELOPMENTAL RESPONSIVENESS

How skillful is the therapist in adapting to the young person's individual developmental levels in relation to language, thinking and understanding, expression of affect and behaviour?

Is the therapist able to communicate at a developmentally appropriate level while respecting the young person's emotional, communicative and self-reflective capacities, as opposed to talking over the young person's head or patronising them?

Is the therapist able to employ, where appropriate, a range of symbolic communication modes consistent with the young person's developmental level, e.g. drawing, play or other creative methods?

Is the therapist able to understand and work with the client's developmentally appropriate modes of expressing emotion even when these may be challenging? For example, does the therapist respond with empathy and acceptance when the young person expresses themselves in ways that might be considered unacceptable in another context (within limits of safety for both client and therapist).

Conversely, does the therapist inflexibly insist on adult ways of communicating and acting, or underestimate the client's capacities and expect something too childish?

1. **No developmental responsiveness:** Therapist does not adapt to the developmental capacity of the client in any way; offers no alternative methods of communication or symbolisation aside from talking; is unable to tolerate expression of client feelings outside of the 'acceptable' adult range.
2. **Minimal developmental responsiveness**: Therapist attempts to respond at the appropriate developmental level but is unable to do so adequately, consistently or well; sounds awkward, stilted, uncomfortable or patronising in adapting their language or way of working with the young person.
3. **Slight developmental responsiveness**: Therapist is somewhat able to respond to the young person's developmental capacity but is slightly 'off' e.g. trying too hard or overestimating the young person's developmental level.
4. **Adequate developmental responsiveness**: Therapist is mostly sensitive to, and able to respond appropriately to, the client's developmental capacity through language and creative methods of symbolising experience; therapist shows some ability to empathise with and accept challenging, but developmentally appropriate, client actions and feelings.
5. **Good developmental responsiveness**: Therapist consistently matches client's developmental capacity through language and creative methods of symbolising experience; they respond non-defensively and openly to challenging but developmentally appropriate client feelings and actions.
6. **Excellent developmental responsiveness**: Therapist's responses are comfortably, consistently, and intuitively matched with the client's developmental capacities; therapist shows an understanding of the meaning in the client's developmentally appropriate feelings and actions, even when these are challenging or puzzling.

Further Reading

General:

Counselling MindEd: www.minded.org.uk. Online resource for counsellors working with young people.

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World Health Organisation (1992). *International classification of diseases, tenth edition (ICD-10).* Geneva: WHO Press.

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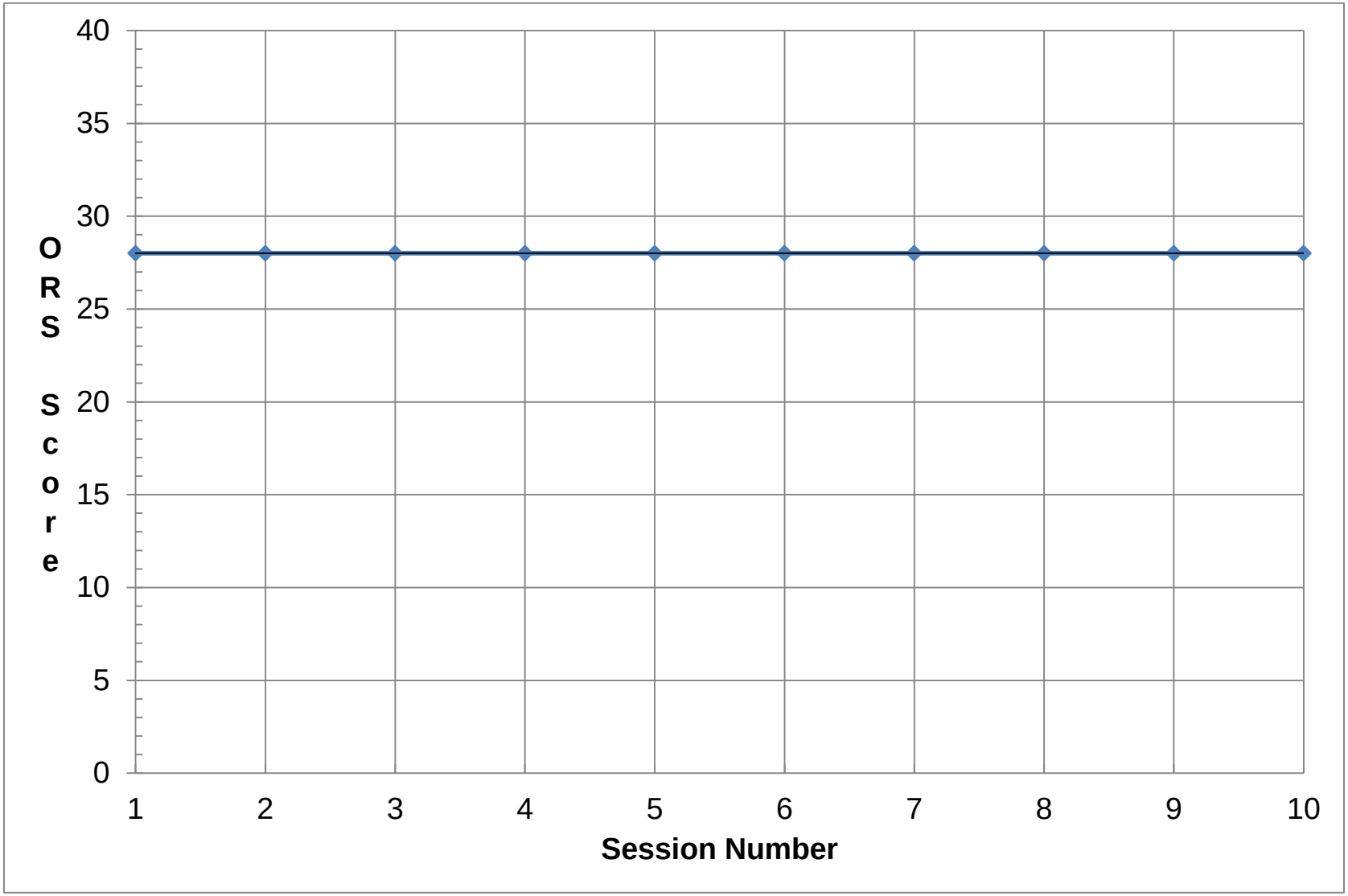
ORS GRAPH



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