



PT42 Choose and adapt ways of working with the client within a humanistic approach

OVERVIEW

This standard is about making reasoned judgements based on a coherent, theoretically sound approach in the conduct of the therapy and reflecting on these. The therapist needs to be responsive to the developmental stage of the client in the therapy and to the client's immediate responses.

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 3.) 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:

Principles of humanistic therapy

1. philosophy and principles that inform humanistic therapy
2. humanistic theories of therapeutic process
3. approaches to psychological therapy that have grown out of the humanistic psychology movement
4. experiential methods of learning
5. non-humanistic approaches that influence humanistic therapy

Conditions for therapeutic change

6. the rationale for responding empathically to the client and being warm, open,

- non-judgmental, genuine and transparent
7. how to employ the specific methodology, key concepts and relevant components of the model being used
 8. how to maintain therapeutic conditions
 9. psychological conditions that make change more likely

Risk

10. the assessment of risks to the client in a range of settings and the risks they pose to themselves and others
11. the assessment of the client's capacity to engage in humanistic therapy in the context of assessment of risk

The actualising tendency and process

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

Human growth and development and the origins of psychological difficulties

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

Relational processes in the immediate therapeutic relationship

30. how the client's explicit, manifest communications may contain an implicit, latent meaning
31. the ways in which aspects of past events can be re-experienced in the present
32. how the therapist may make use of their immediate emotional and embodied reactions to the client

33. the ways in which the therapist's immediate responses and experiences within the therapeutic relationship can form a basis for communicating empathic understanding and informing exploration of the client's subjectivity

Mental health and wellbeing

34. factors associated with the emergence, development and maintenance of mental health difficulties
35. humanistic models of mental distress
36. the ways in which mental health difficulties can impact on personal and interpersonal functioning
37. models of a fully functioning individual

PERFORMANCE CRITERIA

You must be able to do the following:

1. implement a coherent therapeutic approach that is responsive to the issues the client raises
2. be led by the client in what is helpful and unhelpful for them at any time and attune your responses and interventions accordingly
3. maintain therapeutic conditions that have a consistent theoretical rationale
4. evaluate how theory is being integrated into practice with the client and how the client informs the theory
5. accommodate emerging issues in the therapeutic process
6. identify the potential impact of alternative ways of working on the client and on the therapeutic relationship
7. seek to understand implicit feedback from the client about the therapy
8. identify when clients have difficulty giving feedback which reflects what they feel and discuss this with them
9. work safely and ethically with the risks the client wishes to take in therapy
10. reflect with the client on the chosen ways of working if they find this helpful
11. use reflective practice and supervision to develop and maintain theoretical and empirical rigour in relating to the client and responding to their disclosures

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