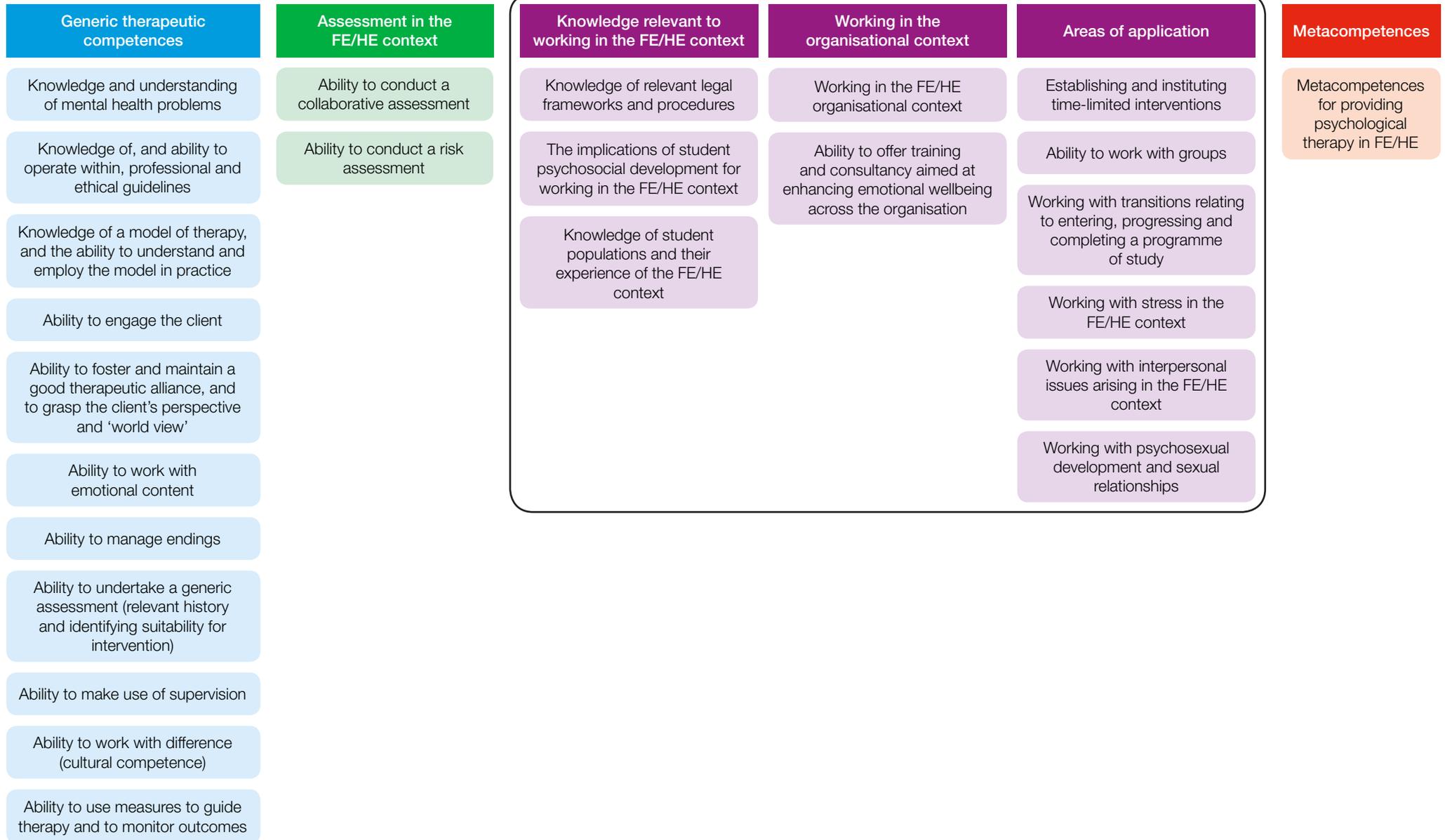


Ability to provide psychological therapies to students in further and higher education (FE/HE)



The competences required to deliver effective counselling in further and higher education

Knowledge and understanding of mental health problems

During assessment and when carrying out interventions, an ability to draw on knowledge of common mental health problems and their presentation
An ability to draw on knowledge of the factors associated with the development and maintenance of mental health problems
An ability to draw on knowledge of the usual pattern of symptoms associated with mental health problems
An ability to draw on knowledge of the ways in which mental health problems can impact on functioning (e.g. maintaining intimate, family and social relationships, or the capacity to maintain employment and study)
An ability to draw on knowledge of the impact of impairments in functioning on mental health
An ability to draw on knowledge of mental health problems to avoid escalating or compounding the client's condition when their behaviour leads to interpersonal difficulties which are directly attributable to their mental health problem

Knowledge of, and ability to operate within, professional and ethical guidelines

Knowledge

An ability to maintain awareness of national and local codes of practice which apply to all staff involved in the delivery of healthcare, as well as any codes of practice which apply to the therapist as a member of a specific profession

An ability to take responsibility for maintaining awareness of legislation relevant to areas of professional practice in which the therapist is engaged (specifically including the Mental Health Act, Mental Capacity Act, Human Rights Act, Data Protection Act)

Application of professional and ethical guidelines

An ability to draw on knowledge of relevant codes of professional and ethical conduct and practice in order to apply the general principles embodied in these codes to each piece of work being undertaken, in the areas of:

obtaining informed consent for interventions from clients

maintaining confidentiality, and knowing the conditions under which confidentiality can be breached

safeguarding the client's interests when co-working with other professionals as part of a team, including good practice regarding inter-worker/ inter-professional communication

competence to practice, and maintaining competent practice through appropriate training/professional development

recognition of the limits of competence and taking action to enhance practice through appropriate training/professional development

protecting clients from actual or potential harm from professional malpractice by colleagues by instituting action in accordance with national and professional guidance

maintaining appropriate standards of personal conduct for self:

a capacity to recognise any potential problems in relation to power and "dual relationships" with clients, and to desist absolutely from any abuses in these areas

recognising when personal impairment could influence fitness to practice, and taking appropriate action (e.g. seeking personal and professional support and/or desisting from practice)

Knowledge of a model of therapy, and the ability to understand and employ the model in practice

An ability to draw on knowledge of factors common to all therapeutic approaches*:	
supportive factors:	
	a positive working relationship between therapist and client characterised by warmth, respect, acceptance and empathy, and trust
	the active participation of the client
	therapist expertise
	opportunities for the client to discuss matters of concern and to express their feelings
learning factors:	
	advice
	corrective emotional experience
	feedback
	exploration of internal frame of reference
	changing expectations of personal effectiveness
	assimilation of problematic experiences
action factors:	
	behavioural regulation
	cognitive mastery
	encouragement to face fears and to take risks
	reality testing
	experience of successful coping
An ability to draw on knowledge of the principles which underlie the intervention being applied, using this to inform the application of the specific techniques which characterise the model	
An ability to draw on knowledge of the principles of the intervention model in order to implement therapy in a manner which is flexible and responsive to client need, but which also ensures that all relevant components are included	

*** classification adapted from:**

Lambert, M.J. and Ogles, B.M (2004) The efficacy and effectiveness of psychotherapy pp139–193 in M.J. Lambert Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change (5th Edition) New York: Wiley

Ability to engage client

While maintaining professional boundaries, an ability to show appropriate levels of warmth, concern, confidence and genuineness, matched to client need
An ability to engender trust
An ability to develop rapport
An ability to adapt personal style so that it meshes with that of the client
An ability to recognise the importance of discussion and expression of client's emotional reactions
An ability to adjust the level of in-session activity and structuring of the session to the client's needs
An ability to convey an appropriate level of confidence and competence
An ability to avoid negative interpersonal behaviours (such as impatience, aloofness, or insincerity)

Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and 'world view'*

Understanding the concept of the therapeutic alliance

An ability to draw on knowledge that the therapeutic alliance is usually seen as having three components:
the relationship or bond between therapist and client
consensus between therapist and client regarding the techniques/methods employed in the therapy
consensus between therapist and client regarding the goals of therapy
An ability to draw on knowledge that all three components contribute to the maintenance of the alliance

Knowledge of therapist factors associated with the alliance

An ability to draw on knowledge of therapist factors which increase the probability of forming a positive alliance:
being flexible and allowing the client to discuss issues which are important to them
being respectful
being warm, friendly and affirming
being open
being alert and active
being able to show honesty through self-reflection
being trustworthy
An ability to draw on knowledge of therapist factors which reduce the probability of forming a positive alliance:
being rigid
being critical
making inappropriate self-disclosure
being distant
being aloof
being distracted
making inappropriate use of silence

Capacity to develop the alliance

An ability to listen to the client's concerns in a manner which is non-judgemental, supportive and sensitive, and which conveys a comfortable attitude when the client describes their experience
An ability to ensure that the client is clear about the rationale for the intervention being offered
An ability to gauge whether the client understands the rationale for the intervention, has questions about it, or is sceptical about the rationale, and to respond to these concerns openly and non-defensively in order to resolve any ambiguities
An ability to help the client express any concerns or doubts they have about the therapy and/or the therapist, especially where this relates to mistrust or scepticism
An ability to help the client articulate their goals for the therapy, and to gauge the degree of congruence in the aims of the client and therapist

Capacity to grasp the client's perspective and 'worldview'

An ability to apprehend the ways in which the client characteristically understands themselves and the world around them
An ability to hold the client's world view in mind throughout the course of therapy and to convey this understanding through interactions with the client, in a manner that allows the client to correct any misapprehensions
An ability to hold the client's world view in mind, while retaining an independent perspective and guarding against identification with the client

Capacity to maintain the alliance

Capacity to recognise and to address threats to the therapeutic alliance (“alliance ruptures”)

An ability to recognise when strains in the alliance threaten the progress of therapy	
An ability to deploy appropriate interventions in response to disagreements about tasks and goals:	
	an ability to check that the client is clear about the rationale for treatment and to review this with them and/or clarify any misunderstandings
	an ability to help clients understand the rationale for treatment through using/drawing attention to concrete examples in the session
	an ability to judge when it is best to refocus on tasks and goals which are seen as relevant or manageable by the client (rather than explore factors which are giving rise to disagreement over these factors)
An ability to deploy appropriate interventions in response to strains in the bond between therapist and client:	
	an ability for the therapist to give and ask for feedback about what is happening in the here-and-now interaction, in a manner which invites exploration with the client
	an ability for the therapist to acknowledge and accept their responsibility for their contribution to any strains in the alliance
	where the client recognises and acknowledges that the alliance is under strain, an ability to help the client make links between the rupture and their usual style of relating to others
	an ability to allow the client to assert any negative feelings about the relationship between the therapist and themselves
	an ability to help the client explore any fears they have about expressing negative feelings about the relationship between the therapist and themselves

*** Sources:**

Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38, 171–185.

Ackerman, S. J., & Hilsenroth, M. J. (2003). A review of therapist characteristics and techniques positively impacting the therapeutic alliance. *Clinical Psychology Review*, 23, 1–33

Safran J.D. and Muran J.C. (2000) *Negotiating the therapeutic alliance* New York: Guilford Press

Ability to work with emotional content of session

An ability to facilitate the processing of emotions by the client – to acknowledge and contain emotional levels that are too high (e.g. anger, fear, despair) or too low (e.g. apathy, low motivation)

An ability to deal effectively with emotional issues that interfere with effective change (e.g. hostility, anxiety, excessive anger, avoidance of strong affect).

An ability to help the client access, differentiate and experience his/her emotions in a way that facilitates change

Ability to manage endings

An ability to signal the ending of the intervention at appropriate points during the therapy (e.g. when agreeing the treatment contract, and especially as the intervention draws to a close) in a way which acknowledges the potential importance of this transition for the client

An ability to help clients discuss their feelings and thoughts about endings and any anxieties about managing alone

An ability to review the work undertaken together

An ability to say goodbye

Ability to undertake a generic assessment

An ability to obtain a general idea of the nature of the client's problem
An ability to elicit information regarding psychological problems, diagnosis, past history, present life situation, attitude to and motivation for therapy
An ability to gain an overview of the client's current life situation, specific stressors and social support
An ability to assess the client's coping mechanisms, stress tolerance, and level of functioning
An ability to help the client identify/select target symptoms or problems, and to identify which are the most distressing and which the most amenable to intervention
An ability to help the client translate vague/abstract complaints into more concrete and discrete problems
An ability to assess and act on indicators of risk (of harm to self or others) (and the ability to know when to seek advice from others)
An ability to gauge the extent to which the client can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves)
An ability to gauge the client's motivation for a psychological intervention
An ability to discuss treatment options with the client, making sure that they are aware of the options available to them, and helping them consider which of these options they wish to follow
An ability to identify when psychological treatment might not be appropriate or the best option, and to discuss with the client (e.g. the client's difficulties are not primarily psychological, or the client indicates that they do not wish to consider psychological issues) or where the client indicates a clear preference for an alternative approach to their problems (e.g. a clear preference for medication rather than psychological therapy)

Ability to make use of supervision

An ability to hold in mind that a primary purpose of supervision and learning is to enhance the quality of the treatment clients receive

An ability to work collaboratively with the supervisor

An ability to work with the supervisor in order to generate an explicit agreement about the parameters of supervision (e.g. setting an agenda, being clear about the respective roles of supervisor and supervisee, the goals of supervision and any contracts which specify these factors)

An ability to help the supervisor be aware of your current state of competence and your training needs

An ability to present an honest and open account of clinical work undertaken

An ability to discuss clinical work with the supervisor as an active and engaged participant, without becoming passive or avoidant, or defensive or aggressive

An ability to present clinical material to the supervisor in a focused manner, selecting the most important and relevant material

Capacity for self-appraisal and reflection

An ability to reflect on the supervisor's feedback and to apply these reflections in future work

An ability to be open and realistic about your capabilities and to share this self-appraisal with the supervisor

An ability to use feedback from the supervisor in order further to develop the capacity for accurate self-appraisal

Capacity for active learning

An ability to act on suggestions regarding relevant reading made by the supervisor, and to incorporate this material into clinical practice

An ability to take the initiative in relation to learning, by identifying relevant papers, or books, based on (but independent of) supervisor suggestions, and to incorporate this material into clinical practice

Capacity to use supervision to reflect on developing personal and professional role

An ability to use supervision to discuss the personal impact of the work, especially where this reflection is relevant to maintaining the likely effectiveness of clinical work

An ability to use supervision to reflect on the impact of clinical work in relation to professional development

Capacity to reflect on supervision quality

An ability to reflect on the quality of supervision as a whole, and (in accordance with national and professional guidelines) to seek advice from others where:

there is concern that supervision is below an acceptable standard

where the supervisor's recommendations deviate from acceptable practice

where the supervisor's actions breach national and professional guidance (e.g. abuses of power and/or attempts to create dual (sexual) relationships)

Ability to work with difference (working in a “culturally competent” manner)

There are many factors that need to be considered in the development of culturally competent practice, and finding a language that encompasses all of them is a challenge. For example, issues in relation to gender, disability or sexual orientation may vary according to a specific cultural group. Nonetheless, the competences required to work in a culturally competent manner are probably similar, since they relate to the capacity to value diversity and maintain an active interest in understanding the ways in which service users may experience specific beliefs, practices and lifestyles, and considering any implications for the way in which an intervention is carried out.

There are of course many ways in which both clinicians and those with whom they work may vary in beliefs, practices and lifestyles. Some may not be immediately apparent, leading to the erroneous assumption that they do not exist. It is also the case that it is the individual's sense of the impact of specific beliefs, practices and lifestyles that is important (the meaning these have for them) rather than the factors themselves. Almost any therapeutic encounter requires the clinician carefully to consider potential issues relating to specific beliefs, practices and lifestyles, and relevance to the intervention being offered.

Finally, it is worth bearing in mind that (because issues of specific beliefs, practices and lifestyles often relate to differences in power and to inequalities) clinicians need to be able to reflect on the ways in which power dynamics play out, in the context both of the service they work in and when working with clients and their families/significant others

Basic stance

An ability to draw on knowledge that in working with specific beliefs, practices and lifestyles, it is stigmatising and discriminatory attitudes and behaviours that are problematic, rather than any specific beliefs, practices and lifestyles in clients, their significant others or their families, and hence:

counsellors should equally value all people for their particular and unique constellation of characteristics and be aware of (and challenge) stigmatising and discriminatory attitudes and behaviours in themselves and others

there is no normative state from which people and families may deviate, and hence no implication that the normative state is preferred and other states problematic

Knowledge of the significance for practice of specific beliefs, practices and lifestyles

An ability to draw on knowledge that it is the individualised impact of background, lifestyle, beliefs or religious practices which is critical

An ability to draw on knowledge that the demographic groups included in discussion of “different” beliefs, practices or lifestyles are usually those who are potentially subject to disadvantage and/or discrimination, and it is this potential for disadvantage that makes it important to focus on this area

An ability to draw on knowledge that a service user will often be a member of more than one “group” (for example, a gay man from a minority ethnic community), and that as such, the implications of combinations of lifestyle factors needs to be held in mind by clinicians

An ability to maintain an awareness of the potential significance for practice of social and cultural variation across a range of domains, but including:

ethnicity

culture

gender and gender identity

religion/belief

sexual orientation

socio-economic deprivation

class

age

disability

For all clients with whom the clinician works, an ability to draw on knowledge of the relevance and potential impact of social and cultural factors on the effectiveness and acceptability of an assessment or intervention

Knowledge of social and cultural factors which may impact on access to the service

An ability to draw on knowledge of cultural issues which commonly restrict or reduce access to interventions e.g.:	
	language
	marginalisation
	mistrust of statutory services
	lack of knowledge about how to access services
	the range of cultural concepts, understanding and attitudes about mental health which affect views about help-seeking, treatment and care
	stigma, shame and/or fear associated with mental health problems (which makes it likely that help-seeking is delayed until/unless problems become more severe)
	stigma or shame and/or fear associated with being diagnosed with a mental health disorder
	preferences for gaining support via community contacts/contexts rather than through “conventional” referral routes (such as the GP)

An ability to draw on knowledge of the potential impact of socio-economic status on access to resources and opportunities	
An ability to draw on knowledge of the ways in which social inequalities impact on development and on mental health in clients and/or their significant others/families	
An ability to draw on knowledge of the impact of factors such as socio-economic disadvantage or disability on practical arrangements that impact on attendance and engagement (e.g. transport difficulties, poor health)	

Ability to communicate respect and valuing of clients, significant others and families

Where clients from a specific sociodemographic group are regularly seen within a service, an ability to draw on knowledge of relevant beliefs, practices and lifestyles	
An ability to identify protective factors that may be conferred by membership of a specific sociodemographic group (e.g. the additional support offered by an extended family)	
An ability to take an active interest in the social and cultural background of clients, and hence to demonstrate a willingness to learn about the client’s socio/cultural perspective(s) and world view	

Ability to gain an understanding of the experience of specific beliefs, practices and lifestyles

An ability to work collaboratively with the client and their families/significant others in order to develop an understanding of their culture and world view, and the implications of any culturally-specific customs or expectations for the therapeutic relationship and the ways in which problems are described and presented:	
	an ability to apply this knowledge in order to identify and formulate problems, and intervene in a manner that is culturally sensitive, culturally consistent and relevant
	an ability to apply this knowledge in a manner that is sensitive to the ways in which service users interpret their own culture (and hence recognises the risk of culture-related stereotyping)
An ability to take an active and explicit interest in the client's experience of the beliefs, practices and lifestyles pertinent to their community:	
	to help them to discuss and reflect on their experience
	to identify whether and how this experience has shaped the development and maintenance of their presenting problems
	to identify how they locate themselves if they "straddle" cultures
An ability to discuss with the client and their family/significant others the ways in which individual and family relationships are represented in their culture (e.g. notions of the self, models of individuality and personal or collective responsibility), and to consider the implications for organisation and delivery of the intervention	

Ability to adapt communication

Where the clinician does not share the same language as clients, an ability to identify appropriate strategies to ensure and enable the client's full participation in the assessment or intervention:	
	where an interpreter/advocate is employed, an ability to draw on knowledge of the strategies which need to be in place for an interpreter/advocate to work effectively and in the interests of the client
An ability to adapt communication with service users with a disability (e.g. using communication aides or by altering the language, pace, and content of sessions)	

Ability to employ and interpret standardised assessments/measures

An ability to ensure that standardised assessments/measures are employed and interpreted in a manner which takes into account the demographic membership of the client and their significant others e.g.:	
	if the measure is not available in the client's first language, an ability to take into account the implications of this when interpreting results
	if a bespoke translation is attempted, an ability to cross-check the translation to ensure that the meaning is not inadvertently changed
	if standardisation data (norms) are not available for the demographic group of which the client is a member, an ability explicitly to reflect this issue in the interpretation of results

Ability to adapt interventions

An ability to draw on knowledge of the conceptual and empirical research-base which informs thinking about the impact of social and cultural factors on the effectiveness of psychological interventions

Where there is evidence that specific beliefs, practices and lifestyles are likely to impact on the accessibility of an intervention, an ability to make appropriate adjustments to the intervention and/or the manner in which it is delivered, with the aim of maximising its potential benefit to the client

An ability to draw on knowledge that culturally-adapted treatments should be judiciously applied, and are warranted:

if evidence exists that a particular clinical problem encountered by a client is influenced by membership of a given community

if there is evidence that clients from a given community respond poorly to certain evidence-based approaches

Ability to demonstrate awareness of the effects of clinician's own background

An ability for clinicians of all backgrounds to draw on an awareness of their own group membership and values and how these may influence their perceptions of the client, the client's problem, and the therapeutic relationship

An ability for clinicians to reflect on power differences between themselves and clients

Ability to identify and to challenge inequality

An ability to identify inequalities in access to services and take steps to overcome these:

an ability to consider ways in which access to, and use of, services may need to be facilitated for individual clients with whom the clinician is working (e.g. home visiting, flexible working, linking families with community resources)

where it is within the remit/role of the clinician, an ability to identify client groups whose needs are not being met by current service design/procedures, to identify potential reasons for this, and to identify and implement potential solutions

Ability to select and use measures to guide therapy and to monitor outcomes

Knowledge of commonly used measures

An ability to draw on knowledge of measures commonly used as part of an assessment for psychological interventions and when evaluating their outcomes in domains such as:
measures of functioning and adaptation (including interpersonal, work and social functioning)
measures that help to identify symptoms of common mental disorders
measures of risk (including self-harm and harm to others)
measures that tap the client's experience of services

Knowledge of the purpose and application of measures

An ability to draw on knowledge of the purpose of the measure (i.e. what it specifically aims to detect or to measure), for example:
measures used in a comprehensive assessment to assess particular clinical symptoms (e.g. symptoms of depression or self-harm)
measures used in outcome evaluation that are sensitive to therapeutic change
An ability to draw on knowledge relevant to the application of a measure (such as its psychometric properties (including norms, validity, reliability)):
the training required in order to administer the measure
scoring and interpretation procedures
guidance on the confidentiality of the measure and how results should be shared with other professionals and families
characteristics of the test that may influence its use (e.g. brevity, or "user friendliness")
An ability to draw on knowledge of procedures for scoring and for interpretation of the measure

Ability to administer measures

An ability to judge when a person may need assistance when completing a scale
An ability to take into account a person's attitude to the scale, and their behaviours while completing it, when interpreting the results
An ability to score and interpret the results of the scale using the scale manual guidelines
An ability to interpret information obtained from the scale in the context of assessment and evaluation information obtained by other means

An ability to select and make use of outcome measures

An ability to integrate outcome measurement into the intervention or treatment programme	
Ability to use measures collaboratively with clients to inform the therapeutic process and adapt the intervention	
An ability to draw on knowledge of the potential role of self-monitoring: as a means of helping the client to become an active, collaborative participant in their own therapy	
An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of a person's functioning, and that these complexities can be assessed by:	
	measures focusing on a person's functioning drawn from different perspectives (e.g. the client, the professional)
	measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts
	measures assessing different domains of functioning (e.g. home and work functioning)
	measures that assess different symptom domains (e.g. affect, cognition and behaviour)
An ability to draw on knowledge that pre- and post-intervention measures are a more rigorous test of improvement than the use of retrospective ratings	
An ability to use sessional measures to inform on progress in therapy and to discuss the implications of this with the client	

Ability to conduct a collaborative assessment

Assessment is a collaborative process that is revisited throughout the counselling work. It gives the student an opportunity to describe their difficulties along with their strengths and resources, and so helps the counsellor and the student agree on the focus and goals for the therapeutic work

Knowledge of the assessment process

An ability to draw on knowledge that the overall aim of the assessment process is to work collaboratively with the student to identify areas which they experience as problematic and the ways that these could be managed more effectively

An ability to draw on knowledge of the principles that usually guide a counselling assessment:

aiming to ensure that the assessment is a collaborative process

emphasising the student's strengths and resources as well as areas of difficulty

working with the student to develop a shared understanding of their presenting issues and circumstances

helping the student gain a perspective on their situation in order to make informed choices about the changes they wish to make in their lives

identifying any areas of existing and potential risk in order to inform risk management planning

aiming to identify the most suitable intervention (which may include onward referral), taking account of the student's preferences

An ability to draw on knowledge that the depth and duration of the assessment process should relate to the complexity and chronicity of the problems presented and the level of risk

An ability to draw on knowledge of local and national assessment procedures including those which can be completed by different agencies working together (e.g. Integrated Assessment Framework (IAF) (Scotland); and Common Assessment Form (CAF) (England); UNOCINI (N. Ireland))

Ability to engage the student in the assessment process

An ability to explain the nature of the assessment process (the areas that it will cover and the relevance of areas that may not seem immediately pertinent (such as the importance of gathering information about family history))	
An ability to convey an interest in understanding the student (for example, by offering regular summaries that demonstrate the counsellor's developing understanding)	
An ability to develop a sense of the student's worldview and perspective and to:	
	apprehend the ways in which the student characteristically understands themselves and the world around them
	convey this understanding in a manner that allows the student to correct any misapprehensions
	retain an independent perspective, guarding against over-identification with the student's worldview
An ability to discuss confidentiality, the circumstances under which this might be breached and the ways in which this might be done, e.g.:	
	where there are concerns about a student's fitness to practise
	where there are safeguarding issues
	where there are risks to others
An ability to discuss the student's expectations of counselling and to ensure these are congruent with what the intervention is likely to provide	

Ability to develop a collaborative understanding of the presenting problems

An ability to work with the student to identify and explore the difficulties that are causing them concern	
An ability to help the student elaborate the problem(s) that concern them, for example:	
	the emotional impact of the problem(s) on the student
	situations that may be experienced as particularly difficult as a result of the problem(s)
	any related problematic behaviours (including the factors that trigger these behaviours, and their consequences)
	any impact on interpersonal relationships
	any related drug/alcohol misuse
An ability to help the student to discuss their ideas about how the presenting issue(s) developed	

Ability to assess the student's levels of functioning

An ability to assess the impact of presenting problems on the student's ability to function, e.g.:	
	on areas of basic functioning, such as eating or sleeping
	on the capacity to maintain social relationships
	on the activities of daily living, such as shopping, cleaning and cooking
	on the ability to learn and study
Where students are undertaking placements in health or social care, an ability to identify when a student's problems may render them unfit to practise	

Ability to assess the student's strengths and resources

An ability to help the student identify and discuss their strengths and the resources available to them (e.g. personal, familial, social, hobbies/interests, values/beliefs)	
An ability to help the student describe their hopes for the future, and the ideas they have about how these could be achieved	
An ability to help the student identify their capacity for resilience: e.g.:	
	by identifying times when things have worked well
	by discussing previous successful attempts to address their difficulties
An ability to help the student identify situations where they manage effectively and to reflect on any differences between these and the contexts where they do not	

Ability to assess the student's social context and its potential impact on presenting problems

An ability to discuss how the student is adapting to the FE/HE context and any impact this may have on presenting problems	
An ability to discuss potential protective factors in the student's social context (e.g. social support, access to family support, or access to community resources)	
An ability to discuss any potential stressors in the student's physical or social environment (e.g. overcrowding, poor housing, neighbourhood harassment)	
An ability to discuss the student's social networks (e.g. clubs, societies, use of social media)	
An ability to discuss the student's cultural, racial and religious background and any implications these may have for their capacity to adapt to the social context of the FE/HE institution	

Ability to clarify and agree therapeutic goals/focus

An ability to help the student articulate their goals/focus for the therapy, and to gauge the degree of goal-agreement between the student and the counsellor

An ability to discuss potential strategies for addressing therapeutic goals/focus

Where interventions offered by the service are not likely to benefit the student, an ability to discuss onward referral or alternative strategies

Ability for the counsellor to reflect on, and monitor, their own experiences of the assessment process

An ability for the counsellor to reflect upon their experience of the assessment process in order to gauge whether personal feelings or judgements about the student may have influenced the assessment:

an ability to discuss the assessment process in supervision and, where necessary, adapt therapeutic strategies

Ability to make use of tools and measures at assessment and throughout the counselling process

An ability to identify suitable outcome and process measures and tools for the counselling assessment, and for the on-going counselling work	
An ability to draw on knowledge that the use of process and outcome tools is most effective when they are integrated into the therapeutic process	
An ability to draw on knowledge of the purpose, function and benefits of a range of outcome tools and/or process measures for working with students:	
	to give counsellors an initial and on-going indication of how the student is experiencing their world
	to give counsellors an indication of the student's levels of distress
	to indicate whether counselling is not benefiting the student (and therefore whether it should be continued or an alternative approach considered)
	to act as a prompt for the counsellor and student to explore important areas of the student's life and experiences
	to provide data for institutions and the wider field on the effectiveness of the counselling work
	to provide students with a means of articulating their experience of aspects of the therapeutic work and relationship that they might find otherwise difficult to express
	to provide the counsellor with a means of understanding how the student experiences the therapeutic relationship and work, and what they might do to make this more helpful for the student
	to act as a prompt for conversations about how to improve the quality of the therapeutic work and relationship for the student
An ability to draw on knowledge of "contraindications" for using assessment tools and measures, e.g.:	
	when the student clearly expresses a strong wish not to complete them
	when there are indications that the student may find them upsetting to complete
	when the student's concerns are of such urgency that it would be more appropriate to defer completion of a measure

Using measures collaboratively

An ability to help the student understand the intended aim and focus of any assessment tools by offering a clear rationale for their use (i.e. what they measure and how this relates to the assessment process as a whole)
An ability to help the student complete the measure or tool in the prescribed manner
An ability to interpret scores by drawing on a basic knowledge of the psychometric principles underlying the relevant assessment tools and measures
An ability to engage the student in the collaborative use of measures and tools through discussion of scores and their meaning
An ability to discuss responses on outcome or process measures that indicate a need to revise the therapy plan (e.g. if a measure indicates that the student is getting worse)

Ability to conduct a risk assessment

This section describes the competences for a risk assessment and risk management. This level of assessment is not always necessary or appropriate, but these are skills that all counsellors should possess

Knowledge of policies and legislation

An ability to draw on knowledge of national and local strategies, standards, policies and procedures regarding clinical risk assessment and risk management
An ability to draw on knowledge of national and local child protection standards, policies and procedures
An ability to draw on knowledge of the principles of the relevant mental health Acts (e.g. Mental Health and Treatment Act/Mental Health Act, Mental Capacity Act)
An ability to draw on knowledge of local policies on confidentiality and information sharing
An ability to draw on knowledge of the statutory responsibilities of adults (e.g. FE/HE staff) to keep students safe from harm

Knowledge of risks

An ability to draw on knowledge of the different forms of clinical risk routinely assessed for in clinical practice, including:							
<table border="1"> <tr> <td>risk of harm to self:</td> </tr> <tr> <td> <table border="1"> <tr> <td>suicide risk</td> </tr> <tr> <td>self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk</td> </tr> <tr> <td>risk of self-neglect</td> </tr> </table> </td> </tr> <tr> <td>risk of harm to others (e.g. violent and challenging behaviour)</td> </tr> <tr> <td>risk of harm from others (e.g. domestic violence, abuse, neglect, parental mental ill health/ substance misuse)</td> </tr> </table>	risk of harm to self:	<table border="1"> <tr> <td>suicide risk</td> </tr> <tr> <td>self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk</td> </tr> <tr> <td>risk of self-neglect</td> </tr> </table>	suicide risk	self-harm without apparent suicidal intent e.g.: deliberate self-poisoning or self-injury, self-harm related to eating disorders or substance abuse, impulsive behaviour, sexual behaviour that puts the individual at risk	risk of self-neglect	risk of harm to others (e.g. violent and challenging behaviour)	risk of harm from others (e.g. domestic violence, abuse, neglect, parental mental ill health/ substance misuse)
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risk of harm from others (e.g. domestic violence, abuse, neglect, parental mental ill health/ substance misuse)							
An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, harm to others, and harm from others							

Knowledge of the risk assessment and management process

An ability to draw on knowledge that the aim of the risk assessment is to improve the quality of life of the student, and prevent or minimise the risk of negative events or harm	
An ability to draw on knowledge of the benefit of a structured approach to risk assessment which combines clinical and actuarial information	
An ability to draw on knowledge of the limitations of assessing risk and making predictions in relation to an individual because of the multiple and interrelated factors underlying their behaviour	
An ability to draw on knowledge that the assessment of risk may need to be an ongoing process	
An ability to draw on knowledge of the main risk factors for self-harm, self-neglect, harm to others and harm from others	
An ability to draw on knowledge that there are different types of risk factor which can be:	
	static and unchangeable historical events (e.g. a history of child abuse)
	dynamic but chronic, with only slow change over time (e.g. social deprivation)
	dynamic and acute, and can change rapidly (e.g. access to lethal weapons, or conflict with parents and/or peers)
An ability to draw on knowledge that isolation from family and community, in reducing the amount of support available, elevates levels of risk	
An ability to draw on knowledge that academic failure can increase levels of risk	
An ability to draw on knowledge that risk assessment tools may be a useful part of risk assessment	
An ability to draw on knowledge of the benefits, limitations and training requirements of risk assessment tools or measures	
An ability to draw on knowledge that there are different stages and forms of risk assessment which may include:	
	identification of risks during an initial assessment
	an in-depth structured risk assessment which includes a systematic evaluation of known risk factors
	referral for a highly specialised structured assessment of risk of violence to others (usually conducted in a forensic service, and which may include the use of specialised risk assessment tools)
An ability to draw on knowledge that the different stages and forms of risk assessment can be carried out by different clinicians and agencies	
An ability to identify when a risk assessment indicates that onward referral is necessary	

Ability to seek advice and supervision

An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:
supervisors and/or other members of the student support team
specialist forensic teams (e.g. where there are threats of serious violence)
specialist self-harm teams
Caldicott Guardian (regarding complex confidentiality issues)
social workers (e.g. where there are possible safeguarding issues)

Knowledge of relevant legal frameworks and procedures

Safeguarding

An ability to draw on knowledge of relevant legislation and policy with regard to safeguarding children and vulnerable adults (e.g. The Children Act (1989 and 2004), The Children and Families Act (2014), The Safeguarding Vulnerable Groups Act (2006), Keeping Children safe in Education (2014))

An ability to draw on knowledge of the aims of safeguarding policies, e.g.:

to protect from abuse and neglect

to promote health and development

to ensure safety and care

to ensure optimum opportunities in life

An ability to implement safeguarding procedures where there is good evidence that a client is at risk, particularly with regard to:

taking immediate action where there are serious concerns

alerting an appropriate safeguarding officer or children's social care service

maintaining a clear and detailed record of concerns and steps taken to manage them

An ability to draw on knowledge of the duties placed upon colleges and universities by Section 26 of the Counter-Terrorism and Security Act 2015 (i.e. to have due regard to the need to prevent people from being drawn into terrorism):

an ability to draw on knowledge of local institutional policies relating to the act

Disability

Ability to draw on knowledge of legal frameworks and procedures relating to disability (e.g. the Disability Discrimination Act 1995, Equality Act (2010), Committee of Vice Chancellors and Principals (2000))

An ability to draw on knowledge of the FE/HE institution's legal duty of care to students with disabilities (including students whose disability relates to mental health issues) i.e.:

that the FE/HE institution is required to anticipate the needs of disabled students and to make reasonable adjustments to facilitate access to learning

An ability to draw on knowledge of the role of the counselling service in helping the FE/HE institution to meet its obligations to students with disabilities

An ability to draw on knowledge that students with mental health problems should be offered appropriate support and specialist assessment where appropriate

The implications of student psychosocial development for working in the FE/HE context

Knowledge of psychosocial development in student populations

An ability to draw on knowledge of psychosocial development across the lifespan, but particularly of developmental phases most pertinent to student populations (i.e. adolescence and early adulthood)	
An ability to draw on knowledge that, as adolescence is a period of intense physical and psychological change, it can be experienced as confusing and chaotic	
An ability to differentiate between “normal” and “abnormal” patterns of psychological development in young people	
An ability to draw on knowledge of ways in which the FE/HE context may impact on psychosocial development e.g.:	
	providing a supportive environment that encourages increasing independence
	providing an environment where the full demands of adulthood are postponed and unresolved developmental issues can be resolved
An ability to draw on knowledge that for some students attachment to the FE/HE context may make the completion of study (and the transition into the adult world) particularly challenging	

Developing independence and a sense of identity

An ability to draw on knowledge that one of the tasks associated with adolescence and early adulthood is to become independent of parents and establish a secure identity	
An ability to draw on knowledge that becoming independent:	
	can provoke feelings of loss that can be experienced as painful and, in some cases, traumatic
	involves a sense of increased personal responsibility, which can provoke anxiety
An ability to draw on knowledge that difficulties in achieving independence and a stronger sense of identity often relate to earlier developmental challenges e.g.:	
	inconsistent parenting in early years
An ability to draw on knowledge that gaining independence often involves a phase of rejecting the power and authority associated (for example) with parents or institutions	
An ability to draw on knowledge that identity evolves through relationships and identification with others, and particularly with peer groups	
An ability to draw on knowledge that, in adolescence, friends and peer group relationships become increasingly central to the young person’s psychological and emotional development:	
	an ability to draw on knowledge that sustained isolation from peers can be a marker of current psychological problems and predict future difficulties

Knowledge of student populations and their experience of the FE/HE context

An ability to draw on knowledge that student populations comprise several sub-groups (e.g. school/college leavers, mature students, international students, disabled students, “first generation” HE students) each differing in relation to:
developmental stage
social origins (including ethnicity and social class)
peer group culture
beliefs and values
An ability to draw on knowledge of common challenging transitions experienced by student populations e.g.:
emotional challenges (e.g. undergraduates leaving home for the first time)
academic challenges (e.g. school-leavers adapting to the demands of tertiary teaching and assessment; undergraduates progressing to postgraduate study; mature students moving from a work role to full-time study)
cultural challenges (e.g. international students adapting to life in a country where language and social mores differ from their country of origin)
An ability to draw on knowledge that students’ attitudes to academic success/failure will vary according to their personal perspectives, socio-cultural backgrounds and expectations e.g.:
students for whom accessing FE/HE is seen as a rare opportunity for advancement may feel under intense pressure to succeed
students for whom attending FE/HE is seen as a routine expectation may feel less committed to academic study
An ability to draw on knowledge of common reasons why some students may be reluctant to seek help e.g.:
fear of stigma
a need to demonstrate a capacity to be independent of adult help
cultural assumptions about, and attitudes towards, mental health
An ability to draw on knowledge of social stressors relating to the FE/HE context that may impact on students’ psychological wellbeing e.g.:
living in unsuitable/poor quality accommodation
unhelpful peer group pressures (e.g. to consume drugs and alcohol and/or to spend time socialising rather than studying)
balancing child care responsibilities with the demands of studying

Working in the FE/HE organisational context

Knowledge of the FE/HE organisational context

An ability to draw on knowledge of local organisational objectives and priorities (e.g. retention, achievement, employability, enhancing the student experience) that may be relevant to the provision of student counselling

An ability to draw on knowledge of how counselling services may contribute to organisational objectives, e.g.:

providing counselling may reduce the risk of drop-out

helping students contain their anxiety may enhance their ability to study

enhancing student's self-esteem and self-confidence may improve their chances of getting a job

providing support to students may enhance their experience of studying at the FE/HE institution

An ability to draw on knowledge of the ways in which the organisational context may impact on the provision of counselling, for example:

counselling contracts may need to be relatively brief and strategic, reflecting the fact that many students attend the FE/HE institution in blocks of 10–12 weeks

academic assessments and a “deadline-driven” environment tend to create periods of high demand for services (and hence a need for the provision of brief, high volume interventions such as “drop in”)

students whose programme of study requires them to be off campus (e.g. for industrial experience, clinical placements, study abroad) may require access to innovative forms of counselling (e.g. self-help, telephone support or online therapy)

an increasingly “customer-oriented” culture may create high expectations among students of the availability of support services such as counselling

Ability to work collaboratively within the organisational context

An ability to offer support and guidance at key points of the academic cycle (e.g. induction, assessment periods, graduation)	
An ability to draw on knowledge of the role the counselling service plays within the institution and its relationship with other support services	
An ability to draw on knowledge of the provision offered by the FE/HE institution for specific areas of difficulty (e.g.: disability support services, support for international students, financial advice etc.)	
An ability to work with other services in the organisation to meet needs of students with disabilities, welfare and/or mental health problems	
An ability to draw on knowledge that counselling services aim to promote self-agency, personal effectiveness and resilience across the academic community, in addition to supporting students who are in crisis	
An ability to draw on knowledge that counsellors in FE/HE settings may have roles and responsibilities additional to that of providing therapy e.g.:	
	involvement in procedures that impact on student progression (such as mitigating circumstances, fitness to practise)
	contributing to the development of service-specific policies and protocols (e.g. safeguarding, managing confidentiality)
	contributing to the development of FE/HE policies and protocols (e.g. dealing with critical incidents)
	staff training relating to mental health or pastoral care
	student inductions and training relating to counselling and mental health
	data collection and evaluation of the counselling service
	contributing to formal research
An ability to prepare reports and liaise with the organisation, for example:	
	reporting on the contribution counselling makes to the work of the organisation (e.g. drawing on data on the usage, outcomes and impact of the counselling service)
	reporting significant trends in the student cohort relating to emotional wellbeing and mental health (e.g. increases in the incidence of anxiety, drug use, self-harm etc.)

Ability to promote the counselling service within the organisation

An ability to communicate the role of the counselling service to a range of internal stakeholders
An ability to promote counselling within the organisation (to ensure that the service is accessed by those who need it)
An ability to provide academic and administrative/support staff with clear protocols for referral of students to the counselling service
An ability, in the case of inappropriate referral (e.g. where a problem is primarily of a disciplinary nature), to explain and clarify this with the referring member of staff
An ability to promote emotional wellbeing within the organisation and erode the stigma associated with mental health
An ability to work with the students' union to develop the provision of appropriate support (e.g. peer-support, mentoring programmes)

Ability to work collaboratively across organisations

An ability to draw on knowledge of sources of help and support external to the FE/HE institution, e.g.:
GP, citizens' advice, welfare rights, other counselling/psychotherapy or support services
An ability to develop partnership working with external counselling and mental health agencies, including NHS primary care services

Ability to manage confidentiality when working in the FE/HE organisational context

An ability to manage boundary issues that may arise from having roles and responsibilities additional to providing therapy e.g.:
conflicts arising from a duty of care to the client and accountability to the FE/HE institution
making decisions about sharing information with other student support teams
managing contact with students outside counselling sessions
An ability to draw on knowledge of policies relating to confidentiality and data protection in the institutional setting, e.g.:
access to case notes and other personal records
record-keeping and disposal of personal data
sharing information with other team members
An ability sensitively to manage requests for information about a student's progress in counselling from parents or staff by explaining procedures relating to confidentiality
An ability to draw on knowledge of organisational procedures relating to sharing information with colleagues, for example where students undergoing counselling:
have submitted a claim for mitigating circumstances in relation to academic assessment
access other services within the FE/HE institution
disclose a disability and/or request support
are involved in disciplinary processes
are making academic appeals

Ability to offer training and consultancy aimed at enhancing emotional wellbeing across the organisation

Offering training and consultancy to the organisation

An ability to draw on knowledge that one function of counselling services in FE/HE institutions is to offer training and consultancy to the wider organisation focused on emotional wellbeing

An ability to draw on knowledge that the aim of working across the “system” is to build the capacity of the organisation to enhance levels of wellbeing and mental health

An ability to judge when problems presented in student counselling may indicate the need for intervention at an organisational level (e.g. a recurrent issue that flags inappropriate pressure being placed on students)

An ability to establish, organise and contribute to training such that this can form part of a regular programme of staff development, for example, aiming to help staff:

to identify and understand mental health problems and their development

to be aware of the support services available for those with mental health problems

to be able to make referrals to services

to be clear about the boundaries to their role (e.g. limits imposed by their own expertise, or the time available for managing student problems)

to recognise the adverse impact of mental health problems on student learning and development

to develop the listening and empathic skills relevant to their tutorial, supervisory and welfare roles

An ability to provide support, advice or consultancy to members of staff who may be concerned about the psychological wellbeing of specific students for whom they have responsibility, and to work collaboratively with them in order to:

decide on a course of action to meet the needs of the student

develop their understanding of, and ways of responding to, the student in question

provide support where the member of staff has experienced the case as stressful

provide ongoing support and advice (e.g. where the student’s mental health issues are likely to have a long-term impact on their studies)

An ability to develop appropriate self-help materials to promote increased psychological wellbeing

An ability to offer brief training to students to help them identify and manage mental health problems (e.g.: as part of student induction programmes)

Promoting mental health awareness to student-led sections of the organisation

An ability to provide support and consultancy to the students' union in relation to student support

An ability to offer advice, support and training for student support services provided by the student union (e.g. peer-support programmes, telephone helplines, student self-help groups, mentoring programmes)

Offering training and consultancy on dealing with critical incidents

An ability to contribute to organisational policies and procedures on responding to critical incidents

An ability to offer training and support to staff and students on how to deal with critical incidents (e.g. training staff on how to break bad news)

Establishing and instituting time-limited interventions

An ability to offer interventions flexibly in line with any constraints imposed by a student's programme of study (e.g. in relation to academic assessment schedules, work placements, vacation periods):
an ability to adapt theoretical approaches to a time-limited framework
an ability to structure therapeutic work within a time-limited framework

Ability to initiate time-limited interventions

An ability to discuss with the student the number of sessions available and when and how the therapy will end
An ability to facilitate a highly collaborative relationship with the student e.g. where:
the student takes a proactive approach to their problems
there is a high level of agreement between counsellor and client on the goals of therapy and the methods used
An ability to discuss with students their expectations of the therapy in order to gain agreement about what can be achieved in the time-available
Ability to work with the student to establish therapeutic aims/goals that are likely to be achieved in the time available

Ability to maintain time-limited interventions

An ability to establish a strong empathic bond with the client to ensure high levels of collaboration
An ability to affirm the student's strengths and resources and to encourage a hopeful attitude, tempered with realism
An ability to help students contain and moderate emotions that can feel overwhelming and support their ability to function in the FE/HE setting
An ability to set and monitor the frame for the therapy, e.g.:
maintaining the therapeutic focus in relation to agreed goals
identifying and affirming any shifts or changes, and progress towards the achievement of goals
regularly reviewing progress and eliciting feedback
regularly indicating the number of sessions left before the end of therapy
managing dependency that may threaten short-term work

An ability to work with therapeutic impasse that threatens brief work e.g.:
being alert to indications that the student is feeling “stuck” (e.g. talking repetitively, feeling emotionally “flat”, signs of disengagement)
empathically connecting with the student’s feelings of “stuckness”
discussing any current events in student’s life that may be impacting on therapeutic progress (e.g. relationship difficulties, losses)
offering alternative perspectives on the student’s problems that they may not have considered
exploring any fear of change
discussing with the student the costs and consequences of changing or not changing
reviewing therapeutic focus/goals
using creative techniques to explore the impasse (e.g. visualisation, role-play)
reviewing how student and counsellor are relating to each other (e.g. using metacommunication)
considering alternative therapeutic interventions where the current approach may not be working
using supervision

Ability to conclude time-limited interventions

An ability to initiate the ending phase of the therapeutic relationship within the number of sessions agreed
An ability to review with the student their progress over the course of the time-limited therapy, assessing how far goals have been achieved
An ability to manage endings with students where problems have not been fully resolved (e.g. discussing strategies to maintain wellbeing post-therapy)
An ability to explore with the student options for future therapeutic interventions should the need arise

Ability to work with groups*

Knowledge

An ability to identify problems that occur frequently in the student cohort (e.g. home sickness, academic stress) and for which group interventions may be appropriate

An ability to draw on knowledge of the theory or model of therapy underpinning the group intervention (e.g. social learning theory, CBT, psychodynamic)

Ability to plan the group

An ability to estimate the likely demand for a group:

by identifying the numbers of students who meet criteria for inclusion

by considering whether students are likely to be receptive to a group approach

by considering whether there are any constraints on student attendance (e.g. being able to attend the group at a specified time and on a regular basis)

An ability to ensure the group is properly resourced (e.g. appropriate accommodation, administrative support)

An ability to plan the basic structure and content of the group, such as:

practicalities (e.g. setting, timing)

outline content/objectives for the sessions

roles of all staff running the group

any evaluation procedures

Ability to recruit students to the group

An ability to specify and apply inclusion and exclusion criteria for the group

An ability to explore collaboratively with students the appropriateness of the group for their needs by:

providing information on the content and likely effectiveness of the group intervention

outlining any alternative intervention options or services which may be more acceptable to the student

An ability to explore (and where possible address) any barriers to participation in the group, such as:

the constraints of the academic setting (e.g. placements, assessment, vacations)

social barriers (e.g. worries about the stigma of attending)

emotional barriers (e.g. the impact of mental health difficulties such as social anxiety)

historical factors (e.g. previous negative experiences of groups)

An ability to negotiate individualised goals with each group member

Ability to follow a model of group therapy

An ability to implement the components of the group therapy, including:
structuring the group (e.g. ordering and timing of material, use of media)
implementing specific intervention techniques
managing group and change processes
for manualised groups, an ability to adhere to the sequence of activities outlined in the manual
an ability to draw on knowledge of manualised activities so that they can be introduced fluently and in a timely manner

Ability to manage group process

Establishing the group

An ability to apply knowledge of group processes in order to establish an environment which is physically and emotionally safe, by:
discussing the “ground rules” of the group (e.g. maintaining the confidentiality of group members, taking turns to speak, starting and ending the group on time)
“safeguarding” the ground rules by drawing attention to any occasions on which they are breached
helping all group members to participate by monitoring and attending to their emotional state
monitoring and regulating self-disclosure by both members and group leaders in order to maintain an environment where members can share
An ability to identify and manage any emotional or physical risk to group leaders or participants

Engaging group members

An ability to engage group members considering their individual needs and remaining congruent with the therapeutic model being employed
An ability to match the content and pacing of group sessions, presentations and discussions to the characteristics of group members (e.g. in terms of ability levels, attention span, cultural characteristics)
An ability to build positive rapport with individual members of the group:
an ability to monitor the impact of these individual relationships on other members of the group, and if necessary address and manage any tensions that emerge
An ability to manage the group environment in a way that helps all members to participate on a level at which they feel comfortable

Managing potential challenges to group engagement

An ability to promote and encourage regular attendance, without stigmatising those who fail to attend sessions
An ability to recognise when individuals form subgroups and to manage the impact of these relationships on overall group dynamics
An ability to plan for, reflect on, and manage potential challenges to the group including:
persistent lateness/absence, or non-engagement in sessions
group members who leave the group early
members who are over-voluble or who dominate the group
high levels of distress displayed by individual group members
where the emotional states of individuals impact on the other members of the group; an ability to attend to this so as to ensure others do not become overwhelmed or disengaged

Ability to manage the ending of the group

An ability to prepare group members for the ending of the group by signalling the ending of the therapy at the outset and throughout group sessions, as appropriate
An ability to draw on knowledge that the ending of the group may elicit feelings in the group member connected to other personal experiences of loss/separation
An ability to help group members express any feelings of anxiety, anger or disappointment that they may have about ending the group
An ability to review the themes covered in the group
An ability to reflect on progress made as a result of participation, and to celebrate this in a manner that is appropriate

Ability to evaluate the group

An ability to collaboratively review the students' goals for the group and whether these have been achieved
An ability to draw on knowledge of appropriate strategies and tools for evaluation, and:
to draw on knowledge regarding the interpretation of measures
to draw on knowledge of the ways in which the reactivity of measures and self-monitoring procedures can bias service user report
to provide a rationale for the evaluation strategy to group members
to feedback evaluation in a sensitive and meaningful manner

Ability to use supervision

An ability to use supervision to reflect on group processes

An ability for group leaders to reflect on their own impact on group processes
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*Adapted from Hill, A., Roth, A. and Cooper, M. (2014) *The Competences Required to Deliver Effective Humanistic Counselling for Young People*. Lutterworth: British Association for Counselling and Psychotherapy.

http://www.bacp.co.uk/admin/structure/files/pdf/12841_cyp-counsellors-guide.pdf

Working with transitions relating to entering, progressing and completing a programme of study

Supporting students who are starting a programme of study

An ability to draw on knowledge of theories of transition, attachment and loss and to apply these in therapeutic work
An ability to draw on knowledge that the ability to manage transitions may be moderated by a student's capacity for self-direction (e.g. life skills and their capacity for independence)
An ability to work with issues related to transitions into FE/HE, e.g.:
dislocation and homesickness
managing independent living
managing unfamiliar modes of teaching, learning and assessment
in the case of mature students, returning to education
in the case of international students, adapting to a foreign language and culture
in the case of students leaving the care of the local authority, a transition to independent living

Supporting students' progression within a programme

An ability to draw on knowledge of organisational procedures for managing progression within a programme (e.g. mitigating circumstances, fitness to practise, fitness to study, returning to study)
An ability to help students manage issues arising from progression within a programme of study, e.g.:
anxieties relating to starting work placements
concerns about fitness to practise
coping with ongoing assessment
having to repeat a level of study
having to take time out of academic study due to illness or personal circumstances
coping with the demands of a new academic level
difficulty in sustaining academic motivation

Supporting students who are completing a programme

An ability to work with anxieties relating to career choices and employment prospects
An ability to draw on knowledge of sources of advice and support for career planning and to make appropriate referrals where appropriate
An ability to work with issues relating to leaving the FE/HE context, such as:
the transition from being a student to becoming a member of the full-time workforce
anxieties about employment prospects
loss consequent on severing affectional bonds relating to the FE/HE setting
the potential loss of independence inherent in returning to live with family
in the case of international students, leaving the UK and returning to their country of origin
anxiety at entering a new phase of life

Working with stress

Working with stress related to academic matters

An ability to draw on knowledge of patterns of academic assessment for different levels of award and stage of study	
An ability to draw on knowledge of institutional procedures relating to failure, progression and completion of studies	
An ability to draw on knowledge that high demand for counselling services may coincide with periods of academic assessment	
An ability to draw on knowledge that research projects and self-directed learning make heavy demands on students' self-discipline, and can be experienced as stressful	
An ability to draw on knowledge that concerns about academic failure may impact on students' ability to study, including, for example, their ability:	
	to concentrate
	to manage and complete coursework
	to set priorities, make decisions and manage time
	to perform in exams
	to clarify and achieve goals
	to manage work placements and work-based learning
An ability to draw on knowledge that the experience of stress will be determined by the student's perceptions of academic demands (rather than by the demands themselves), hence:	
	an ability to identify the student's subjective response to academic demands
An ability to help students review their personal resources in the light of the academic demands placed upon them	
An ability to draw on knowledge of psychological traits that can make it more difficult for students to be resilient in the face of academic stress, e.g.:	
	procrastination
	lack of motivation
	perfectionism
	sense of self as a failure
	tendency to feel overwhelmed
An ability to explore the origins and impacts of problematic psychological traits in order to help students to change patterns of behaviour	
An ability to draw on knowledge that the level of stress experienced often relates to the degree of control students feel they have over their situation	
An ability to help students develop plans to manage their time and organise their studies, in order to experience a greater sense of control	

An ability to draw on knowledge that responding to periods of academic stress involves helping students to focus on managing anxieties and continuing to study (rather than exploring deep-seated psychological issues)
An ability to offer specific interventions to assist in the management of anxiety (e.g. relaxation techniques)
An ability to identify the need for additional support and to make an appropriate referral (e.g. study skills support, anxiety group)

Working with stress arising from financial concerns

An ability to draw on knowledge of student finance (e.g. tuition fees, welfare benefits, sources of finance and repayment procedures)
An ability to draw on knowledge that the need to earn money from part-time work can impact on academic work
An ability to draw on knowledge of the psychological impact of living on a low income and being in debt e.g.:
anxiety about being able to pay bills or repay debts
isolation due to not being able to afford to engage in social and leisure activities
An ability to identify and explore any underlying psycho-social issues that may be associated with financial difficulties (e.g. addictions, gambling)
An ability to draw on knowledge of specialist agencies that offer financial advice and guidance both within the FE/HE institution and in the wider community
an ability to make appropriate referrals where specialist advice and guidance is needed

Working with interpersonal issues arising in the FE/HE context

Knowledge

An ability to draw on knowledge that the psychological impact of moving away from home, friends and family varies widely among the student population, and can have both positive and negative aspects	
An ability to draw on knowledge that forming supportive relationships may help new students cope with the demands of FE/HE life	
An ability to draw on knowledge that for many students (particularly those aged between 18 and 21) the move to FE/HE coincides with a period of individuation and separation from parents, hence:	
	students may experiment with different relationships as a means of exploring their own identity
	FE/HE may provide an environment where students can experience independence yet be shielded from some of the demands of adult life
	some students may need to be supported to tolerate separation and loss
An ability to draw on knowledge that a student's attachment history will be relevant to their capacity to develop new interpersonal relationships in the context of a relocation to the FE/HE setting	
An ability to draw on knowledge that a student's ability to make new relationships in the FE/HE context may be affected by ongoing interpersonal issues within the family (e.g. parental divorce, caring responsibilities for another family member)	
An ability to draw on knowledge that, for international students, cultural differences may present challenges in establishing interpersonal relationships	
An ability to draw on knowledge of FE/HE policies and procedures designed to deal with interpersonal disputes, (e.g. grievance procedure, complaints procedure, bullying and harassment policy)	

Working with interpersonal issues

An ability to help students develop a greater awareness of themselves in relationship with others	
An ability to help students explore and better understand interpersonal difficulties that may arise in specific FE/HE contexts, e.g.:	
	students sharing accommodation with others
	problematic relationships between students and their tutors
An ability to help students recognise and address ways in which their patterns of relating may contribute to interpersonal difficulties	
An ability to help students explore their own feelings and how these may contribute to interpersonal difficulties	
An ability to help students to either contain or express their feelings depending on the interpersonal context	
An ability to help students manage and, where possible, improve difficult interpersonal relationships for example, by:	
	communicating their feelings more clearly
	listening more attentively
	increasing their ability to empathise and take the perspective of others
	developing assertiveness skills
	developing clearer boundaries between themselves and others
	managing their feelings more effectively (e.g. anger)
An ability to support international students who have difficulties in establishing effective relationships with tutors and peers, (e.g. by helping to identify and clarify any cultural misunderstandings)	

Working with psychosexual development and sexual relationships

Psychosexual development

An ability to draw on knowledge of theories of psychosexual development
An ability to draw on knowledge that for many students (particularly those aged 16-21) their time at an FE/HE institution will coincide with the development of adult sexuality and sexual relationships
An ability to work with developmental issues where these impact on forming adult sexual relationships (e.g. previous and/or current difficulties in relationships with parents/siblings, issues relating to intimacy)
An ability to draw on knowledge that students from different cultural backgrounds may vary in the ways that they react to their sexual development (e.g. an aspect of sexual development may evoke feelings of shame in students from one culture, but not in those from another)

Sexual relationships

An ability to help students form and maintain sexual relationships (e.g. working with shyness, anxiety relating to entering a relationship, sustaining intimacy, fear of rejection)
An ability to support students impacted by the break-up of an intimate relationship (e.g. by helping them reflect upon the emotional needs evoked by the relationship)
An ability to offer support, guidance and advice where a student has an unplanned pregnancy
An ability to refer appropriately where a client experiences sexual dysfunction that merits specialist intervention

Working with sexual assault

An ability to draw on knowledge of institutional and service guidelines for dealing with reports of sexual assault
An ability to draw on knowledge that students who are victims of sexual assault may be reluctant to report the incident, e.g.:
<ul style="list-style-type: none"> if victim and perpetrator live and work in close proximity to each other in the FE/HE environment if students blame themselves for the circumstances of the assault (e.g. being out alone at night or being intoxicated)
An ability to adopt a supportive, warm and non-judgemental attitude to students who have experienced sexual assault
An ability to draw on knowledge that individual students' responses to sexual assault will differ:
<ul style="list-style-type: none"> an ability to help students decide on any course of action they may wish to take in response to the incident an ability to draw on knowledge of the importance of gaining the student's consent for any course of action that is to be followed

An ability to advise students that certain courses of action are time-constrained e.g.:
if there is a suspicion that the student had been drugged by the assailant, it is best to be tested within 24 hours
emergency contraception should be started as soon as possible and within 72 hours
HIV prophylaxis medication should be started within 36 hours
forensic evidence should be collected within 7 days of the assault

An ability to assess any risk issues that relate to a report of sexual assault and take appropriate action, e.g.:
to refer to GP or A&E department where there are indications of serious physical injury that may need medical treatment
to notify the police and seek alternative accommodation for the student where there is a risk of further assault or harassment of the student
to notify the police and FE/HE institution security services where there is risk of harm to other students

An ability to draw on knowledge of the implications for counselling where a student may be involved in legal proceedings following sexual assault, e.g.:
the importance of creating a clear factual record of the circumstances of any assault
the possibility of counselling notes being used as evidence in court
the possibility of a counsellor being asked to appear as a witness in a trial
the importance of discussing and agreeing with the student any sharing of information with other parties
the CPS practice guidance for the provision of pre-trial therapy ¹

An ability to draw on knowledge of relevant agencies for referral (e.g. health, social services, specialist sexual assault services, police, victims support)

Working with LGBT students

An ability to draw on knowledge of key issues relating to LGBT sexual identities and cultures
An ability to draw on knowledge of good practice when working with LGBT students, e.g.:
<ul style="list-style-type: none"> working from the assumption that same-sex attractions, feelings, and behaviour are normal variants of human sexuality and that efforts to change a client's sexual orientation are discriminatory and unethical understanding that LGBT orientations are not (in themselves) indicative of any psychological disorder understanding the effects of stigma (i.e. prejudice, discrimination, and violence) and its manifestations in the lives of LGBT people distinguishing issues of sexual orientation from those of gender identity when working with LGBT clients understanding the potential impact of a person's LGBT orientation on their relationship with their family of origin recognising that the counsellor's attitudes and knowledge about LGBT issues will be relevant to assessment and therapeutic work
An ability to draw on knowledge that it is helpful to take the client's lead when discussing gender and to use their language and terminology
An ability to draw on knowledge that transgender people often experience and internalise prejudice, leading to lack of confidence and low self-esteem
An ability to work with the whole person rather than just focusing on the gender identity related issues:
<ul style="list-style-type: none"> an ability to draw on knowledge that when a transgender client presents for counselling, gender identity issues may not necessarily be their main concern
An ability to experience and convey an open, accepting and affirmative attitude to transgender clients
An ability to discuss and explore concerns that specifically relate to gender (e.g. transgender identity development, gender confusion, gender transition, gender expression, sexual relationships)
An ability to support students who are in the process of gender transition:
<ul style="list-style-type: none"> an ability to help students manage relationships with tutors and peers while undergoing gender transition in the FE/HE context
An ability to help clients reflect on the implications of medical and/or surgical interventions intended to make their bodies more congruent with their gender identities and to help them make choices about such interventions
An ability to explore career choices with transgender clients (e.g. considering whether and how gender identity issues may be relevant to their career options)
An ability to signpost students to sources of specialist information and support for transgender clients

(Footnotes)

1 <https://www.cps.gov.uk/publications/prosecution/pretrialadult.html>

Metacompetences

Assessment and risk

An ability to balance respect for a student's autonomy against the need to avoid harm when making safeguarding decisions (e.g. deciding whether to intervene to protect a student who is keen to be allowed to make their own decisions)

Working in the organisational context

An ability to plan and deliver interventions that meet the needs of the individual student while also operating within the requirements of the organisational context e.g.:

maintaining a focus on areas that can be addressed within the time-constraint imposed by academic terms

identifying which issues can be "deferred" in order to maintain a focus on the student's ability to resolve more immediate academic issues

An ability to recognise, acknowledge and contain students' underlying emotional difficulties while working to maintain their ability to function within the educational context

An ability to weigh the perspectives of potential referrers (i.e. tutors, healthcare professionals, welfare advisors) with that of the student in order to provide a counselling intervention that is in the student's interests

An ability to balance competing organisational pressures when providing counselling e.g.:

the FE/HE institution's desire to retain students, as against a student's wish to withdraw from their studies

course tutors' desire to withdraw students from programmes where they are not fit to practise, as against legal and ethical requirements to support students with mental health problems

Working within resource limitations

An ability to plan and provide interventions that are cognisant of the needs of students but also reflect the resources available (for example, by working to an agreed focus and then referring on for further work)

An ability, when considering the resources of the service as a whole, to balance the needs of some students for intensive support with the need to be able to provide timely access to psychological support for the wider community of students

An ability to use clinical judgement to ensure that brief interventions remain clinically effective

An ability to institute effective interventions within a limited time-frame (e.g. by balancing the exploratory, supportive and problem-solving aspects of counselling in order to maintain a focus on achieving therapeutic goals)

Managing boundaries

An ability to balance active engagement with the FE/HE community with the need to maintain appropriate boundaries

An ability to judge when to maintain confidentiality and when (and how) to communicate information with other parties who are involved in a student's welfare

An ability to manage potential boundary conflicts when working with the same person(s) across different contexts (e.g. individual counselling, therapeutic groups, training, providing advice and consultation)

Responding to crises

When responding to a crisis that impacts on the institution (such as a student suicide), an ability:

to judge how to intervene within the boundaries of personal competence and the role of the counselling service

to acknowledge anxieties of staff within the organisation (e.g. unhelpful expectations that counselling can resolve the issue), while planning interventions that are feasible within the resources available