

PT41 Develop the humanistic therapeutic relationship

OVERVIEW

This standard is about the quality of relationship that needs to develop between the therapist and client its multidimensionality, resilience, authenticity and reflective quality. The relationship plays a central role in the therapeutic process as a medium for change. The therapist needs to adopt consistent empathy, acceptance and valuing towards the client and sensitivity and attention to their own and the clients responses. While other, less positive feelings may emerge spontaneously, the meaning of these can be explored in supervision or with the client if it seems appropriate, as they may be an important insight into the clients difficulty.

This standard describes therapeutic practice adopted successfully in mental health and wellbeing interventions for adults, based on the philosophical tenets of the humanistic tradition and incorporating a range of approaches from a humanistic value base. (See reference in the additional information section on page 4.) To apply this standard, practitioners also need to take account of the multiple problems and complex co-morbidities that individual clients may bring to therapy.

Users of this standard will need to ensure that they are receiving supervision and that their practice reflects up to date information and policies. This standard should be understood in the context of the Digest of National Occupational Standards for Psychological Therapies.

Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

Relational processes in the immediate therapeutic relationship

1. the mechanism and nature of shared meanings co-constructed by therapist and client
2. how the therapeutic relationship reflects the relationship histories of both the client and the therapist
3. how the explicit and implicit meanings that shape the clients and therapists perceptions of their world may be experienced within and influence the therapeutic relationship

4. how the clients explicit, manifest communications may contain an implicit, latent meaning
5. ways in which aspects of past events can be re-experienced in the present
6. how the therapist may make use of their immediate emotional and embodied reactions to the client
7. ways in which the therapists immediate responses and experiences within the therapeutic relationship can form a basis for communicating empathic understanding and informing exploration of the clients subjectivity

Conditions for therapeutic change

8. the rationale for responding empathically to the client and being warm, open, non-judgmental, genuine and transparent
9. how to employ the specific methodology, key concepts and relevant components of the model being used
10. how to maintain therapeutic conditions
11. psychological conditions that make change more likely

Risk

12. the assessment of the clients capacity to engage in humanistic therapy in the context of assessment of risk

The actualising tendency and process

13. the role of actualisation in human growth and health
14. the ways in which internal processes out of the clients awareness can undermine, distort or block the actualising tendency
15. how the actualising tendency is expressed in the practice of humanistic therapy
16. the concept of symptoms as a signal for integrating experience and growth
17. the concept of symptoms as indicators of the actualisation process

Human growth and development and the origins of psychological difficulties

18. models of change, health and wellbeing
19. the impact of conflicts within the individual
20. the impact of social context on psychological growth and development
21. the role that emotional experiencing has in an individuals awareness of how an action contributes to growth
22. the role of relationship in the development of self-experience
23. the mechanisms and effects of internal processes out of the clients awareness in the development of self-experience
24. the role of internal processes out of the clients awareness in the development of difficulties in self-experience
25. how thinking, feeling and behaviour are determined by an individuals subjective reality
26. the impact on psychological development of empathic attunement and acceptance and the extent of its absence during the formative years
27. the mechanism and effects of internalisation of the values, beliefs and attitudes of others
28. the development and benefits of the capacity to reflect on inner processes and experiences

29. the development of the capacity to balance inner and outer realities
30. the multiple perspectives from which human experience can be viewed

Principles of humanistic therapy

31. philosophy and principles that inform humanistic therapy
32. humanistic theories of therapeutic process
33. approaches to psychological therapy that have grown out of the humanistic psychology movement
34. experiential methods of learning
35. non-humanistic approaches that influence humanistic therapy

Mental health and wellbeing

36. factors associated with the emergence, developments and maintenance of mental health difficulties
37. humanistic models of mental distress
38. the ways in which mental health difficulties can impact on personal and interpersonal functioning
39. models of a fully functioning person

PERFORMANCE CRITERIA

You must be able to do the following:

1. communicate acceptance, valuing and genuine warmth towards the client and their frame of reference while being sensitive to their capacity at any time to tolerate such communication
2. allow your and the clients emotions to emerge and be expressed in the therapeutic relationship
3. sense the emotions and perceptions of the client while recognising what emotions and perceptions belong to you and what to them
4. reflect on your understandings, responses and assumptions in an effort to understand and value the clients experience more deeply
5. make connections between the therapeutic relationship and the clients current world that facilitate the clients therapeutic process
6. accept the clients perceptions and feelings towards you as a therapist and seek to understand what these mean for them
7. respond to failures of acceptance and attunement through self reflection, exploration with the client and the use of supervision
8. tentatively articulate and explore ideas and hunches that are drawn from a sense of yourself and the client in the room
9. reflect with the client on your joint experience of the therapeutic relationship as it develops over time when relevant to the client
10. recognise, accept, contain and try to understand areas of awkwardness or strong feelings expressed by the client
11. identify indications of a rupture or impasse in the therapeutic relationship
12. identify and acknowledge how you may have contributed to the rupture or

- impasse and how you experience it
13. talk about the rupture or impasse with the client and try to understand their experience of it
 14. use any impasse and rupture as opportunities for extending the clients experience, for healing and for understanding more fully the clients subjective experience and their difficulties
 15. make changes to your approach to the relationship and to the direction of therapy that allow you and the client to heal any rupture
 16. accept when therapy has reached an irresolvable impasse and ending may be the most helpful way forward for the client
 17. clarify therapeutic boundaries and address these in the therapy and in supervision when and if they are broken by the client or yourself
 18. use supervision to reflect on and revise the therapeutic relationship

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.

This standard is derived from research reported in Roth A D, Hill A and Pilling S (2009) *The competences required to deliver effective Humanistic Psychological Therapies*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: Core 1 Communication