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THE COMPETENCES REQUIRED TO DELIVER EFFECTIVE
HUMANISTIC COUNSELLING FOR YOUNG PEOPLE

Counsellors' Guide

Andrew Hill, Anthony Roth, Mick Cooper

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The full listing of competences for humanistic counselling with young
people is available online at www.bacp.co.uk

Contents

Executive summary

This document identifies the competences required for the delivery of effective humanistic counselling for young people within the 11–18 age range. It describes a framework for the competences; how practitioners should apply this; its advantages for clinicians, trainers and commissioners; and the uses to which it can be put.

This framework organises the competences into seven 'domains':

1. *Core competences* for all professionals working with young people.

2. *Generic therapeutic competences* for professionals working in a therapeutic capacity.

3. *Basic* competences for humanistic counselling with young people: skills that are fundamental to humanistic counselling.

4. *Specific* competences for humanistic counselling with young people: skills that are practised in some, but not necessarily all, cases, depending on how and what the young person presents in therapy.

5. *Metacompetences:* overarching, higher-order competences which humanistic practitioners need to guide the implementation of any therapeutic work.

6. Competences relevant to working in the various *organisational contexts* associated with counselling for young people.

7. *Additional therapeutic interventions* that are not part of the humanistic tradition, but that may be relevant to work with young people, and are indicative of the kinds of competences that humanistic counsellors might integrate into their practice when working with their clients.

The report then describes and comments on the type of competences found in each domain, and organises these into a 'map' that shows how all the competences fit together and inter-relate. Finally it addresses issues that are relevant to the implementation of the competence framework, and considers key organisational issues.

Acknowledgements

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1   Appendix A shows the professional affiliations of members of the ERG

Background

Acknowledgement of source materials

The development of the competences in this framework rested on two previously published frameworks:

1. *The competence framework for child and adolescent mental health services* (Roth, Calder and Pilling 2011), commissioned by NHS Education for Scotland

2. *The competence framework for humanistic psychological therapies* (Roth, Hill and Pilling, 2009), commissioned by the English Department of Health and by Skills for Health.

The content and structure of these frameworks was a primary source of material for the present work, with adaptations made to reflect the specific context of counselling young people. In places these revisions are extensive; in other areas there is close overlap between this framework and the previous ones. To flag each instance where text has been transposed would distract from the content of this report, but in order to acknowledge the provenance of material this note should be read as a global citation.

A note on terminology: *humanistic counselling*

The term *humanistic counselling* is used to denote an approach to counselling that encompasses the humanistic and humanistic-integrative traditions. As discussed in more detail on pages 25–27 of this *Counsellors' Guide*, the framework is intended to be inclusive of a breadth of approaches whose affiliations are broadly 'humanistic' including, for example, the person-centred approach; and integrative practices that are based around a person-centred, relational 'core'.

Who can apply the competence framework?

All the modality competence frameworks describe *what* a counsellor might do; they do not identify *who* can implement them. The standards set by the framework can be met by counsellors with a range of professional backgrounds, on the basis that they have received a training that equips them to carry out the counselling competently.

The issue of competence and of relevant training is the critical factor rather than the title of the person offering the therapy. Although most practitioners will use the professional title of 'counsellor' some may be denoted as 'psychotherapists'. The distinction in title reflects a mix of factors, such as the theoretical orientation being taught, the length of training and the training institution offering the training. It needs to be emphasised that both counsellors and psychotherapists could offer the competences embodied in this framework, so long as they have had an appropriate level of training.

How to use this report

This *Counsellors' Guide* does not include the detailed descriptions of the competences associated with each of these activities: these can be downloaded from www.bacp.co.uk. They are available as PDF files, accessed directly or by navigating the map of competences (as represented by Figure 2 in this report).

Developing the competences

Oversight and peer review

The work described in this project was overseen by an Expert Reference Group (ERG). Members of the group were identified on the basis of their expertise in humanistic and humanistic-integrative counselling with children and young people: for example, through the extensive delivery of training and supervision in this field, or through the evaluation of humanistic counselling in research trials. Although nearly all were members of BACP, membership of professional organisations was considered a secondary concern, since the framework aims to set out clinical practice rather than to describe professional affiliations. The composition of the ERG ensured representation from all four nations of the United Kingdom. Tony Roth acted as an external consultant to the ERG in order to provide consistency with previously published competence frameworks.

The ERG helped to identify the research studies, manuals (see below), and basic texts most relevant to this counselling work; and aimed to ensure that the process of extracting competences was appropriate, systematic and established competences that were meaningful for counsellors working in this field.

Identifying competences

The competences were developed from four sources: manuals of controlled trials of humanistic counselling with young people, key textbooks in the field, pre-existing competences frameworks, and professional consensus within the ERG.

Evidence from controlled trials

The approach taken across the suite of competence frameworks developed by UCL is to start by identifying therapeutic approaches with the strongest claims for evidence of *efficacy*[2], based on outcomes in *clinical controlled trials*[3]. Almost invariably the therapy delivered in these trials is based on a manual, which describes the therapeutic approach and associated methods. Therapeutic manuals are developed by research teams to try to improve the *internal validity*[4] of research studies; and represent best practice for the fully competent therapist: the things that a therapist *should* be doing in order to demonstrate adherence to the model and to achieve the best outcomes for the client. Because research trials monitor therapist performance (usually by inspecting audio or video recordings) we know that therapists adhered to the manual. It is worth noting that although manuals present detailed and systematic accounts of practice, they do not require therapists to practice in formulaic,

mechanistic or highly structured ways. For instance, a manual might ask therapists to relate to their clients in ways that are deeply empathic, prizing and non-directive.

Once the decision is taken to focus on the evidence base of clinical trials and their associated manuals, the procedure for identifying competences falls out logically. The first step is to review the outcome literature, which identifies effective therapeutic approaches. Secondly, the manuals associated with these successful approaches are identified. Finally the manuals are examined in order to extract and to collate therapist competences[5]. A major advantage of using the manuals to extract competences is that by using the evidence base to narrow the focus it sets clear limits on debates about what competences should or should not be included.

Humanistic counselling and the evidence base

While the foregoing sets out the basic methodological template we have tried to follow, it is worth making some observations relevant to work in this modality. The method we have adopted presupposes that the nature of evidence is something over which there is wide agreement. However, some practitioners have expressed fundamental concerns about the quantitative empirical methods conventionally used to assess the efficacy of psychological therapies. Although these concerns take many forms, there may be at least two significant objections to the approach we have taken:

1. The evidence base places an inappropriate focus on specific techniques of therapy, to the neglect of 'relationship' factors (such as the interpersonal contribution made by the therapist and the client) and the importance of the therapeutic alliance.

2. The standard of evidence we have adopted is almost invariably the randomised controlled trial, or (more rarely) a controlled trial, consonant with current NICE or SIGN standards of evidence. The concern is that this inappropriately narrows the evidence on which we can draw, partly because trials such as this may be hard to conduct (for example, research funding may not be forthcoming). More fundamentally however, there is a view that such trials need to be supplemented by qualitative approaches, or trials which are more process oriented, and that both these methods can validate the efficacy of an approach as conclusively as the RCT.

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2   The ability to bring about a desired effect.

3   An experimental study in which the outcomes of an intervention are compared against those from no intervention or from an alternative intervention, to assess its efficacy.

4   The extent to which the study is actually testing what it is meant to.

5   A detailed account of the methodology and procedures used in this project can be found in Roth and Pilling (2008). Although this paper focuses on the development of the CBT framework the methodological issues it raises are relevant to the present framework.

Having agreed to maintain the broadly quantitative empirical standards described above, the ERG recognised the need to ensure that all available evidence was taken into account. To achieve this Alison Brettle was commissioned to undertake a systematic review of evidence for humanistic counselling with young people. In relation to the criteria we applied, the evidence base was not found to be extensive (though there are indications that the volume of research is increasing). On this basis, the framework does not include a column identifying specific models of humanistic counselling with young people (as it does in other frameworks) but instead focuses on the generic humanistic techniques for which there is broad evidence for efficacy.

Selection of source materials

As was the case with the humanistic psychological therapies framework, there were some therapy manuals to draw on, but more frequently descriptions of humanistic therapy are available in textbooks that combine statements of theory with indications of specific practice. Where possible the ERG identified a series of core texts that were considered to be representative of humanistic counselling (for example those used by courses in the field (listed in Appendix B); and competences were extracted.

A further and significant source of competences was two pre-existing (and highly pertinent) competence frameworks: the *Humanistic Psychological Therapies Framework*, and the *Competence Framework for Child and Adolescent Mental Health Services*. Both of these frameworks utilised a range of manuals and source materials, and these are detailed in the associated background documentation (at www.ucl.ac.uk/CORE/).

In addition, competences were developed on the basis of strong professional consensus within the ERG regarding their importance and value.

Future developments

This report is a 'living document', in the sense that it is based on the evidence available at time of development, but may be revised and updated as new data and areas of practice emerge. For instance, in future, competences may be developed to cover online counselling; and further controlled trials may augment – or challenge – the competences detailed in this document.

Scope of the work

A focus on *humanistic counselling*

Counsellors working with young people in schools, and in other settings, identify with a number of different therapeutic orientations, including humanistic, psychodynamic and cognitive-behavioural approaches. However, the majority of counsellors for young people adopt an approach that fits broadly within the remit of the 'humanistic' therapies: from a classical client-centred approach to an integrative practice that is grounded primarily in humanistic principles and ways of working. For this reason, and to ensure that the framework articulated a coherent approach to therapy, a decision was made early on in the ERG to focus the framework on *humanistic counselling*. This term is used in a relatively broad sense, and included an openness to drawing on methods and ideas from 'non-humanistic' schools that are of recognisable value to young people. For this reason, the framework includes a small number of interventions from other orientations that are evidenced as effective for young people, and which could, potentially, be integrated into humanistic counselling. However, these *additional therapeutic interventions* are exemplars only, and it is hoped that, in future years, it may be possible to specify further 'non-humanistic' methods that could be drawn into a flexible and personalised humanistic counselling practice.

The nature of humanistic counselling

All modalities of therapy contain within them specific models of practice. Though these can differ in matters of theory and emphasis, most can be contained fairly comfortably under a single modality title because practitioners are able to agree on a common 'core' of philosophy and practice. In the case of the humanistic counselling framework locating this common 'core' may be more challenging, since there are significant variations in the basic assumptions of the different schools.

However, a central theme of all humanistic approaches is that they emphasise a *relational* way of working, placing less emphasis on technique as compared to other therapeutic orientations. Here, the key counsellor competences are a capacity for sustained empathic relating, openness, receptiveness, and the maintenance of a fundamentally accepting stance.

Humanistic therapists also tend towards interventions that support and validate immediate experiencing in the client: actions that are seen as facilitating the integrity of the self and a sense of personal authenticity. Humanistic approaches encourage self-awareness: including awareness of experience itself, of emotional reactions, and the experience of interactions with others. Traditionally at least, the counsellor's role is one of helping young people to extend their awareness of their subjective world and supporting their natural striving toward self-awareness, self-acceptance and personally determined solutions.

Age range

The framework is intended for counselling work with young people aged from 11 to 18 years. The ERG made a decision, early on in its work, to focus specifically on this age range – and not to attempt to cover children up to 11 years old as well – as it was felt that this scope allowed for the development of a more coherent and focused set of competences. In addition, extending the scope to children as well as young people would have required a level of literature reviewing that was beyond the resources available for the project. However, it is our hope that the competences detailed in this framework will be relevant for many aspects of humanistic counselling work with children in the five to 11 year-old age range. It is also our hope that a set of competences specifically for counselling work with children will be developed in the near future.

The ERG also recognises that chronological age is not the same as developmental stage: there may be children under 11 years old who are quite able to engage with counsellors working within the present framework; while some young people of 11 years old or above may benefit more from a wholly play or non-verbal-based therapy. In this respect, counsellors should always implement these competences in ways that are appropriate and sensitive to the particular developmental level of the individual client they are working with.

Creative practices

As this competences framework is focused on counselling work with young people rather than children, it does not provide a *comprehensive* set of competences for creative practices, such as play therapy. However, we recognise that many humanistic counsellors will use creative methods in their work with clients in this age range, and have therefore developed a set of specific competences (page 14) to underpin the use of such methods.

Organisational context

The assumption of the ERG was that the counselling competences would be relevant to the context of schools counselling. However, there are other organisational contexts within which the competences are equally applicable, for example community and voluntary sector organisations offering specific forms of counselling to young people. Regardless of the context, it will be rare for a counsellor to be operating independently of an organisational structure, and for this reason the framework also includes a specification of professional competences that are required in order to function both effectively and safely, and in the best interests of the young person.

In recent years, there has been a growth of online counselling services for young people (see Street, 2013). As this work has yet to be evaluated through rigorous and controlled research methods, we have not specifically included competences for online counselling. However, many of the competences in this framework will be relevant for online work; and it is our hope that competences for this modality of practice may be added in future years.

The competence model for humanistic counselling for young people

Organising competence lists

Competence lists need to be of practical use. The danger is that they either provide too much structure and hence risk being too rigid or they are too vague to be of use. The aim has been to develop competence lists structured in a way which reflects the practice they describe, set out in a framework that is both understandable (in other words, is easily grasped) and valid (recognisable to practitioners as something which accurately represents the approach, both as a theoretical model and in terms of its clinical application).

Domains of the competence list

Figure 1 shows the way in which competences have been organised into seven domains; the components are as follows:

Underpinning skills

The first two domains represent underpinning competences for the rest of the framework. The first is *Core competences for work with young people*, which identifies the knowledge and skills needed to orient counsellors to the styles of work that characterise contacts with young people and their families. It identifies the knowledge and skills needed to liaise with colleagues and other agencies as appropriate, and apply the professional and legal frameworks that exercise governance over the work of counsellors. The second domain (*Generic therapeutic competences*) identifies the competences required to manage therapeutic sessions in any form of psychological intervention. Taken together, the skills in these two domains should be demonstrated by all counsellors; their description as underpinning skills draws attention to the fact that they secure the integrity of *all* counselling interventions.

Included in this domain are competences in assessment and risk assessment. Traditionally, formal structured assessment is not standard in the humanistic counselling field. Indeed, for some practitioners this could be seen as shifting the focus away from what the client wishes to bring and towards the imposition of an agenda defined by the counsellor. Debate within the ERG acknowledged this concern, but the consensus view was that there are considerable clinical and professional risks in working with young people in the absence of a sensitive but thorough assessment process, geared to understanding the young person's needs and resources. In practice, assessment and risk assessment are not solely a one-off activity (only occurring at the start of an intervention), but are often pertinent through the course of an intervention.

Basic competences for counselling young people

Basic competences establish a further underpinning structure for humanistic counselling interventions, and form the context for the implementation of a range of more specific humanistic methods. Although (as noted above) there are variations in practice across the field of humanistic therapy, the basic competences set out a range of activities that humanistically oriented counsellors should be able to acknowledge as fundamental to their practice with young people. Humanistic approaches privilege a focus on the therapeutic relationship, based on the proposition that this relationship is the primary vehicle for change. As such, competences in this domain detail the activities that contribute to the cycle of developing, maintaining and concluding the therapeutic relationship.

Specific counselling competences for counselling young people

These are specific approaches and methods that humanistic counsellors may employ with young people. Many of the competences focus on techniques that aim to support young people in accessing, articulating and making sense of their feelings. Others focus on the use of creative methods and resources. While the competences listed in the basic domain are assumed to be ubiquitous, it is also assumed that practitioners will select only those techniques from the specific competences domain that are appropriate to the client's immediate presentation. And so rather than being ubiquitous these skills are case and context dependent.

Metacompetences

A common observation is that carrying out a skilled task requires the person to be aware of why and when to do something (and just as important, when not to do it. This critical skill needs to be recognised in any competence model. Reducing psychological therapy to a series of rote operations would make little sense, because competent practitioners need to be able to implement higher-order links between theory and practice in order to plan and where necessary to adapt therapy to the needs of individual clients. These are referred to as *metacompetences* in this framework: the procedures used by therapists to guide practice and operate across all levels of the model. These competences are more abstract than those in other domains because they usually reflect the intentions of the therapist. These can be difficult to observe directly but can be inferred from therapists' actions, and may form an important part of discussions in supervision.

Integrating knowledge, skills and attitudes

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

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

Core competences for work
with young people

Generic Therapeutic
Competences

Basic competences for
counselling young people

Specific competences for
counselling young people

Working in the
organisational context

Using additional
therapeutic interventions
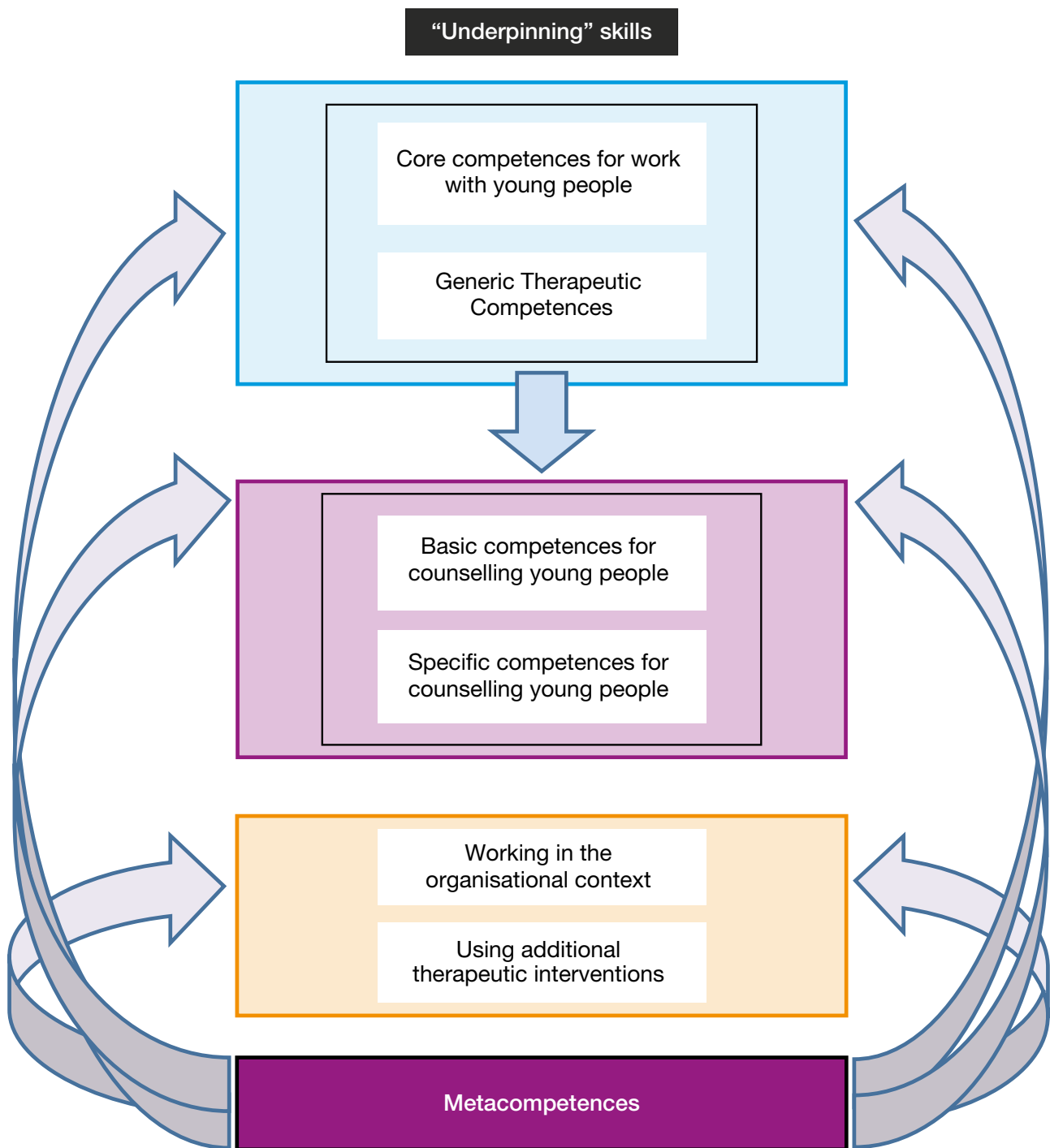
Metacompetences

Figure 1: Outline model for competences in humanistic counselling for young people

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

The map of competences in humanistic counselling for young people

Using the map

The map of competences for counselling young people is shown in Figure 2 (overleaf). It organises the competences into the seven domains outlined above and shows the different activities which, taken together, constitute each domain. Each activity is made up of a set of detailed competences. *The specific details of these competences are not included in this counsellors' guide; they can be downloaded from* www.bacp.co.uk.

The map shows the ways in which the activities fit together and need to be 'assembled' in order for practice to be proficient.

Because the competences within each set are developed as an integrated whole, some competences – such as responding to the client in a young person-centred way – are repeated across the framework. Wherever possible, we have attempted to reduce duplication; but we have also been mindful of ensuring that each competence set gives a comprehensive and detailed description of the abilities necessary for its attainment.

Layout of the competence lists

The sets of competences are laid out in boxes.

Most competence statements start with the phrase 'An ability to…', indicating that the focus is on the counsellor being able to carry out an action.

Some competences are concerned with the knowledge that a practitioner needs to carry out an action. In these cases the wording is usually 'An ability to draw on knowledge…'. The sense is that practitioners should be able to *draw* on knowledge, rather than having knowledge for its own sake (hence the competence lies in the application and use of knowledge in the furtherance of an intervention).

As far as possible the competence descriptions are behaviourally specific – in other words, they try to identify what a counsellor actually needs to do to execute the competence.

At a number of points the boxes are indented. This usually occurs when a fairly high-level skill is introduced, and needs to be 'unpacked'. In the example below, the high-level skill is working in a collaborative and empowering manner, and what follows are two concrete examples of the things a counsellor can do to achieve this.

> An ability to work in a manner that is consistently collaborative and empowering, by:
>
> > translating technical concepts into 'plain' language that the young person can understand and follow
> >
> > taking shared responsibility for developing session content

The competences in indented boxes usually make most sense if practitioners hold in mind the high-level skill that precedes them. So with the same example, although using the language of the client is always a sensible thing to do, there is a very good conceptual reason for doing this: it will impact on (and therefore contribute to) clients' sense of being understood, and thereby support their engagement in the therapy process. Bearing in mind the conceptual idea behind an action should give counsellors a 'road map', and reduce the likelihood that they apply techniques by rote.

Core competences

This domain describes the fundamental knowledge, skills and attitudes needed by all who work with young people, regardless of professional role. Their relevance is therefore not limited solely to the delivery of psychological therapy. The following sections give an overview of the competence sets that form the core competences.

Knowledge of development

Professional work with young people is underpinned by knowledge of their needs in relation to physical, social, cognitive and emotional development (e.g., need for attachment relationships, appropriate patterns of diet, sleep and exercise). An understanding of key developmental stages and transitions (e.g., onset of puberty) is vital, along with attachment theory and the importance of the care environment in supporting children's development. Parenting styles affect young people's development, as does family structure and the levels of social, economic and psychological adversity impacting on the family. Likewise (particularly as the young person matures) the wider social contexts of school, culture, religious practices and peer group will impact on development.

Knowledge of mental health problems

At the centre of professional practice is the ability to differentiate between age-appropriate and problematic behaviours in order to decide when intervention is indicated. This requires knowledge of the range of mental health and neuro-developmental conditions and how these emerge and present in young people and their carers. Professionals need an understanding of how such problems develop and are maintained, along with their impact on functioning and individual development (e.g., their impact on intimate, family and social relationships, or the capacity to maintain employment and study). Knowledge of the role of medication in the treatment of mental health problems is also necessary, and the benefits both of medication alone and medication offered in combination with psychological interventions. Professionals should recognise benefits and risks associated with medication and have the ability to discuss this with young people and their families.

Ability to offer a therapeutic relationship that facilitates experiential exploration within a relational context

Working in an organisational context
- Ability to work within a school context
- Ability to promote emotional health in schools
- Ability to work within a voluntary and community ('third') sector context

Ability to use additional therapeutic interventions
- Ability to use self-help materials for a range of problems
- Ability to use applied relaxation

Meta competences
- Metacompetences for humanistic counselling with young people

Specific competences for humanistic counselling with young people

Approaches to working with, and making sense of, emotions
- Ability to help young people to access and express emotions
- Ability to help young people articulate emotions
- Ability to help young people reflect on emotions and develop new understandings
- Ability to help young people make sense of experiences that are confusing and distressing
- Ability to use creative methods and resources to help young people express, reflect upon, and make sense of their experiences

Basic competences for humanistic counselling with young people
- Knowledge of the basic assumptions and principles of humanistic counselling

Ability to initiate therapeutic relationships
- Ability to explain and demonstrate the rationale for humanistic approaches to therapy
- Ability to establish and agree a therapeutic focus/goals
- Ability to develop a contract for the therapeutic work

Ability to maintain and develop therapeutic relationships
- Ability to experience and communicate empathy
- Ability to experience and to communicate a fundamentally accepting attitude to young people
- Ability to maintain authenticity in the counselling relationship
- Ability to conclude counselling relationships

Generic therapeutic competences
- Knowledge of models of intervention, and their employment in practice
- Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'
- Ability to work with the emotional content of the session
- Ability to manage endings and service transitions
- Ability to work with groups of young people and/or parents/carers
- Ability to make use of measures (including monitoring of outcomes)
- Ability to make use of supervision

Assessment competences
- Ability to conduct a collaborative assessment
- Ability to conduct a risk assessment

Core competences for work with young people
- Knowledge of development in young people and of family development and transitions
- Knowledge and understanding of mental health problems in young people and adults

Professional/legal issues
- Knowledge of legal frameworks relating to working with young people
- Knowledge of, and ability to operate within, professional and ethical guidelines
- Knowledge of, and ability to work with, issues of confidentiality, consent and capacity
- Ability to work within and across agencies
- Ability to recognise and respond to concerns about child protection
- Ability to work in a 'culturally competent' manner

Engagement & communication
- Ability to engage and work with young people, parents and carers
- Ability to communicate with young people of differing ages, developmental level and background
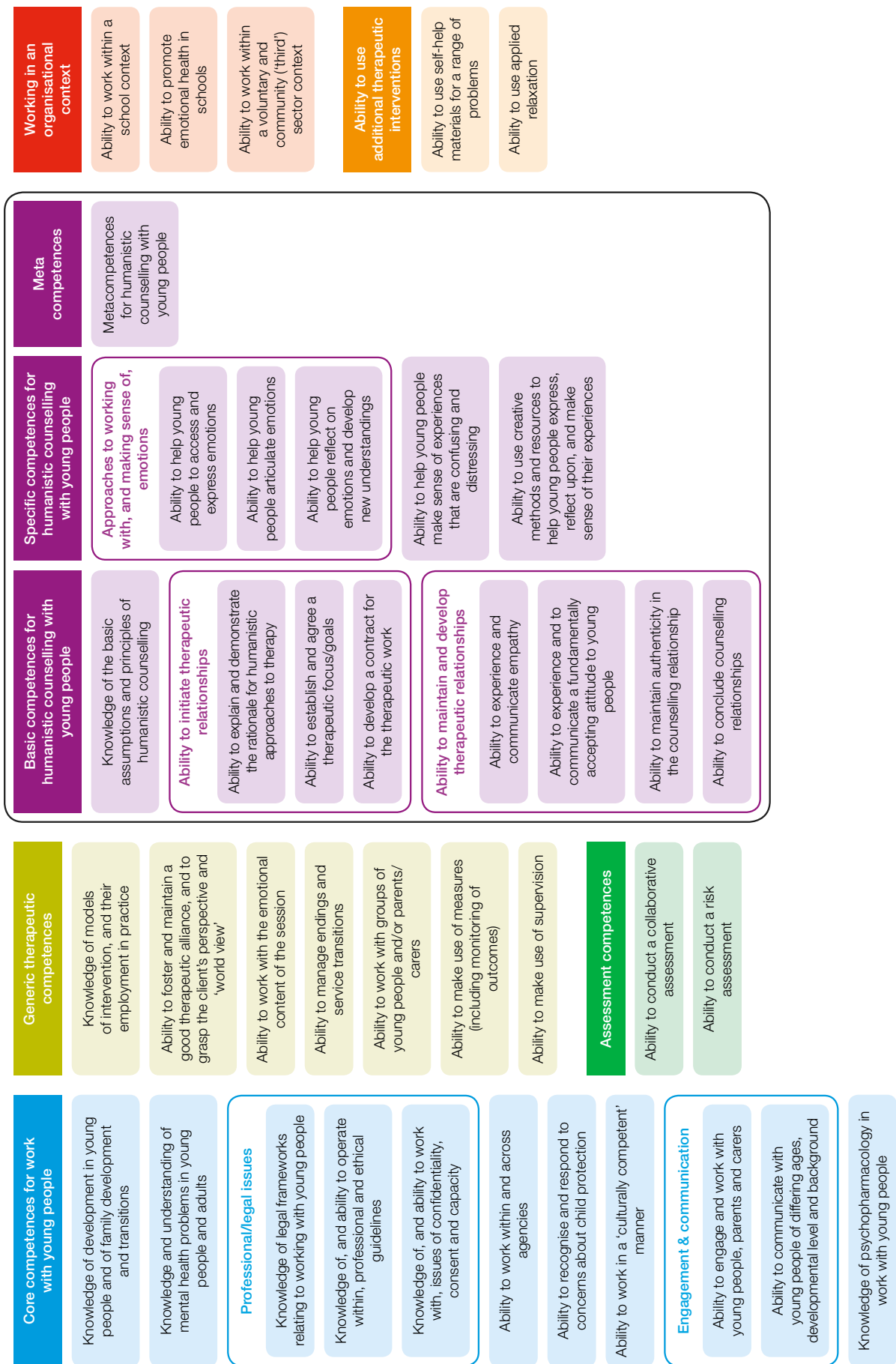- Knowledge of psychopharmacology in work with young people

Figure 2: The map of humanistic competences for counselling young people

Professional/legal issues

Legal frameworks apply to professional work with young people and can vary across the four home nations of the UK. Such frameworks relate to mental health, capacity and consent, parental rights and responsibilities, child protection and safeguarding, confidentiality and data protection, equality and discrimination (including the statutory requirement for service providers to make reasonable adjustments for disabled service users). Legal frameworks also endorse the view that the young person's perspective and wishes need to be taken into account when making welfare decisions that concern them. Ethical frameworks sit alongside legal frameworks in guiding professional practice. Professionals working with young people may be members of different professional bodies and hence subject to different codes of practice and ethics, many of which have common elements. Professionals should understand that ethical and professional guidance represents a set of principles that need to be interpreted and applied to unique clinical situations and that therapeutic work may confront professionals with conflicts of ethical principles and in such circumstances supervision should be used to resolve these. Issues of consent and confidentiality can be complex when working with young people, especially where the client is under 16 and parents and other agencies are involved. In order to work effectively, it is important for professionals to have the ability to make judgements about capacity to give consent and to draw on knowledge of local policies on confidentiality and information sharing both within the setting and between different agencies.

Working within and across agencies

A decision to work across agencies should be based on the premise that working in this way will benefit the welfare of the young person. Effective inter-agency working requires clear knowledge of the specific areas for which the professional's own service is responsible (in relation to assessment, planning, intervention and review), along with knowledge of the range of other agencies that may work with young people and their families. Knowledge of local policies on confidentiality and information sharing is likewise important, both within the organisation and between different agencies. Inter-agency communication should always be constructive, effective and carried out in the interests of the client.

Child protection

Knowledge of national and local child protection standards, policies and procedures is necessary for the appropriate safeguarding of young people. Those adults (e.g., parents, carers, school staff) involved in the care of young people have statutory responsibilities to keep young people safe from harm. In order to meet such responsibilities a professional should understand the importance of maintaining a child-centred approach that ensures a consistent focus on the welfare of the young person and on their feelings and viewpoints. The ability to assess risk is important, along with an understanding of how indications of harm may present. Significant harm can be indicated both by a 'one-off' incident, a series of 'minor' incidents, or as a result of an accumulation of concerns over a period of time. Professionals need to understand the short- and long-term effects of abuse and neglect including their

cumulative effects and have the ability to identify signs of neglect or physical, emotional and/or sexual abuse. Likewise bullying can become a formal child protection issue when carers, school and other involved agencies fail to address the issue in an adequate manner. The abilities to report suspicions of risk to appropriate agencies and to contribute information to multi-agency child protection meetings are important skills. Once a child protection plan is in place, the ability to implement protective interventions and keep accurate records of actions taken are important. The stressful nature of this work is recognised, highlighting the importance of supervision and support from other members of staff to help the professional manage their own emotional responses to providing care and protection for young people.

Working with difference

In carrying out interventions, professionals need to value diversity and maintain an active interest in understanding the ways in which young people and families may experience specific beliefs, practices and lifestyles. Issues relating to ethnicity, culture, gender and gender identity, religion, sexual orientation, socio-economic class, age, disability, youth subcultures and family configuration are often associated with prejudice, discrimination and inequalities. Professionals encountering these issues need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and in relation to the wider social context. Professionals of all backgrounds need to be prepared to challenge prejudice and also be aware of their own group membership and values and how these may influence their perceptions of the client, the client's problem, and the therapeutic relationship. Understanding how social and cultural factors may impact on the accessibility, effectiveness and acceptability of interventions is necessary, along with understanding attitudes to mental health and views about help-seeking among specific client groups. Where young people from a specific socio-demographic group are regularly seen within a service, it is important for professionals to develop their knowledge of relevant beliefs, practices and lifestyles. This should be combined with the propensity to take an active interest in the social and cultural background of young people, and hence to demonstrate a willingness to learn about clients' socio-cultural perspective and world view. Where a professional does not share the same language as a client, appropriate strategies need to be in place, such as use of an interpreter, to enable the client's full participation in the intervention. Similarly, where a young person has a disability, communication may need to be adapted to ensure full participation in the intervention.

Engagement and communication

Communication with young people is inevitably affected by developmental issues that will manifest themselves in relation to the young person's language, thinking and behaviour. For young people at earlier developmental stages, play is often an important means of communication and so the use of creative materials and visual aids may be helpful. Young people may have only a rudimentary understanding of the purpose of interventions and so care should be taken to communicate information in a developmentally appropriate way. When working with young people, behaviour which may be perceived as

'difficult' or 'challenging' is often a form of communication and so professionals should show 'neutrality' in relation to it, and a desire to understand such types of behaviour.

The process of engagement with young people begins prior to the first meeting by providing clients with information about the service and the nature of the initial appointment. This information needs to be adapted in line with the developmental stage and abilities of the young person. Similarly, the physical environment where meetings take place may need to be adapted to reduce anxiety and promote engagement with the young person. Awareness of alliance-building factors, such as being respectful, warm, friendly, open and affirming are important, along with the ability to explore expectations of and concerns about the intervention. The aim is to empower young people and any other family members involved, by engaging in a responsive and collaborative manner.

Knowledge of psychopharmacology

Some of the young people that counsellors work with will be on prescribed medication. Hence, counsellors should be able to draw on basic knowledge of the role of medication in the treatment of adolescent mental health problems and its benefits and risks, and have the capacity to discuss this with the young person and related health professionals.

Generic therapeutic competences

This domain of competences sets out skills, knowledge and attitudes relating to the delivery of psychological therapy. Competences are generic in the sense that they are not particular to the delivery of a particular type of therapy and so are applicable to all modalities.

Models of intervention

Counsellors need a sound knowledge of the therapeutic models commonly applied in therapeutic work with young people (which include humanistic counselling, psychodynamic therapy, cognitive behavioural therapy (CBT), play therapy, solution-focused therapy and systemic therapy). Likewise an understanding of the evidence base as it relates to the various models is important to ensure clients receive an appropriate therapy. Additionally, counsellors should have a sound knowledge of factors common to all therapeutic approaches.

When employing a specific approach, counsellors should have a detailed knowledge of the principles that support the model being applied, using this to inform the implementation of the particular techniques that characterise it. Knowledge of the age group or developmental level for which the intervention is appropriate is also important, as is the ability to implement counselling in a manner that is flexible, responsive to clients' needs and matched to the age and developmental level of the young person.

Therapeutic alliance

An important common factor in the delivery of any type of psychological therapy is the therapeutic alliance. Counsellors should have a sound understanding of the components of a good therapeutic alliance and the ability

to implement them in a developmentally appropriate way. Knowledge of the kind of therapist behaviours that may undermine a good alliance is also helpful in reminding counsellors what kind of behaviours to avoid.

Ensuring the client understands and is well motivated towards the therapy is an important aspect of building the alliance, and this often requires counsellors to listen carefully to the client's concerns, demonstrate their appreciation of the client's perspective and 'world view', and provide a concise and coherent rationale for the intervention. An essential aspect of maintaining the alliance is to recognise when this is strained and/or disrupted and to take appropriate action to rebuild the therapeutic bond.

Working with emotions

Exploring emotion is an essential aspect of most therapeutic approaches. However, there are instances when emotional arousal can present a barrier to effective therapy: for example, when a client is overwhelmed by emotion, and so unable to reflect upon underlying issues. In such cases, counsellors may need to help clients 'contain' their emotion in order to achieve an optimal level of emotional arousal for therapeutic work.

Managing endings and service transitions

Endings in therapy raise a number of issues for counsellors. It is important to consider any risk or child-protection issues when a young person ends therapy and any procedures relating to confidentiality and information-sharing with other agencies. Where referral to another agency is indicated, counsellors should have detailed knowledge of local services and procedures for making a referral. It is also important to prepare young people for the end of therapy, for instance by being clear well in advance about the number of sessions available and helping clients articulate their feelings about ending in therapy. Where young people seek to end therapy prematurely counsellors should explore the reasons for this and where relevant address any issues that relate to the service or the intervention.

Working with groups

In some instances, counsellors will deliver psychological therapy in group settings. In such cases a detailed knowledge of the model of intervention and the target population is essential. Planning for the group will inevitably mean identifying the number of clients who may benefit from the therapy, ensuring appropriate resources and accommodation are available and organising a procedure for referral. Recruitment and selection of clients for the group requires distinct skills, as does implementing the therapy and managing the group process. The latter involves a number of activities such as establishing the group, helping members engage, managing disruptive behaviour, and managing the group ending. As with individual therapy, it is important to review and evaluate how successful the intervention has been.

Using measures

In both individual and group therapy, evaluating how successful the therapy has been supports service improvements and the professional development of the counsellor. Hence counsellors need to be familiar with a

range of measures commonly used with young people. Knowledge of the purposes of different measures and how they should be applied is essential. Likewise, in administering measures, counsellors need to be alert to any difficulties a young person may be experiencing in completing the scale and respond accordingly. Using feedback from measures to review progress with young people ensures the evaluation of therapy is a collaborative process focused on a client's needs. Other instruments such as diaries and charts may be used to support therapeutic progress and counsellors need to be skilled in how to use these.

Using supervision

The effectiveness of therapy and the protection of the client are supported by the supervisory process. To maximise the benefits of supervision, counsellors need the skills to work collaboratively with supervisors and present their work in an open and engaged manner. The capacity to reflect on therapeutic work and to be responsive to feedback from the supervisor is an important aspect of the counsellor's engagement in the process. Viewing supervision as a springboard for learning more about therapy and professional practice is a desirable attitude for counsellors.

Reflecting on therapeutic work in supervision has an ethical dimension, allowing counsellors to monitor their levels of competence and fitness to practice. It is also the forum where ethical dilemmas should be discussed and resolved.

Assessment

Assessment is best seen as a process that is revisited throughout the course of counselling, rather than being a one-off event. It affords the young person 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. Within the competence framework, assessment knowledge and skills are viewed as generic and applicable to any therapeutic modality. However, for humanistic counsellors working with young people, it is envisaged that these competences are implemented within the context of a humanistic therapeutic relationship, emphasising the importance of an empathic understanding of the client, a non-judgmental stance, and a collaborative approach to initiating therapeutic work.

Ability to conduct a collaborative assessment: The purpose of the assessment process is to develop a collaborative understanding of the client's difficulties as well as their strengths and resources in order to identify the most suitable intervention and help them make informed choices – including, where appropriate, referring on to another service as opposed to continuing in counselling. Because the young person's developmental stage is an important consideration, creative and visual methods may be useful both in engaging the client in the assessment process and developing mutual understanding.

Identifying the areas in which problems tend to be experienced is central to the assessment process, along with tracing how the problem has developed and locating any issues that emerge in the context of the client's family and cultural background. Tracking those areas that are

emotionally significant for the young person and identifying how current experiences contribute to their difficulties helps to develop a therapeutic focus that is relevant to the client's needs and wishes.

The use of suitable outcome and process measures can be helpful both for the counselling assessment and the ongoing work. Measures should be selected carefully to ensure they are appropriate for the client's age and developmental stage and are used most effectively when they are integrated into the therapeutic process. Measures can help to identify key areas of difficulty experienced by clients and also provide useful feedback on how therapy is progressing. Used collaboratively they can guide the focus of the therapy and help to monitor clients' levels of distress. Despite these advantages there will inevitably be occasions when the use of measures is contraindicated, such as when a client expresses a strong wish not to complete them.

Ability to conduct a risk assessment: It is important to be able to assess and monitor risk when working with young people. Knowledge of local and national policies on risk and child protection is fundamental, along with knowledge of relevant legislation. While levels of risk need to be assessed as a matter of routine at assessment, risk issues can become salient at any point in the therapeutic relationship. An understanding of the types of risk (harm to self, harm to others, harm from others) and factors that may predict these is likewise important in making appropriate judgements. As with undertaking a general assessment, tools can be of benefit when assessing risk and the level and complexity of risk will predict how in-depth the assessment should be. Understanding the social context and situations that may trigger increased levels of risk – together with the client's perspective on risk issues – are important considerations in making an assessment. Should significant risk issues be identified, counsellors should collaborate with clients to develop a risk management plan that identifies the actions to be taken by the young person and relevant services should there be an acute increase in risk factors. Inevitably this may involve working with other agencies and managing confidentiality.

Basic competences for humanistic counselling with young people

This domain contains a range of activities that are basic in the sense of being fundamental areas of knowledge, attitude and skill; they represent practices that underpin humanistic counselling with young people.

Knowledge of the basic assumptions and principles of humanistic counselling

The humanistic approach holds a number of assumptions about how people function. Subjective experience is valued as a source of wisdom, forming the basis of action and making choices. People are viewed as fundamentally relational and it is in the context of relationships with others that they grow and develop. People are also seen as being inherently motivated towards autonomy, self-maintenance, psychological growth and the realisation of their potential, all principles that have direct implications for the delivery of therapy.

Ability to initiate therapeutic relationships

A number of activities are associated with initiating counselling with young people. *Explaining and demonstrating the rationale for humanistic approaches to therapy* helps the client to make an informed choice about the type of treatment they may prefer. It also helps to dispel any unrealistic expectations they may hold about counselling and helps them engage in therapy as an active participant. Further to this, it is generally important to work collaboratively with clients to *establish and agree a therapeutic focus/goal(s)*, identifying a therapeutic focus that is meaningful to a young person and that also identifies any goals they wish to achieve. Counsellors need to be able to renegotiate both of these areas as therapy progresses; and also to balance the process of working towards goals with the maintenance of a flexible, open, and unpressurised therapeutic relationship. If the decision is to proceed with therapy then counsellors need to *develop a contract for the therapeutic work*, which explicitly agrees with the young person the boundaries for the counselling.

Ability to maintain and develop therapeutic relationships

The implementation of the humanistic therapeutic relationship is predicated on a number of key elements. The *ability to experience and communicate empathy* rests on the counsellor's capacity to be open to, and absorbed in, the client's frame of reference. This is a holistic activity that requires sensitivity both to what the client expresses explicitly and to what they convey implicitly by way of nonverbal and paralinguistic cues. Communicating an understanding of the client's experience is a part of this process, as is the capacity to create the conditions for the client to confirm – or indeed disconfirm – the accuracy of the therapist's perceptions and observations. *Experiencing and communicating a fundamentally accepting attitude* is a matter of conveying a consistent attitude of acceptance towards the client, no matter that their behaviour, attitudes or beliefs may be at variance with the values held by the counsellor. Various terms have been used to describe this attitude, such as unconditional positive regard, non-possessive warmth, prizing, respecting, affirming, and valuing the client's humanity.

All these terms reflect an assumption that the attitude of the counsellor can have significant therapeutic effects, such as helping the client feel secure enough to self-disclose; promoting higher levels of self-acceptance; and increasing autonomy, independence and assertiveness. It needs to be recognised that these terms describe a potentially complex area and are not simply synonyms for therapists 'liking' their clients. For example clients who have experienced rejection in significant relationships may at times induce negative and rejecting feelings in the counsellor. Where this is the case it is important that these feelings are experienced and reflected on so as to ensure that they are not acted on, and do not undermine the counsellor's overall attitude of valuing the client and wishing to promote their wellbeing. *Maintaining authenticity in the therapeutic relationship* refers to a capacity to maintain a spontaneous presence for the client that is not masked by a professional persona, aiming to be present 'in the moment' so as to be able to respond to what is occurring in the client at that particular time. The counsellor is able to work in a non-defensive and (where appropriate) self-disclosing manner, using their own feelings and reactions to convey their experience of the client. Self-disclosure requires some clinical judgement: since the primary purpose is to facilitate the client's progress, the counsellor needs to be sure that disclosure is congruent with this aim.

Ability to conclude counselling relationships

The ending phase of a humanistic therapeutic relationship requires a range of skills and activities. Working collaboratively to plan endings with young people should be the aim, but where this is not possible signalling the number of sessions left before the ending will be important. During the ending phase the counsellor should help the client review their progress, and identify their capacity to manage issues that emerge in the future. While it is to be hoped that ending can be a positive process, many therapies are not open-ended and it can be part of the counsellor's role to initiate endings at points where the young person may be uncertain or indeed unhappy about terminating therapeutic contact. This places some emphasis on the humanistic counsellor's ability to ensure that this phase of therapy is, in its own way, an opportunity for learning rather than one that the client experiences as negative. Exploring ways of maintaining the benefits gained from counselling, and supporting wellbeing after counselling has ended, will also be important. This may involve a variety of strategies, including offering follow-up or 'booster' counselling sessions.

Specific competences for humanistic counselling with young people

This area of the competence framework sets out specific methods that may be employed by humanistic counsellors working with young people. Unlike the basic competences (which should be in place at all times), the specific competences are context- and case-specific, meaning that they should be introduced according to the needs of the client and the particular issues presented. As such, there is no expectation that these sets of competences will be used at all times with all clients.

Approaches to work with emotions and with emotional meanings

The *ability to help young people access and express emotions* involves helping clients to begin focusing on and identifying emotions that they may be finding difficult to experience or to manage. A feature of this work is the ability to help young people achieve an optimal level of contact with their feelings. Little meaningful work can occur if there is only minimal contact with feelings, but equally it is important that clients are not overwhelmed by emotions. It cannot be assumed that young people can find a 'language' with which to discuss feelings, and the *ability to help young people articulate emotions* is sometimes a critical skill – for example, working with the client to elaborate the language they use to describe feelings, or suggesting appropriate imagery or metaphors. The *ability to help young people reflect on emotions and develop new understandings* follows from this process of elaboration, since it involves the client exploring and evaluating the implications of the meanings that emerge from their emotional experience.

Ability to help young people make sense of experiences that are confusing and distressing

These competences refer to a specific but not uncommon experience in therapy, where clients find themselves puzzled by their reactions to a particular event. An ability to help clients explore further is important, because their experience of something being problematic can signal meaningful, and hence therapeutically significant, issues. Exploration does not simply mean taking the client back through the event, since there is also a focus on helping them to identify links between their reactions and their construal of the situation.

Ability to use creative methods and resources

This set of competences signals a particularly important area of working with young people. The use of creative resources such as art materials, play materials, sand tray and life-story techniques can be helpful when working with younger clients as these often represent natural ways of communicating for this age group. Such methods can help to express experiences that young people may otherwise struggle to verbalise. They can also provide a working distance or reflective space between a young person and their problems as well as providing opportunities for them to project their inner experience into the perceptual field they share with the counsellor. When using such methods a non-interpretative stance is often most useful, helping clients explore the personal meanings that emerge in creative work.

The use of life-story methods can be useful where a client may be struggling to understand or integrate a particular experience or event. Symbolic materials can be used to help clients create a lifeline that traces the chronology of their lives and the significant events therein. Difficult events can be represented within the life-line, discussed and reflected upon, in order to integrate them into the wider life story. This can give young people a sense of coming to terms with difficult events and, by projecting the life-line into the future, fostering a sense of increased hope and optimism.

Metacompetences for humanistic counselling with young people

Decisions about how and when to implement different aspects of the competence framework are complex and require high-order, abstract skills and judgements. In recognition of this, metacompetences describe some of the skills needed to implement therapy in a coherent and informed manner.

Therapeutic flexibility – the ability to respond to the individual needs of a young person at a given moment in time – is an important hallmark of a competent counsellor. The interaction of a particular counsellor and a particular client also produces dynamics unique to that therapeutic relationship, resulting in context-dependent challenges for the counsellor.

Working with young people holistically is an important aspect of the humanistic approach, taking on board intrapersonal, interpersonal and cultural areas of experience. To empathise with all aspects of a client's experience is important for their wellbeing, requiring skill and good judgement from the counsellor.

Metacompetences often entail striking a balance between the demands of different areas of the competence framework, which at times may appear to be conflicting. For example, maintaining a non-directive and supportive stance may need to be balanced against the need to be more directive where significant risk issues are present. A further example would be maintaining an accepting attitude to clients without necessarily condoning their problematic behaviour. An essential skill counsellors need is the ability to be emotionally engaged in the therapeutic relationship while also being able to 'stand back' and reflect upon the interaction in order to gain a better understanding of the client. Metacompetences signal that therapy cannot be implemented in a mechanistic fashion and that clinical judgement is needed to ensure therapy is carried out thoughtfully and flexibly.

Working in the organisational context

Counselling is provided to young people in a variety of settings and quite commonly in schools. The context in which counselling is delivered impacts on service delivery and so knowledge of the wider organisational context is necessary to support effective practice.

Ability to work within a school context

Effective partnership working with the school is essential, supported by a sound knowledge of the school system, including its structure, system of governance, policies and procedures. The integration of the counselling service with the school pastoral care system is crucial, as is the development of clear referral pathways. Counsellors need to be skilful in communicating with a number of stakeholder groups within the school; including management, staff, other professionals, young people, parents/carers and school governors, in order to ensure that best use is made of the counselling service. The ability to manage confidentiality is likely to be essential in this context, given that a number of different professionals may be responsible for the wellbeing of the young people using the counselling services. Boundaries around the therapeutic work need to be carefully negotiated.

Emotional health promotion in schools

In addition to work with individual young people, counsellors may be asked to contribute to wider initiatives to promote emotional health and wellbeing in schools. These may take the form of group psycho-educational programmes focusing on issues such as anxiety, self-esteem or anger management. Knowledge of such programmes and the age groups they are suitable for is important, along with the ability to identify the resources needed to implement them. The ability to select appropriate programmes, to plan the schedule of sessions, and to promote programmes within the school requires a range of skills that do not necessarily form a natural part of the individual counsellor's repertoire. Advice on the delivery of sessions, and managing groups and individuals within the programmes, may also be expected of counsellors.

Ability to work within a voluntary and community sector context

Counselling with young people frequently takes place within a voluntary and community sector, or 'third sector', context. In such cases, counsellors need to understand the organisation's governance and management structures and its policies and procedures. Knowledge of referral protocols and any limitations on the delivery of therapy is important, as is working collaboratively with colleagues across the organisation.

Use of additional therapeutic interventions

Humanistic counselling with young people is a flexible approach that should be open to the use of methods from other therapeutic modalities, especially where there is good evidence that they may be helpful to the young person and can be offered in a collaborative and coherent way. The *ability to use self-help materials for a range of problems* and the *ability to use applied relaxation* are included in the framework because they are the kinds of practices that humanistic counsellors might choose to draw on from time to time.

Ability to use self-help for a range of problems

Because there will be times when self-help materials will be of benefit to young people, counsellors may benefit from the knowledge and skill to judge when to introduce such materials. Depending on the client's needs these can be offered either as a stand-alone intervention (without counsellor guidance) or as a form of guided self-help (with focused support from a practitioner). Judgement is also required to decide when it is appropriate to integrate guided self-help into an ongoing, face-to-face counselling intervention. When introducing such materials, counsellors need the ability to provide a rationale for their use and to be clear about the problems on which the self-help materials are focused.

Ability to use applied relaxation

In cases where young people experience anxiety in terms of vicious circles of physiological arousal (i.e., reacting to signs of anxiety by becoming more anxious, leading to rapidly escalating anxiety levels) relaxation techniques can be helpful. Applied relaxation helps clients increase their awareness of the early signs of anxiety and the contexts in which these reactions arise, and encourages them to practise these techniques in situations they experience as anxiety-provoking.

Implementing the competence framework

A number of issues are relevant to the practical application of the competence framework.

Do clinicians need to do everything specified in a competence list?

The competence lists are based on manuals or descriptions of humanistic methods in therapy textbooks or expert consensus. Some of these techniques may be critical to outcome, but others may be less relevant, or on occasions irrelevant. Even where there is research evidence which suggests that specific 'packages' of techniques are associated with client improvement, we cannot be certain about which components actually make for change, and exactly by what process.

It needs to be accepted that the competences in the framework could represent both 'wheat and chaff': as a set of practices they stand a good chance of achieving their purpose, but at this stage there is not enough empirical evidence to sift effective from potentially ineffective strategies. This means that competence lists may include therapeutic *cul-de-sacs* as well as critical elements.

Are some competences more critical than others?

For many years researchers have tried to identify links between specific therapist actions and outcome. Broadly speaking, better outcomes follow when therapists deliver a model competently and coherently, but this observation really applies to the model as a whole rather than its specific elements.

Given the relative paucity of research on humanistic therapies there is only very limited evidence on which to base judgements about the value of specific activities, and comment on the relative value of competences may well be premature.

The impact of treatment formats on clinical effectiveness

The competence lists in this report set out what a therapist should do, but do not comment on the way in which counselling is organised and delivered – for example, the duration of each session, how sessions are spaced, or whether the therapy is time limited or longer term. Although such considerations will undoubtedly shape the clinical work that can be undertaken, the consensus of the ERG was that these variations do not necessarily have implications for the skills that therapists deploy.

The contribution of training and supervision to clinical outcomes

It may be unhelpful to see the therapeutic procedures, alone, as the evidence-based element, because this divorces methods from the support systems that help to ensure the delivery of competent and effective practice. Hence, claims to be implementing an evidence-based therapy could be undermined if the training and supervision associated with trials is neglected. In this respect, practitioners working within the humanistic competence framework may be best supported by supervisors who are also familiar with this work.

Applying the competence framework

This section sets out the various uses to which the humanistic counselling competence framework can be put, and describes the methods by which these may be achieved. Where appropriate it makes suggestions for how relevant work in the area may be developed.

Training

Effective training is vital to ensuring increased access to well-delivered counselling. The framework will support this by:

- providing a clear set of competences which can guide and refine the structure and curriculum of training programmes (including pre- and post-qualification professional trainings as well as the training offered by independent organisations)
- providing a system for the evaluation of the outcome of training programmes.

As a nationally agreed set of competences, the framework also provides the basis for the establishment of a 'core curriculum' for all therapists training to deliver counselling to young people in the UK.

Practice

The competence framework provides a valuable reflective tool whereby individual counsellors can assess their current knowledge and skills and identify areas for continuing professional development (CPD). It also provides opportunities for 'self-supervision' whereby counsellors can reflect on their practice with individual clients and consider the extent to which they are demonstrating the competences necessary for effective humanistic practice.

Research

The framework has the potential to make a major contribution to research in the field by establishing a common set of principles and practices that can be evaluated in controlled trials and in practice-based research studies (i.e., those that do not have control groups, but take place in 'real world' settings). Other areas of research in which the framework can contribute include the development and refinement of appropriate psychometric measures of therapist competence, the further exploration of the relationship between therapy process and outcome, and the evaluation of training programmes and supervision systems.

Commissioning

The framework can contribute to the effective use of resources by enabling commissioners to specify the appropriate levels and range of counselling for identified local needs. It could also contribute to the development of more evidence-based systems for the quality monitoring of commissioned services by setting out a framework for competences which is shared by both commissioners and providers, and which services could be expected to adhere to.

Service organisation – the management and development of psychological therapy services

The framework represents a set of competences that describe best practice – the activities that individuals and teams should follow to deliver evidence-based humanistic counselling.

Although further work is required on the utility of the competences and associated methods of measurement and auditing, they will enable:

- the identification of the key competences required by a practitioner to deliver effective humanistic counselling interventions with young people
- the identification of the range of competences that a service or team should demonstrate in order to meet the needs of young people
- the likely training and supervision competences of those managing the service.

Clinical governance

Effective monitoring of the quality of services provided is essential if young people are to be assured optimum benefit. Monitoring the quality and outcomes of psychological therapies is a key clinical governance activity; the framework will allow providers to ensure that humanistic counselling is provided at the level of competence that is most likely to bring real benefit by allowing for an objective assessment of therapist performance.

Supervision

The framework provides a useful tool to improve the quality of supervision by helping supervisors to focus on a set of competences known to be associated with the delivery of effective treatments. Used in conjunction with the supervision competence framework (available online at www.ucl.ac.uk/CORE/) it can:

- provide a structure which helps to identify the key components of effective practice in humanistic counselling

- help in the process of identification and remediation of sub-optimal performance.

Supervision commonly has two (linked) aims – to improve the performance of practitioners and to improve outcomes for clients. The framework could achieve these aims through its integration into professional training programmes and through the specification for the requirements for supervision in both local commissioning and clinical governance programmes.

Supervisor training

It is important that counsellors receive supervision from supervisors who themselves have knowledge of relevant competence frameworks, and who can also demonstrate their own competence in the requisite skills, knowledge and attitudes that ensure high quality supervision. BACP (in collaboration with the University of Leicester) has produced a core curriculum for the training of counsellor and psychotherapist supervisors, based on the UCL supervision competence framework (accessed at www.bacp.co.uk/accreditation). It contains both a generic three-module training programme and an optional module for supervisors working with counsellors who deliver counselling for depression in IAPT services.

Accreditation

The competence framework provides a set of standards whereby accrediting organisations can establish benchmarks for the necessary skills and understandings for counsellors working with young people.

Concluding comments

This document describes a model that identifies the activities that characterise effective interventions in the field of humanistic counselling with young people, and locates them in a 'map' of competences.

The work has been guided by two overarching principles. First, it stays as close to the evidence base as possible, meaning that an intervention carried out in line with the competences described in the model should be close to best practice, and therefore likely to result in better outcomes for young people. Second, it aims to have utility for those who use it, clustering competences in a manner that reflects the way interventions are actually delivered and hence facilitates their use in routine practice.

Putting the model into practice – whether as an aid to curriculum development, training, supervision, quality monitoring, research or commissioning – will test its worth, and indicate the ways in which it needs to be developed and revised. However, implementation needs to be holistic: competences tend to operate in synchrony, and the model should not be seen as a 'rigid recipe for success'. Delivering effective therapy involves the application of parallel sets of knowledge and skills, and any temptation to reduce it to a collection of disaggregated activities should be avoided. Therapists of all persuasions need to operate using clinical judgement in combination with their technical skills, interweaving technique with a consistent regard for the relationship between themselves and their clients.

Setting out competences in a way that clarifies the activities associated with a skilled and effective practitioner should prove useful for workers in all parts of the care system. The more stringent test is whether it results in increasingly effective interventions and better outcomes for clients.

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Appendix A – Membership of the ERG

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Andy Hill	*Counsellor and Head of Research, BACP*
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Appendix B – List of sources

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