

# ONE

## What are counselling skills?

The British Association for Counselling and Psychotherapy (BACP) defines counselling skills as

Counselling skills are a combination of values, ethics, knowledge and communication skills that are used to support another person's emotional health and wellbeing. They are not exclusive to counsellors since a wide range of people use them, often to enhance a primary role. Their use is therefore dependent on who is using them and the setting in which they're used. (BACP, 2000, p. 7)

This definition suggests that counselling skills are far more than just communication skills, and that is true. Using counselling skills is a way of being, a way of using knowledge, skills, experience and values to understand someone and offer support and care that is in the other person's best interest. Counselling skills equip someone to be able to support someone safely and ethically in order to:

- Recognise when someone needs to talk
- Respond using appropriate skills to facilitate a safe listening space
- Refer by sensitively signposting or referring when someone needs further help or assistance.

### Counselling skills training

Counselling skills training is the first step to becoming a professional counsellor and forms the foundations on which therapeutic counselling training can take place. Counselling skills training also equips people

with the necessary knowledge, skills, attitudes and qualities to work with people in a range of different roles and settings. In this instance, the skills are used to enhance someone's primary professional role. It is important to acknowledge that counselling skills enhance but do not change the primary role, e.g. nurse, teacher, support worker, social worker, etc. Another reason some people undertake counselling skills training is for personal development and/or to enhance and improve their personal and collegiate relationships with family, friends and colleagues. A foundation of counselling skills is therefore appropriate for many professional roles, e.g. social worker, doctor, police officer or healthcare professional.

As an analogy: most houses have foundations, but they are generally hidden from view. The house itself is what is noticed and there are many different types of house. If counselling skills are the foundations, and all the different houses are the professional roles that can be safely built on them, solid foundations form the basis for safe and reliable houses and professionals! A wide range of roles that offer support, care and assistance can be built on a foundation of counselling skills. Understanding the relationship between the primary professional role and the counselling skills ensures that the support and care offered will have an additional layer of quality, skill and safe, ethical understanding. Most professionals will already have the skills, knowledge and abilities related to their primary role; counselling skills and values enhance the relational aspects. For example, a doctor will have medical knowledge and counselling skills will support effective and empathic communication with patients.

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### ***Activity – Why do I want to learn about counselling skills?***

Reflect on the questions in the table below and fill in your answers.

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Why am I interested in counselling skills?  
 What is it about counselling skills that interests me?  
 What is my long-term goal?  
 How do I plan to meet that goal?  
 What qualities do I already have that are supportive to others?  
 What qualities do I feel I need to cultivate in myself?  
 What are my fears and doubts about learning and using counselling skills?  
 What do I need while I am learning?  
 What can I tell myself if I struggle or feel defeated?  
 What gives me joy when I forget how to be joyful?

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## A rose by any other name

Counselling skills are also referred to as helping skills, active listening skills, support skills, skilful communication skills, etc. The professions that benefit from counselling skills are diverse and numerous. Although the philosophy underpinning counselling skills remains the same, the application and purpose vary from role to role. A police officer would use counselling skills differently from a nurse, but the spirit of care and empowerment would remain the same. To return to the previous analogy about the house, where counselling skills are like the foundations, without solid foundations a house is open to the vagaries of the elements and is at risk of falling down. There are many different houses and buildings (professions) that can be built ethically and safely on these strong foundations. The houses can be modest or colourfully flamboyant, single storey or skyscrapers. Counselling skills enhance them all and of course are the foundations for the beautiful mansion we know as counselling and psychotherapy.

The BACP has developed a competence framework for counselling skills (see Appendix 1). This framework identifies five different areas that contribute to the competent use of counselling skills. These areas are like the ingredients of a cake; they are all required to produce a tasty and well-risen bake.

These ingredients are:

- Listening and responding skills
- Empathy
- Working alliance
- Professional issues
- Personal qualities

This book will take a journey through counselling skills training and the five ingredients identified above. Most counselling skills training programmes require students to keep a learning journal, which is an account of thoughts, feelings and opinions in relation to the learning experience. A learning journal is an opportunity for a student and tutor to build a relationship away from the main learning group. This book will also focus on a student's learning journal and the dialogue between student and tutor in relation to the topics and skills work covered.

### ***Learning journal***

The first session of the counselling skills course was a real eye opener for me. We began the session by getting into pairs and introducing ourselves to each other. We then had to introduce our partner to the group. It was harder than I expected and I tried not to forget anything.

I thought that we would all be on the course for the same reason, to train to become a counsellor, but a lot of the students were on the course to help them in their current job. A couple were carers, someone worked with people with drug problems, some people worked in schools and others came from a church background. A real mix of people.

We agreed the ground rules for the group and someone offered to write them up and send us all a copy. The first task we were set was to come up with a definition for counselling and a definition for counselling skills and what the difference was. I think counsellors are more qualified than people just using counselling skills, they have done more training. Some people thought counsellors give advice but others thought that counsellors never gave advice. Some thought that counsellors speak very rarely and use mainly nods and body language. Some thought counsellors were there to solve problems and set goals and others thought counsellors listened and didn't try to sort things out. The whole group agreed that counsellors are there to help people and that the help can take different forms but must always be in the best interests of the client.

When we tried to define counselling skills, we got in a muddle. Counselling skills are skills that counsellors use but they are also skills that can be used by lots of other people. They are definitely specific listening and responding skills that are designed to support someone. We thought that counselling skills are also about understanding and respect and acceptance, but we also agreed that counselling is also about these things too. The tutor asked if counselling skills can stand alone and some of us thought they could, but actually, counselling skills must live inside another role. I hope to go on to train as a counsellor or psychotherapist and of course counselling skills will live inside that role.

On this course we will practise counselling skills with each other and will be known as a helper and a helpee to identify the person using counselling skills and the person being helped. That made sense to me. At the end of the session we had to have a closing circle, which meant going around the group and each of us had to say how we were feeling and what we would take away from the session.

## Tutor feedback

*Welcome to the course and to a new journey of learning and discovery. You have written a very good factual account of the first session. However, in your learning journal, I don't want to read very much about facts. I want to read about you; your thoughts, feelings and opinions about what happens in the sessions and how you think and feel about the topics we cover and how what we discuss impacts on you, your life and your situation.*

*From what you have written in your journal, I would like you to reflect on:*

- *How it felt to be part of the group and in a new situation? For example, how did you feel about starting the course? How did you feel on the way to the first session and when you met your peers for the first time?*
- *I'd be interested to hear what you thought about the ground rules. I noticed you were very quiet during their negotiation and wondered why that was.*
- *You wrote that the introductions were harder than you expected and you didn't want to forget anything. How were you feeling in that exercise? How would you have felt if you had forgotten something?*

*When writing about the definitions, you write about the group rather than yourself. I want to read about you in your journal.*

*In the closing circle you said you felt fine and would take away wisdom. I would be very interested in reading more about that and what wisdom you took away with you.*

*In your learning journal: YOUR thoughts, YOUR feelings, YOUR opinions are very important... the good, the bad and the ugly. In a nutshell, I would like to get to know you better.*

*You have taken the first step on your journey to become a counsellor... I wish you well.*

*A journey of a thousand miles begins with a single step. Tzu Lao*

## The three Rs

The three Rs are:

- Recognise when someone needs to talk
- Respond using appropriate skills to facilitate a safe listening space
- Refer by sensitively signposting or referring when someone needs further help or assistance.

## Recognise when someone needs to talk

Someone might use body language or non-verbal cues to signal a need to talk or they might verbally express what they are experiencing or what is happening. It can be hard to spot difficulties and recognise an opportunity for discussion, so vigilance and careful attention are important. Branch and Malik (1993) described the ways in which skilled doctors are able to make use of windows of opportunity within ongoing clinical consultations to enable patients to express and work through emotional issues. These windows of opportunity offer professionals a chance to use counselling skills to provide a safe and understanding listening space, where someone can talk through their feelings and difficulties. These windows of opportunity can also be seen as empathic openings. The big challenge for professionals using counselling skills is to know how to recognise that someone wants to talk and to be able to respond in an appropriate way, while remaining in their primary professional role.

A study by Jansen et al. (2010) found that when a nurse acknowledged the emotional expression of the patient, it was more likely that the patient would later recall the content of their discussion. However, when the nurse distanced himself or herself from the patient's emotion, by not acknowledging it, the patient was less likely to recall what happened in the consultation. This highlights the need for attention and focus to recognise when someone needs emotional support.

There are certain signs that can indicate when someone needs support. The signs include:

**Changes in physical appearance:** Less care is taken with dress and personal hygiene; evidence of weight loss or gain; fidgety, jumpy or restless behaviour.

**Physical health:** Sleep problems, headaches, aches and pains for no physical reason, palpitations, panic attacks.

**Emotions:** Anxiety and worry, stress, tiredness, irritability and anger, feeling overwhelmed by things that are usually manageable, being tearful.

**Thoughts:** Negative and pessimistic, a lack of hope and gratitude, taking things personally, being irrational and reactive.

**Behaviour:** Alcohol or drug use; isolation and withdrawal; finding it hard to focus and concentrate; a lack of motivation; avoiding friends, family and social situations.

Some or all of the above could indicate that someone needs support, but they could also be indicative of a range of other things. It is important

not to make assumptions and to make gentle and tentative enquiry about whether or not someone would like to talk and receive emotional support. If there is already a relationship in place, it could be easier to identify when someone needs additional help.

### **Respond using appropriate skills to facilitate a safe listening space**

Once someone indicates that they need some emotional support, it is important to respond in a timely and sensitive manner, by offering a private, safe and bounded space for them to talk. The rest of this book focuses on listening and responding skills, the working alliance, facilitating a helping session, offering empathic understanding and adopting those qualities and attitudes in line with the values of counselling skills.

### **Refer by sensitively signposting or referring when someone needs further help or assistance**

Oftentimes professionals will notice when someone needs further support that they are not qualified or equipped to provide. In these cases, a sensitive referral or signposting needs to take place.

Signposting is offering someone information about where they can go or who they can contact for additional advice, guidance or support. Examples could include:

- A housing officer could give information about the Citizen's Advice Bureau (CAB) for assistance with debt
- A police officer could give information to someone about domestic violence services in the area
- A doctor could signpost someone struggling with their sexuality to relevant organisations
- A play worker at a mother and baby group could offer a leaflet on immigration issues
- A youth worker could give a young person information on local colleges.

A referral is when the professional takes responsibility for contacting other professionals, agencies or organisations. A referral takes place when someone needs further help, assistance or guidance that is beyond the original professional's levels of competence knowledge and

experience. Other reasons for a referral could include a conflict of interest or a dual role. Examples of referral include:

- A GP referring a woman who has found a lump in her breast to a consultant at a local hospital
- A child psychologist making a referral to a paediatric consultant for an autism assessment
- A schoolteacher making a referral to a community mental health team when a student's mental health declines
- A support worker in an alcohol recovery drop-in refers someone who has disclosed childhood sexual abuse to a counsellor for long-term therapeutic work.

It is important that referrals take place smoothly, within a circle of confidentiality and with respect for the person's autonomy and privacy. The person should be supported throughout the referral process and not be left without any support while between professionals or organisations. For example, a GP referring someone to a hospital could have telephone contact with the patient until they receive a firm appointment with someone at the hospital. A home carer supporting someone who was waiting for a bed in a care home could still visit regularly while the referral went through. The person should not be left without support during the referral process.

To summarise, referrals should be appropriate and made in the person's best interest. Wherever possible, they should be with their consent and agreement. The person should have clear and detailed information about the referral process, understanding what to expect and to whom they are being referred. It can be helpful to talk through the referral to give someone the opportunity to say how they feel about it. It might be important to clarify that the referral is not a rejection.

## **A brief history of counselling skills**

The power of listening, caring and understanding is as old as time. From as far back as can be remembered, solace has been found in being listened to with understanding and acceptance, and in being able to speak honestly and candidly with someone who will hear us without judgement and without their own thoughts and feelings getting in the way of the listening space. It is homage perhaps to the old saying, 'a problem shared is a problem halved'.

There is a modern-day focus on counselling and counselling skills which came into play in the 19th and 20th centuries, but the principles



**Table 1.2 Timeline**

<b>Date</b>	<b>Events</b>
Ancient times	<p>The ancient Greeks challenged the idea that mental illness was caused by the gods. They recognised the healing value of encouraging and consoling words. They saw one person helping another as a virtue. Some of their ideas were a little odd. For example, they thought only women suffered from hysteria because it was caused by having a wandering uterus and magic was seen as complimentary to medicine.</p> <ul style="list-style-type: none"><li>c. 400 BCE – Hippocrates (Kos, Greece) believed that it was black bile that caused depression and melancholia!</li><li>c. 500 BCE – Siddhartha Gautama (Lumbini, Nepal) founded the psychotherapeutic practices of Buddhism, believing that the origin of mental suffering is ignorance, which causes attachment and craving.</li><li>c. 300 BCE – In China the relationship between organs and emotions was identified. The theory of a life force (Qi) was born, alongside the need to balance the primal forces of Yin and Yang.</li></ul>
Middle Ages	<p>Returned to the belief that the supernatural caused mental illness and used torture to get confessions of demonic possession.</p> <ul style="list-style-type: none"><li>c. 900 – Ahmed ibn Sahl al-Balkhi (Balkh, Afghanistan) introduces the term 'mental hygiene'. He observed that illness could have both physiological and psychological causes. A concept similar to psychotherapy was called 'al-ilai al-nafs'. Nafs means self or psyche.</li></ul> <p>1386 – The word 'counselling' found its way into Geoffrey Chaucer's <i>The Wife of Bath's Tale</i> in 1386.</p> <p>1403 – The first mentally ill patients were admitted to a hospital called The Bethlem Royal in London. Commonly known as Bedlam, the treatment offered was mainly forced restraint. The public were allowed to pay a fee to enter the hospital and stare at the insane.</p> <p>1567 – Philippus Aureolus Theophrastus Bombastus von Hohenheim, aka 'Paracelsus' (Einsiedeln, Switzerland) wanted more humane treatment for the mentally ill. He saw them as people struggling with something that could be treated with care and understanding rather than being possessed by evil spirits.</p> <p>1770 – An interesting treatment approach was posited by Johann Joseph Gassner, whose practice included a mix of hypnotherapy and exorcism.</p>
18th century	<p>1793 – The Bicetre Hospital in France led the way in humane treatment for the mentally ill. Patients were freed from shackles and chains. This work was pioneered by Jean-Baptiste Pussin, working with Philippe Pinel, and known as 'The Moral Treatment', which considered emotions and social interactions.</p> <p>In the late 1800s the term 'psychotherapy' was formalised. The Mayo Clinic in America stated that it was a 'general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider' (<a href="http://www.Mayo.com">www.Mayo.com</a>).</p>

**Table 1.2 (Continued)**

<b>Date</b>	<b>Events</b>
19th century	<p>1826 – Justinus Kerner appeared to continue the work of Johann Joseph Gassner, whose practice included a mix of hypnotherapy and exorcism, by treating patients with a combination of ‘animal magnetism’ (hypnotherapy) and exorcism.</p> <p>1853 – The English psychiatrist Walter Cooper Dendy introduced the term ‘psycho-therapeia’, meaning ‘the helpful influence of a healer’s mind upon that of a sufferer’ (Jackson, 1999, p. 9).</p> <p>1879 – The Lancet, an international medical journal, published an article suggesting that supportive telephone calls could reduce unnecessary doctor visits.</p> <p>1886 – Sigmund Freud, who became known as the grandfather of therapy, began therapeutic practice and research in Vienna. Treatment was primarily listening to the patient and providing interpretations.</p>
20th century	<p>Talking and listening as a kind of treatment was identified as a way of alleviating emotional problems and distress; the people who offered this treatment generally worked as educators, social advocates, employment guides and in other professional roles. This could be seen as the birth of counselling skills being embedded within other professional roles.</p> <p>In the very early 20th century, Clifford Whittingham Beers (1876–1943) founded the mental hygiene movement in America. He had been a patient in the mental health system and vowed to change the appalling conditions of mental institutions.</p> <p>1908 – In America, Frank Parsons founded Boston’s vocational bureau, which highlighted the importance of support and guidance. He believed that the more people knew themselves, the better able they became to make choices that healed rather than harmed. It is important to note that guidance in this instance does not mean telling someone what to do; it means using skills and knowledge that acts as a guide or guiding light that helps someone find their own way. The person using counselling skills shines a light on the path so that someone can work out which way to go.</p> <p>1940s and 1950s – The interpersonal therapy developed by Carl Rogers focused on the communication of warmth, genuineness and acceptance from the therapist to the individual (Rogers, 1957). It is known today as person-centred counselling and has a major influence in teaching, therapy, helping and counselling skills and a wide range of other professions.</p>

Date	Events
	<p>1945 – Virginia Axline and Carl Rogers published an account of the role undertaken by a teacher, over a period of several months, in response to the emotional and social needs of a disabled six-year-old boy (Axline &amp; Rogers, 1945). It illustrated how the teacher was able to make use of counselling skills to play a key role in the recovery of a seriously troubled young person, mainly through a series of brief, 15-minute listening conversations.</p>
	<p>1943 – The famous hierarchy of need was developed by Abraham Maslow, the founder of Humanistic psychology (Maslow, 1943).</p>
	<p>1960 – Thomas Szasz initiated the anti-psychiatry movement and R. D. Laing published <i>The Divided Self</i> (Laing, 1960), which saw mental illness as valid communications of lived experiences rather than symptoms of a mental illness.</p>
	<p>1967 – Aaron Beck developed a psychological model of depression. Doctors, midwives and other health professionals still use the Beck Inventory today to identify and respond to symptoms of depression (Beck, 1967).</p>
	<p>1977 – The birth of the British Association for Counselling (BACP). A professional body for the counselling professions, including those who use counselling skills. In 2019, BACP developed a competence framework for counselling skills.</p>
	<p>1993 – Branch and Malik explored how skilled physicians use skills to make use of windows of opportunity within consultations, to help patients with emotional issues (Branch &amp; Malik, 1993).</p>
	<p>1998 – Egan's Skilled Helper Model, which is a three-stage model using counselling skills in a wide range of roles and settings (Egan, 1998). In line with other models, its aim is to empower people to manage life more effectively and to make</p>
	<p>lasting changes to engage with opportunities to meet their full potential.</p>
21st	<p>2008 – Høigaard and Mathisen developed a model for counselling skills that are used by a range of professionals other than counsellors (Høigaard &amp; Mathisen, 2008). A model of informed, situated counselling.</p>
century	<p>2011 – McLeod and McLeod proposed a framework for training and research in embedded counselling using counselling skills (McLeod &amp; McLeod, 2011).</p>
	<p>Today counselling and counselling skills are offered in almost every corner of the world. Counselling skills are used in relief work in most countries and add value and effectiveness to professional roles in all areas of health, social care and helping.</p>

and values of counselling and counselling skills started centuries before. Around the time of Jesus Christ, there was a Roman philosopher called Seneca who spoke of the beauty of being understood and understanding others. Perhaps this acknowledges the meaning and value of what we understand today as empathy.

Over centuries, women sat in circles telling stories and weeping for each other's pain and sorrows. A talking stick would be held by the person talking and all others in the circle would be silent and listen. When the person had finished talking and felt rested within the group, the listening stick would be passed onto the next person who needed to talk and be heard. The church has long offered a listening ear in the confessional box, where someone could talk through their wrongdoings and leave the burden of guilt and shame behind.

Historically, care for the mentally ill and emotionally wounded was harsh and often barbaric. People suffering in this way were often seen as bad or, in some cases, possessed by evil spirits. Below is a timeline of how helping others by listening, caring and understanding has evolved to become the counselling skills and counselling profession we know today.

It becomes clear that counselling skills can enhance most health and social care roles as well as being the bedrock upon which the counselling and psychotherapy professions are built.

### ***Learning journal***

I've sat for ages trying to write this journal and am finding it really hard to get started. I'm not sure how to write about my feelings and how much to write about myself. I thought a lot about the feedback I got for my first journal entry and realised that I didn't want to write about my feelings and thoughts in case they were wrong. What if I'm not meant to think and feel the way I do? What if I'm not the right sort of person? What if I'm not strong enough and well-rounded enough? I do want to carry on and learn how to be a counsellor but if I'm this scared on a counselling skills course, maybe I'm just not up to it.

The truth is I was very scared before the session, during the session and even after the session. There are professional, academic people in the group and I feel very inadequate and stupid. I haven't worked for many years and when I did work, I worked in shops or as a cleaner. I feel ashamed and not good enough in the group. One woman is a social worker, I am just not in that league.

I stopped work to raise my children and somewhere in those years, my marriage ended and I ended up seeing a counsellor because I just

couldn't cope. That was a few years ago, but it was such a help to me at that time that I hoped that one day I could give back what I had been given. It has been such a long time since I'd done anything – anything for myself that is – that I think I forgot how to be. So I just tried to blend in with the others and hope I wouldn't make a fool of myself. I must have been really tense because my neck and shoulders hurt for days after. I feel very silly after writing this journal. I noticed a poster on the wall that said, 'The truth will set you free'. Well, what I've written is the truth. I just wish it were a bit better.

### **Tutor feedback**

*Thank you for your honesty and genuineness. It sounds as if you sat with a lot of very difficult and challenging feelings... and you still came back. That tells me about your courage and determination. I don't want to rescue you and offer platitudes, but I do want to tell you that the helping and counselling professions aren't built on intellect and mental ability. These things can be important, but more important are the other things we bring to the work. You already bring honesty, vulnerability and a belief in the therapeutic process.*

*Your own hard-won experience is as important as reading academic tomes. Your understanding and willingness are just as important as an impressive title. I can hear your fear and trepidation and can tell you that even those things are incredibly valuable.*

Anyone who is going to see a patient tomorrow should, at some point, experience fear. In every consulting room there ought to be two rather frightened people; the patient and the psychoanalyst. If there are not, one wonders why they are bothering to find out what everyone knows. (Bion, 1990, p. 5)

*So, you are frightened ... Guess what? Me too.*

The remaining chapters in this book explore and discuss the different elements to counselling skills. Example case studies, exercises and activities to help build competence and confidence accompany each chapter.