



## PT48 Manage the conclusion of the humanistic therapeutic relationship

### OVERVIEW

This standard is about working collaboratively and constructively with the client in ending humanistic therapy, enabling the client to engage positively with the ending phase. The ending may come about for reasons that may be planned or unplanned. The standard requires the therapist to work sensitively with their own and the client's responses to endings to the benefit of the client. The therapist also supports the client in reviewing the outcomes of therapy, the effectiveness of the therapeutic process and relationship and in planning what comes next.

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, therapists 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:

#### **End of therapy**

1. phenomena associated with endings of therapy and their meaning
2. evidence of effective approaches to managing endings
3. accounts of endings from the client and therapist perspective
4. indicators of when the client may be ready to end therapy

#### **Mental health and wellbeing**

5. the range and severity of mental health difficulties and their presentation
6. the factors associated with the emergence, development and maintenance of mental health difficulties
7. humanistic models of mental distress
8. the ways in which mental health difficulties can impact on personal and interpersonal functioning
9. models of a fully functioning individual

### **Conditions for therapeutic change**

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

### **Risk**

14. the assessment of risks to the client and the risks they pose to others in a range of settings
15. how to assess the client's capacity to engage in humanistic therapy in the context of assessment of risk
16. current legislation and local guidelines and procedures about vulnerable adult safeguarding

### **Principles of humanistic therapy**

17. philosophy and principles that inform humanistic therapeutic approaches
18. humanistic theories of therapeutic process
19. approaches to psychological therapy that have grown out of the humanistic psychology movement
20. experiential methods of learning
21. non-humanistic approaches that influence humanistic therapy

### **Human growth and development and the origins of psychological difficulties**

22. models of change, health and wellbeing
23. the impact of conflicts within the individual
24. the impact of social context on psychological growth and development
25. the role that emotional experiencing has in an individual's awareness of how an action contributes to growth
26. the role of relationship in the development of self-experience
27. the mechanisms and effects of internal processes out of the client's awareness in the development of self-experience
28. the role of internal processes out of the client's awareness in difficulties in self-experience
29. how thinking, feeling and behaviour are determined by an individual's subjective reality
30. the impact on psychological development of empathic attunement and acceptance and the extent of its absence during the formative years
31. the mechanism and effects of internalisation of the values, beliefs and attitudes of

others

32. the development and benefits of the capacity to reflect on inner processes and experiences
33. the development of the capacity to balance inner and outer realities
34. multiple perspectives from which human experience can be viewed

### **The actualising tendency**

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

## **PERFORMANCE CRITERIA**

You must be able to do the following:

1. enable the client to experience an end to therapy with you that is:
  1. negotiated
  2. at a time when therapy is sufficient for them
  3. initiated in a manner that protects them from risk or harm
  4. free of the influence of your own responses to loss and endings
  5. sufficiently spacious to allow unfinished business to emerge and for closure to unfold in an unforced manner
2. work collaboratively with the client to identify when they may be ready to end therapy
3. be alert to indicators that the client may be ready to end therapy or that it would be beneficial for them
4. enable the client to come to terms with loss at the end of therapy, including the possible emergence of unprocessed experiences from other relationships that have ended
5. make use of the client's thoughts and feelings about the ending of therapy to help them learn about themselves
6. facilitate the client to identify themes and experiences relating to other endings in the client's life and how they relate to this ending
7. enable the client to express thoughts and feelings connected to endings
8. enable the client to review:
  1. their progress over the course of therapy
  2. their plans for the future
9. if requested, enable the client to develop strategies for change and plans for action that take into account their current social context and relationships
10. where the client does not have a valid choice about the ending, discuss its timing and process with them in a way that best supports their progress
11. explore with the client options for referral, ongoing support and information and future therapeutic interventions should the need arise
12. discuss the implications and process of planned and unplanned endings with the

- client and your supervisor
13. maintain clinical records in accordance with ethical practice, local protocols, codes of confidentiality and the client's explicit consent
  14. reflect on your experience of the ending and evaluate your practice

## **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: HWB2 Assessment and care planning to meet people's health and wellbeing needs