The competences required to deliver effective Counselling for Depression (CfD)

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This document represents a guide to the competences required to deliver Counselling for Depression (CfD). By design it is based on the document for commissioners and clinicians published as part of the Humanistic Psychological Therapies competence framework (authored by Roth, Hill and Pilling, and available on the CORE website).

The full listing of the competences associated with CfD, and the Humanistic Psychological Therapies competences which underpin this approach, can be downloaded at:

www.ucl.ac.uk/CORE
Short summary
This document describes the competences required to deliver high-quality, NICE-approved counselling for depression (CfD). The sets of competences were derived from the competence framework for humanistic psychological therapies (Roth, Hill & Pilling, 2009). The process of identifying and structuring the competences into a coherent model for the practice of counselling for depression is described briefly, along with a discussion of how the model should be applied by practitioners.

Acknowledgements
This manual was commissioned by The Improving Access to Psychological Therapies Programme and was developed by a team from the British Association for Counselling and Psychotherapy comprising:

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A note on terminology – NICE-approved counselling for depression (CfD)
The terms “NICE-approved counselling for depression” and “counselling for depression” are used interchangeably throughout this document. It is recognised that counsellors generally may practice within a variety of modalities (cognitive behavioural, humanistic, psychodynamic, solution-focused etc) with various populations and in different settings. What is described in this manual is a specific form of brief counselling supported by evidence of effectiveness for the treatment of depression.
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How to use this manual

This manual describes the model of competences for the delivery of CfD. It provides a narrative, aimed at orienting practitioners to the various sections of the competence framework and should be read in conjunction with the lists of competences.

Background

The Improving Access to Psychological Therapies (IAPT) programme, which was launched in May 2007, initially focused on delivering CBT for adults with common mental health problems as CBT had the most substantial evidence base supporting its effectiveness, particularly in the treatment of depression and anxiety. More recently the choice of therapies available in IAPT has been expanded to include counselling, along with other NICE-approved therapies (NICE, 2009). This manual, therefore, builds on work already undertaken to identify the competences needed to deliver good quality psychological therapies.

Developing competence frameworks

To support the recruitment of CBT therapists into the IAPT programme a framework of CBT competences was devised (Roth and Pilling, 2007). This was used as a model for additional frameworks, covering different therapeutic modalities, including humanistic psychological therapies (Roth, Hill and Pilling, 2009). As with all others, the development of this latter framework was overseen by an Expert Reference Group (ERG) consisting of leading researchers, clinicians and trainers in the field. The ERG identified the trials, manuals and basic texts relevant to this modality and monitored the process of extracting competences from this literature, ensuring the process was comprehensive and systematic. Additional peer review was provided, where possible, by contacting authors of key texts used in the competence extraction process. This aimed to ensure that the competence framework remained faithful to the literature from which it was derived.

The link between competence frameworks and evidence of effectiveness

The first step in developing the competence framework for humanistic psychological therapies (Roth, Hill and Pilling, 2009) was to identify controlled clinical trials of humanistic therapy with positive outcomes. Almost invariably the therapy delivered in these trials is based on a manual which describes the treatment model and associated methods and approaches. In this sense such manuals provide the link between what the therapist does and what is effective. It therefore follows that competences derived from such manuals represent those practices which are likely to be the most evidence-based and hence the most helpful to clients.
Defining CfD competences

The humanistic psychological therapies framework (Roth, Hill and Pilling, 2009) represents the most rigorous, comprehensive and evidence-based description of humanistic therapy currently available. It was used in the development of National Occupational Standards but stays more closely aligned to the evidence-base than the latter. The framework is structured in a way that can be easily grasped by practitioners and describes competences in language which is clear, accessible and non-technical. The evidence base identified in the process of developing the humanistic framework consists primarily of clinical trials of counselling in primary care (e.g. King et al, 2000) and counselling manuals widely used in the training of counsellors in the U.K. (e.g. Mearns & Thorne, 2007; Rennie, 1998; Rogers, 1951; Sanders, 2006). These trials and manuals broadly describe the person-centred approach to counselling. The humanistic framework is also informed by evidence of the effectiveness of emotion-focused therapy (EFT) for depression (Greenberg & Watson, 1998). Although a distinctive therapeutic approach in its own right, EFT has much in common with person-centred theory and practice, sharing a similar philosophical and value-base. This evidence base, and the sets of competences drawn from it, as part of the process of developing the humanistic framework, have been used to define CfD. The humanistic psychological framework (Roth, Hill and Pilling, 2009) contains a wide range of humanistic approaches, some of which would not map onto counselling as practised in UK settings. Hence, CfD has been developed by scoping the humanistic framework, focusing on competences derived from person-centred therapy and EFT which have been combined into a coherent therapeutic model. The area of theory and practice underpinning CfD can be accurately described as person-centred/experiential therapy, which is an umbrella term including both person-centred and emotion-focused therapy.

Counselling

It is important to identify the area of theory and practice underpinning CfD as, similar to ‘psychotherapy’, ‘counselling’ is a broad and generic term covering a variety of therapeutic approaches. Along with person-centred/experiential counsellors, there are counsellors who offer CBT, those who work psychodynamically, counsellors who use narrative or solution-focused approaches, and those who take an integrative approach. Despite this diversity counselling can be seen to possess certain core characteristics, such as therapeutic flexibility centred on the client’s needs and an emphasis on wellbeing and human growth (as opposed to the treatment of pathological symptoms). Therapeutic flexibility requires an empathic attunement to the client allowing the counsellor to appreciate the client’s difficulties from their point of view and an ability to adapt responses to the client’s individual needs. The emphasis on wellbeing suggests a holistic perspective, focusing on the client’s growth and development and how they may be supported to live happier and more satisfying lives.

Person-centred therapy

In the field of counselling and psychotherapy, person-centred therapy (originally “client-centred therapy”) emerged in the 1940s as a therapeutic approach distinct from psychoanalytical and behavioural traditions. One of its main proponents was Carl Rogers who promoted a holistic approach, viewing the person as an integrated organism, the whole being greater than the sum of its parts. Rogers discerned a growth motive as being fundamental to human development and the inhibition of this force for growth as the main cause of psychological difficulties. The trajectory of this force for growth is distinct in each individual and influenced by the person’s subjective view of their world.
Furthermore, it is emotional experience that guides the person in their trajectory towards growth and development. The implication of these principles are that therapeutic work should focus on feelings and increasing self-awareness. The therapist should track the client’s internal world of subjective perceptions. Therapeutic work should be primarily relational with the therapist focusing on the whole person as opposed to individual symptoms and providing the psychological conditions and qualities likely to support the client’s growth process.

**Emotion-focused therapy**

EFT is consistent with the principles of person-centred therapy but has developed a more detailed theory of how people function emotionally and how certain emotional processes serve to inhibit growth and development. It also views the self as being made up of multiple aspects or “sub-selves” which are in constant communication with each other, the nature of this communication predicting whether we experience a state of balance and integration or states of confusion and distress. In terms of practice it also promotes a more guiding or leading approach from the therapist, in contrast with the traditionally more non-directive approach of person-centred therapy. The result is a more focused or therapist-led working through of the emotional processes which may be inhibiting the client’s development. For more information see Elliott et al, 2004.
The structure of the CfD competence model

Generic competences
Generic competences are those which would be employed in any psychological therapy. These ‘common factors’ are associated with the effective delivery of psychological therapy and often reflect the idea that there is much more to therapy than the application of a set of techniques. A whole package of professional knowledge and activity underpins the delivery of a therapy. For example, all therapists should be able to make effective use of supervision in the interests of their clients. Knowledge of ethical principles and the ability to resolve ethical dilemmas are likewise crucial. Regardless of the theoretical model employed it is essential for therapists to build a trusting relationship with clients as a basis for collaborative therapeutic work. The ability to communicate warmth and acceptance is an important part of this. Understanding depression and its associated risk of suicide and self-harm are also key areas of professional knowledge, together with the ability to work competently with culturally diverse client groups.

Basic CfD competences
The basic competences set out a range of activities that are fundamental to CfD. The focus on establishing a relationship which is warm, accepting, honest and empathic is primary in this type of therapeutic work, rather than a focus on technical interventions. For this reason there is some overlap between generic and basic competences where the building of a therapeutic relationship is described. Within the basic competences the activities which contribute to developing, maintaining and concluding the therapeutic relationship are detailed.

The distinction between ‘Basic’ and ‘Specific’ competences
Whereas the competences listed in the basic domain describe the therapeutic relationship fundamental to CfD, the competence model also assumes that in some situations, such as when clients are unable to contact their feelings or, conversely, are overwhelmed by them, more focused and specific interventions may be helpful. Such interventions may not be used in all cases with all clients and are thus much more subject to the clinical judgement of the counsellor as to when and with whom they may be appropriate. Hence we have a set of basic competences fundamental to all CfD work and a set of specific competences applicable in more particular circumstances.

Specific CfD competences
These competences describe therapeutic work which focuses on the client’s emotional experience and the strategies they use to process this experience. Enabling clients to identify and adapt such processes gives greater access to their emotional experience, the expression of which leads to new understanding and meaning.

Metacompetences
The danger with a competence model is that a complex activity such as counselling is reduced to a series of rote operations. A critical skill is to know when and under what circumstances an intervention is appropriate and also how to adapt the therapeutic approach to the needs of individual clients. To address such issues a set of sophisticated metacompetences has been included, operating at a high level of abstraction. These describe the abilities needed to make effective use of the various sets of competences, using clinical judgement and reflective practice.
The map of competences

Using the map
The map of competences for CfD is shown in Figure 1.

Figure 1 - overleaf

Adapted from Roth, Hill and Pilling (2009), the map of competences for CfD follows on page 8
Applying the competences necessary to deliver CfD

What follows is a description of the various domains within the CfD competence framework together with a narrative explaining how the competences should be implemented.

How knowledge, skills and attitudes interrelate
To be competent, a counsellor needs to understand a wide body of knowledge including a therapeutic model and its underpinning philosophical principles, a framework of ethics, knowledge of mental health problems and how they develop, an understanding of culture and how social context impacts on the individual. What is also crucial is an ability to apply this knowledge to practice in the therapeutic context, ensuring that interventions have a clear rationale and practice is thoughtful and deliberate. The judicious combination of knowledge and skill is integral to a definition of competence.

In an area of professional activity which is relational and deals with very sensitive and personal issues the attitudes of the therapist are extremely important. In counselling the attitudes adopted by the therapist to the client are central to the therapeutic enterprise. The client’s progress in therapy may depend on these. Beyond the therapeutic relationship the counsellor’s attitudes are of equal importance shaping how they relate to the professional, ethical and societal context. Such attitudes will have a bearing on the delivery of professional, ethical and culturally sensitive practice centred on the client’s needs.

Generic competences

Knowledge and understanding of mental health problems: A knowledge of common mental health problems, particularly depression, is vital for counsellors working with this model. An understanding of how problems develop, are maintained and how they present in terms of symptoms are important, particularly when undertaking generic assessments. In accordance with National Institute for Health and Clinical Excellence (NICE) guidelines counsellors in the IAPT programme should be particularly familiar with subthreshold and mild to moderate depressive presentations and how to work with these.

Knowledge of depression: A detailed knowledge of depression is required for the delivery of CfD, particularly the cluster of symptoms associated with a diagnosis of the disorder. Knowledge of the different types of mood disorder (e.g. dysthymia, bipolar disorder) is also essential. Counsellors should have an understanding of those factors which may predispose clients to depression, such as emotional neglect in childhood, social isolation and major adverse life-events. Knowledge of the impact of the disorder on the client’s functioning and the various psychological and pharmacological treatments available likewise represent key areas.

Knowledge of and ability to operate within professional and ethical guidelines: Competent practice is underpinned by knowledge of national and local codes of practice, professional ethical guidelines and relevant legislation. The ability to apply ethical
principles to therapeutic work is also required, particularly with regard to informed consent, confidentiality, avoiding ‘dual relationships’ and fitness to practice.

Knowledge of a model of therapy, and the ability to understand and employ the model in practice: It is important for counsellors to have a comprehensive and in-depth knowledge of a therapeutic model as this provides a coherent rationale for the interventions used. Clients in turn experience a consistent therapeutic approach which supports the building of a collaborative alliance. However, it is also necessary for therapeutic models to be implemented in ways which are flexible and responsive to the client’s individual needs. A balance has to be struck between consistency and flexibility. Also, beyond the model, knowledge of factors common to all therapeutic approaches is important in the delivery of effective therapy.

Ability to work with difference: The delivery of effective therapy is underpinned by the counsellor’s ‘cultural competence’, or ability to work with individuals from a diverse range of backgrounds. Whereas an appreciation of the lifestyle, beliefs and attitudes of various demographic groups is central to the provision of culturally-sensitive therapy, the impact of disadvantage and discrimination on such groups is also important. Additionally a full appreciation of difference is impossible without counsellors developing an awareness of their own culture and the way it has affected their thinking, attitudes and functioning. Cultural attitudes to help-seeking, the stigma relating to mental illness, beliefs around the notion of “selfhood” will all impact on therapeutic work and so are key areas of understanding. The ability to work effectively with an interpreter is also an important area of competence when therapy cannot be conducted in the medium of English. In summary an understanding of how social and cultural difference can impact on the accessibility, acceptability and effectiveness of an intervention and the ability to mediate for these factors is an important area of competence.

Establishing and maintaining a therapeutic alliance: A significant part of the generic competences is concerned with therapeutic alliance activity and a number of competences apply (ability to engage the client; ability to foster and maintain a good therapeutic alliance, and to grasp the client’s perspective and ‘world view’; ability to work with emotional content of sessions; ability to manage endings). A good therapeutic relationship is associated with positive outcomes regardless of the type of therapy applied. For this to be in place the counsellor needs to be able to engage the client and quickly build an atmosphere of trust. An ability to work empathically with a range of emotions expressed by the client helps to build a bond of understanding. Likewise when the relationship is under strain and the client may express negative feelings about being in therapy it is important for counsellors to respond openly and constructively in order to explore those factors straining the alliance. Managing the ending of the therapeutic relationship also requires sensitive skills to enable the client to acknowledge significant feelings and be able to disengage in a manner experienced as constructive.

Ability to undertake a generic assessment: This is a core activity for all counsellors aimed at gaining an understanding of the client’s difficulties and how they may have developed over time. The client’s social situation with regard to supportive relationships and employment are important factors for consideration, along with personality factors such as their ability to tolerate strong emotions and their level of motivation to change. Assessing the level of risk to self or others is a key ethical concern at this point and to discuss the range of therapeutic options available is appropriate as it supports client choice.
Ability to assess and manage risk of self-harm in clients presenting with depression: As there are elevated levels of risk of suicide and self-harm among depressed populations it is important for counsellors to be able to assess and manage levels of risk in their work with clients. An appreciation of the range of factors associated with risk of suicide and self-harm and an understanding of those markers which may indicate a client is becoming suicidal provide the basis for making an appropriate assessment. Likewise the ability to develop plans to manage levels of risk while continuing to support the client’s therapeutic progress is of key importance.

Ability to use measures to guide therapy and to monitor outcomes: The need to measure the outcomes of therapy and evaluate psychological services is widely acknowledged, requiring therapists to be familiar with the questionnaires and rating scales commonly used in routine practice. Therapists should have an understanding of how such measures are constructed and how to interpret results. The benefits of integrating outcome measures into routine practice, in terms of gaining direct feedback from the client and being able to track progress over time, should be appreciated by therapists. This provides a basis for adapting the intervention in the light of such feedback. Therapists should avoid administering measures in ways which are burdensome to clients and should use them as a basis for active collaboration between client and therapist. Therapists should help clients make use of the process as a form of self-monitoring, helping clients reflect on their levels of distress and track progress.

Ability to make use of supervision: Supervision is an important factor in the delivery of effective therapy, providing support, guidance and professional development for the counsellor. Effective supervision requires collaboration and an active engagement on the part of the counsellor. Hence counsellors must be able to reflect on themselves and their work, offer an open and honest account of their work and also be able to make constructive use of feedback, which at times may be critical. The ability to adapt practice in the light of supervisory guidance is likewise an essential ability.

Basic CfD competences

This domain of competences describes the range of activities that are fundamental to counselling practice. They begin with the underpinning knowledge necessary for the delivery of interventions and go on to describe the skills and abilities necessary to engage in, maintain and conclude a therapeutic relationship.

Knowledge of the basic assumptions and principles of counselling: Underpinning knowledge has been categorised into three areas, based on the assumption that to work effectively within this model a counsellor needs a thorough understanding of the philosophy and principles that inform the approach and an understanding of how the modality explains human development and psychological distress, together with the rationale for therapy and how this relates to therapeutic change. Additionally as the model presented here is targeted specifically at depression it is also important for counsellors to be able to conceptualise this psychological problem by means of the principles and philosophy of the modality from which the model is drawn. This helps the counsellor to develop formulations of the client’s problem and to focus on the issues and processes which may be maintaining depressed mood.
**Ability to initiate therapeutic relationships:** Focusing now on application, as opposed to knowledge, this area of competence describes activities essential in the early stages of therapeutic work. To explain to the client the rationale for treatment is an ethical priority, as it supports the principle of informed consent, as well as being necessary for the initiation of a collaborative relationship. The counsellor should explain how they intend to take an empathic and accepting stance towards the client with a focus on supporting and enhancing the client’s capacity to grow, develop and resolve problems. Additionally, at this stage to help the client develop a focus or aim for the therapy is associated with good outcomes. It is important that the therapeutic aim is meaningful to the client and subject to renegotiation as therapy proceeds. Particularly important in the early stages of therapy is that establishing a therapeutic aim does not detract from the building of a therapeutic relationship.

**Ability to maintain and develop therapeutic relationships:** Three areas of activity are fundamental to the achievement of this competence. Often referred to as the ‘core conditions’ and derived from Rogers (1957), empathy, unconditional acceptance and authenticity are central to counselling for depression. Empathy involves an apprehension of, and absorption in, the client’s frame of reference. This is a subtle activity requiring sensitivity to both implicit and explicit communication from the client and an ability accurately to convey the counsellor’s understanding of the client’s experience in a way that fosters client self-awareness.

To be effective, empathy needs to be supplemented by an attitude of unconditional acceptance on the counsellor’s part. 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. The two key elements to this are an affirming of the client’s value as a unique human being and the adoption of a non-judgemental approach regardless of whether the behaviour, attitudes or beliefs of the client are at variance with those of the counsellor. The importance of this attitude is that it supports the client’s self-determination and self-esteem.

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 genuinely be interested in the client and how they see the world. Likewise, the attitude of unconditional acceptance must be genuinely felt by the counsellor and not simply portrayed as part of a professional façade. The complexity of this becomes apparent in the case of certain clients, who for reasons of their own history of relationships, induce negative and rejecting feelings in the counsellor. The challenge here is for the counsellor genuinely to experience these negative feelings and retain a fundamental attitude of unconditional acceptance. Reflection on these phenomena in supervision is often important to avoid the disruption of the therapeutic relationship. Being authentic in the therapeutic relationship also enables the counsellor to be a spontaneous presence for the client, able to respond ‘in the moment’. It prompts the counsellor to work in a non-defensive manner and have the ability to be open with the client about feelings and reactions the counsellor has in response to the client. The interrelated nature of these three therapeutic conditions should not be underestimated as when used competently all three blend together to produce a potent, unitary therapeutic intervention.

**Ability to conclude the therapeutic relationship:** The concluding phase of the therapeutic relationship is a time to review progress in therapy and look to the future.
Clients may be reminded of previous endings in their lives and experience quite strong feelings. It is important for counsellors to support the client in expressing these feelings.

As counselling for depression is a brief therapy (recommended normally in courses of 6-10 sessions) it is possible that some clients may not feel ready to come to an ending within this timescale. In such cases it is important for counsellors to facilitate the expression of such feelings, explore with the client 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 client experiences as negative.

**Specific CfD competences**

This domain of competence assumes the establishment of a therapeutic relationship based on authenticity, unconditional acceptance and empathic understanding as described in the basic competences. It supplements this with a set of more specific skills which may be relevant with particular clients in particular circumstances. In this sense they are not ‘core’ or fundamental to the delivery of CfD, as is the case with the basic competences. When and under what circumstances these competences should be applied is dependent to a large extent on the counsellor’s clinical judgement and the client’s preferences in terms of how they wish to work. The overarching theme of **approaches to work with emotions and with emotional meanings** suggests a more deliberate and intentional focus on working with emotional processes than that outlined in the basic competences. It also emphasises the development of new meaning and understanding as part of the process of focusing on feeling. When new feelings are accessed, expressed, put into words and reflected upon, a change in perspective often occurs which is the essence of therapeutic change.

There may be a variety of circumstances when a counsellor may elect to use these specific competences. For example, a client may be experiencing an emotional ‘stuckness’ resulting in a therapeutic impasse. Certain clients may experience difficulties with emotional regulation. For example, being constantly overwhelmed with feelings can make it difficult for therapy to progress and for the client to cope with life’s demands. Conversely other clients may habitually stay out of touch with their feelings to protect themselves from distress, a tendency which also may inhibit therapeutic work. In other cases clients may refer to experiences which they found confusing or puzzling: unable to stop thinking about the experience, yet also unable to understand its significance. Such examples may lead the counsellor into working more deliberately with emotional processes and emotional meaning. In these cases the specific CfD competences become relevant. It is noteworthy that the intended outcome for the specific competences is the same as for the basic competences; that is to help clients process their emotional experience and expand their self awareness. The methods used to achieve these objectives, however, may be slightly different.
The ability to help clients access and express emotions: This area of competence assumes that clients may have developed habitual ways of managing their feelings. To identify and explore such habitual processes can help the client to contact underlying feelings and become aware of their characteristic ways of managing their emotions. This set of competences also acknowledges that an optimal level of contact with feelings is important for counselling to progress; too little contact or excessive contact (being consistently overwhelmed by feelings) are likely to make therapeutic progress difficult.

Ability to help clients articulate emotions: CfD makes the assumption that feelings have a personal significance and potentially can prompt us to act in ways which support our growth and development. However at times clients may not be aware of the significance of their emotions, especially where feelings are distressing or conflicting. To help the client find appropriate language to describe how they feel is a subtle therapeutic skill which often uses imagery and metaphor to help clients apprehend the essence of their emotional experience.

The ability to help clients reflect on and develop emotional meanings: This set of competences indicates the next step in this process where having put a feeling into words the client reflects on its significance in the context of their wider perceptions and beliefs relating to self, others and the world. The assumption here is that emerging emotional meaning may lead the client to revise their view of who they are in the world. The client may wish to make adjustments to the way they relate to others, abandon old habits and embark upon new projects. The role of the counsellor here is to support this process of reflection and the development of new perspectives.

The ability to help clients make sense of experiences that are confusing and distressing: At times clients may express puzzled reactions to situations or experiences. They may have under- or over-reacted, or behaved in ways which they experience as being out of character. In some cases situations may have been stressful or distressing, leaving the client with a need to ‘re-visit’ the situation in order to reflect on how they feel and how the event has affected them. In these cases it can be useful for counsellors to help the client describe the situation in more detail creating a richer narrative of events and focusing on underlying feelings which at the time did not come to the surface. Such puzzling experiences which clients keep returning to often signal significant therapeutic issues which at an explicit level the client may want to address.

Metacompetences

Effective counselling competences cannot be delivered in a mechanistic manner. The interrelationship of the different areas of competence is complex and subtle, necessitating the high-order, abstract skills and abilities often described as clinical judgement. This domain of the framework sets out various high-order skills which often relate to the need to strike a judicious balance between different areas of competence in order to maintain a consistent and coherent approach. This domain is divided into two sections, generic metacompetences, which apply to all therapists regardless of modality, and counselling metacompetences, which are specific to CfD.

Generic Metacompetences are those high order skills which therapists practicing any modality should possess. For example, the ability to adhere to a model of therapy while at the same time working flexibly to meet the individual client’s needs is a complex
activity. A comprehensive knowledge of the model is required along with the ability to apply this coherently even when circumstances are challenging. At the same time, the therapist needs to be sensitive to how the client is responding to the therapy and whether there are any indications, explicit or implicit, that the client is finding interventions unhelpful or unacceptable. As with most metacompetences, what is signalled here is two areas of competence which may potentially pull the therapist in opposing directions, to the detriment of the therapeutic enterprise. To strike a thoughtful balance and resist being pulled to one extreme or another is the mark of a competent therapist.

**Counselling metacompetences** are those high-order skills which relate specifically to the implementation of CfD. Similar to the generic metacompetences these skills often refer to the ability to balance different aspects of the competence model. Examples of this are maintaining a holistic perspective while applying a variety of specific skills; balancing a focus on therapeutic task with the need to maintain a therapeutic relationship; balancing a non-directive stance with the need to intervene should issues of client risk or safety arise.

On a slightly different tack, the high-order skill of metacommunication doesn’t involve the balancing of opposites but rather the ability to talk reflectively with the client about the nature of client-counsellor communication in the therapeutic dyad and its impact on the participants. The focus of this talk should always be to maintain the therapeutic relationship and support the client’s progress.

**Using the competence framework**

Although competence frameworks inevitably describe therapeutic work in terms of specific skills and abilities there is scant evidence supporting the view that some skills are more important than others in relation to outcomes. Hence to maximise effectiveness it is probably more important to view the framework holistically and implement the therapy in a consistent and coherent manner. Whereas counselling generally can be offered as short or long term work, to a range of clients, in various settings, this particular framework applies to NICE-approved counselling for people with persistent subthreshold depressive symptoms or mild to moderate depression. It is recommended that contracts of 6 – 10 sessions are offered to clients with these levels of severity. In routine practice it is not always easy accurately to assess levels of depression severity, leading to instances where more severe cases of depression may be referred for counselling. In such cases it is recommended that up to 20 sessions are contracted for.

Effective therapy depends upon the availability of good-quality training and rigorous supervision. These are crucial to the delivery of this framework. The framework can also be used to support the supervisory process by providing a set of competences known to be associated with positive outcomes. Both supervisors and counsellors can map practice against the framework in order to identify areas for development and further training. In the training context the competences can be used to develop learning outcomes, design curricula and assess learning, thus helping to align practice with evidence of good outcomes.

**Concluding comments**
This manual details the competences necessary for the delivery of effective CfD for depression and structures them into a coherent framework. As the CfD framework is derived from the Roth, Hill and Pilling (2009) framework it is closely aligned to the evidence base, meaning that the competences described are associated with best practice, and are therefore likely to result in good outcomes for clients. To be effective, counsellors need to be competent in all areas of the framework and have the ability to implement the therapy holistically. The framework should be seen as a whole rather than a collection of separate and unrelated activities. The concepts of clinical judgement and therapeutic flexibility are inherent aspects of the framework.

References


Rogers CR (1951) *Client-centered therapy*. Boston: Houghton Mifflin


[http://www.ucl.ac.uk/clinical-psychology/CORE/humanistic_framework.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/humanistic_framework.htm)

Appendix A

Core texts and manuals used in developing the competences

1. Manuals and texts

King, M, (unpublished) Counselling Manual, as employed in:


2. Background texts - drawn on as helpful sources of information regarding humanistic approaches:


