

Academic Discipline of Social Justice and Inclusion

MArts/BA Humanistic Counselling Practice

Module: Practicum 2 (EHC 5005)

Assessment Component: One

Assignment Title: ‘Critically reflect on your counselling work with a client, explore ethical issues, application of theory, process recall and use of supervision’.

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Critically reflect on your counselling work with a client, explore ethical issues, application of theory, process recall and use of supervision

This essay will focus on a counselling recording within a triad context, with one Counsellor, one client and one observer. This has taken place within the Counselling department of The University of Wales Trinity Saint David. The objective of the recording is for the Counsellor to undertake reflective practice on the utilised therapeutic process alongside gaining a deeper understanding as to what is happening internally as the session progresses. This runs concurrently with reflecting on other counselling skills in the recording.

Assessment will be briefly covered before moving forward into the contracting phase of the session. Counsellor reflection will take place on both facets of the session. Appropriate theory will also be discussed, whilst providing evidence of theoretical application and further reflection on the use of theory.

Themes and sub-themes will also be identified to help the Counsellor further reflect upon practice and the processes used to work with those themes, whilst approaching these issues with the client in the best way conducive for positive therapeutic outcomes. For an outcome to be positive for the client, ethics have to be adhered to and ethical challenges within the session will also be covered.

The primary theme of this essay is reflective practice and the input of the observer and supervision will also be discussed in terms of how those processes impact upon internal reflective dialogue. Additionally, the counsellor will personally and professionally reflect on the session, whilst discussing what went well and evidencing positive occurrences within the

session. Contrastingly, the reflective process can be uncomfortable and thought upon the elements of the session where the Counsellor has further room to develop will also be discussed. To underpin the reflective process, Gibbs's model of reflection has been used to further promote deeper thought regarding the recorded counselling session. An explanation of how this has benefitted the process will also be mentioned.

Before commencing a session, good practice would dictate that an assessment of needs is undergone by the client. The Core-10 assessment form provides succinct, clear and accessible methodology to determine a client's challenges and readiness for counselling. However, it is precisely this streamlined approach to assessing a client which may mean the finer details of a client's needs are overlooked and that some aspects of a client's challenge set may not be recognised by the Core-10. This can be where the Core-OM is the preferred measure (Barkham et al., 2013). This assessment would normally be followed by the Counsellor explaining a clear and concise contract to the client, which is mutually understood.

Before explaining the contract to the client, there was an abundance of self-directed pressure to obtain the optimum recording for the Practicum 2 assessment. As the contract is being explained to the client, feelings of anxiety, nervousness whilst also feeling over-encumbered by the pressure of being assessed on the recorded material are evident. This fear and anxiety could have occurred from the internal stimuli of self-doubt and the external stimuli of the client, observer and assessors judging the session (Craske and Stein, 2016). To surmise, this means that too much attention was directed to the self and not enough to the client.

In terms of the contract content in the recording, ethics are a priority as this is one of the first components the client is made aware of, before disclosing name and job role.

However, there was a feeling of trepidation when describing session duration and total session number. Feeling unaware of what would be acceptable in the situational context, reliance was placed on the session number from a placement with Cruse Bereavement Care and the time limitation of the counselling pod environment during the Practicum 2 module at University. Furthermore, the client was made aware of confidentiality limitations and also of the essential nature of supervision (Barnett and Molzon, 2014).

Although an adequate contract, upon reflection, areas for improvement were retrospectively noticed. As a member of The British Association of Counselling and Psychotherapy (BACP), there is an allegiance with The BACP ethical framework and ethical principles (BACP, 2019). Therefore, upon reflection, it is unfortunate that this information was omitted from the contract. Further to this, the client may not have known what supervision was and if they lacked the confidence to ask, it may leave the client feeling uncertain and unsure.

Continuing the theme of uncertainty within the contractual phase of the session, no explanation of modality was disclosed to the client. Although the Counsellor is aware of the person-centred philosophy of Humanistic Counselling, the client may not. Thus, not giving the client the opportunity to fully comprehend the type of therapy they are engaged with. Further stated was that supervision is attended but again, the client may not know what supervision is or how it allows a therapist to fulfil a duty of care to a client. They may also

not realise the essential requirement of supervision to therapeutic practice (Barnett and Molzon, 2014).

Further to the above, it is imperative that the client is Gillick competent and has the capacity to give informed consent (Taylor, 2013), whilst understanding what the contract entails. As Counsellor to the client, capacity is assumed unless proven otherwise (Mental Capacity Act 2005). Before beginning the session, there were no issues of concern regarding the client's competency in understanding the contract and the client proceeded to state what had brought them to therapy.

After the contract has been agreed with the client, they choose the starting point of the session, which in this case revolves around the client's daughter's pregnancy and subsequent post-traumatic stress disorder (PTSD). More specifically, the client's feelings of confliction around the pregnancy and concern for her daughter's health if complications arise again. Given the person-centred approach to practice used within the recording, it is vital for the client to discover their actualising tendency (Crisp, 2011) in a non-directive manner. The Counsellor is not there to lead but to facilitate organismic growth, as was attempted in this scenario.

After disclosure of the pregnancy, it felt important to know more, so to gain an understanding of the client's conflicting feelings and what those feelings meant to them. Therefore, the client was invited to go to more depth, which prompted the client to share their daughter's PTSD diagnosis and the struggle to get the right help from the right professional. This disclosure of feelings fits mostly into the interpersonal dynamic facet of the Social Sharing of Emotion model (Rimé, 2009). Being willing and open to knowing more

about the clients experience and demonstrating empathy and unity within the therapeutic space allows the client to experience understanding from the Counsellor. Hence, feeling heard, feeling supported and experiencing unity. It must be stated that although empathy can be shown, the session is not of a social context and therefore, elements of this model do not fit within the recorded session.

Being there with the client through this, there is a self-awareness of maintaining respect and admiration for them sharing something so personal. Possibly, there could be an issue of being too respectful despite a wanting to probe and encourage but personal challenges with such a sensitive topic may have blocked going deeper with the client. Furthermore, reflection is needed on why the Counsellor is challenged by such sensitive topics are potentially blocking therapeutic progress for the client.

Moving forward from the daughter's pregnancy, the client brings their feelings of anxiety into the therapeutic space. This anxiety is not only central to the client, but three generations of their family and is a prominent theme throughout. When this comes out in the session, there is awareness in not focusing therapy around people who are not present. Thus, attempting to work out a way to extract poignant information, whilst trying to bring the session back to the present client. However, the intention was not to diminish any level of anxiety or trauma that those close to the client are experiencing and the client brings the session back to their own trauma of infant loss.

The client goes on to disclose that they lost an infant two days after giving birth. The perception of this revelation is that the session thus far has been leading up to this point, this is what is the most pressing issue is. According to The Temporal Evolution of Emotional

Memories theory (Rimé, 2009), this memory has been dormant in the client. The session has reactivated by thinking and talking about their loss.

Evidently, personal feelings towards the client have to be put in a box and locked away. Instead, using Carl Rogers' core conditions of non-judgement, unconditional positive regard (UPR) and empathy to create a safe space for the client. These core conditions run concurrently alongside gentle encouragement to disclose deeper feelings and has allowed the client to touch upon their infant bereavement. However, the client was not taken as deep as would have been appropriate for them. Furthermore, this feels like the session's main theme and consequently being duty-bound to ask why so little of the session revolved around the client's infant loss.

As the Counsellor in the room, links between the daughter's experience with the client's appear. Noticed are the similarities between both and how the client could be vicariously re-living elements of that trauma through their daughter. Before paraphrasing back to the client about this, there is an awareness of the need to be respectful of such a personal trauma. These feelings coincided with an inner anxiety of not being accurate with paraphrasing or respectful enough of the client's situation. However, this was handled respectfully but the client took the session away from their own trauma and consequently an opportunity was missed to explore the client's loss with enough depth.

This leads on to another theme of the session which revolves around other people's emotional issues who are not present in the therapeutic space. For parts of the session, the client refers to other people's anxieties and traumas and is skilled in taking the emphasis

away from their issues. As the Counsellor, there should have been a stronger noticing of this, whilst gently bringing the session back to the client's personal needs and challenges.

In addition to the above themes were sub-themes within the session. Although the client is speaking about other people's anxieties, they mention that they are the person who is holding things together. Again, it feels like the client too easily moves the onus away from themselves when discussing this and hence feels like a missed opportunity to explore further. Also, the client does share their concerns about their daughter's PTSD and mental health, which links into traumas surrounding past pregnancies within the client's family. Whichever themes appear within therapy, it is the Counsellor's responsibility to handle any issues sensitively and ethically.

Regarding ethics, there is firm moral compass within the professional self which contributes to understanding the imperativeness of making the correct ethical decisions when working with a client (Oramas, 2017). Any decision made for the client during the recorded session was based on The BACP ethical framework and the Counsellor was conscious of maintaining good ethical practice throughout.

This ethical standpoint is useful when sitting in a therapeutic space with a client in pain, sharing difficult experiences such as infant bereavement, as was the case in this session. In terms of professional process, there appears to be a struggle to find an appropriate balance between the fear of doing damage to the client and going to enough depth, which will challenge them to explore their emotions and feelings further.

Another ethical consideration within the session was that the client is diagnosed with dyslexia. As the client's Counsellor, there is a requirement to ensure that they are

treated fairly and are not disadvantaged or discriminated against because of their disability (Equality Act, 2010). Symptoms may include difficulties with one or more of reading; writing; spelling; numeracy and musical notation (Tunmer and Greaney, 2010) whilst challenges with phonology can be present for those diagnosed with the condition. The client deserves respect and although aware of the diagnosis prior to the recorded session, respect was given to the client without being patronising.

A further ethical responsibility is to ensure that the session ends with the client feeling safe and secure. The transition into the summary was gently and respectfully done by touching on the poignancy of the client's previous words. The summary itself was succinct and concise, meaning the session ending was conducted appropriately and with the client at the forefront of the Counsellor's mind.

Other boundaries were fundamental to ensuring the session took place with fairness to both client and counsellor, such as seating arrangement and distance; keeping the session to time; providing a contract which the client understands and both parties understanding therapeutic relationship boundaries. One issue that may occur is that because no direction on what to do if both parties met by chance outside of therapy, client perception of the therapeutic relationship and appropriate interaction may not be understood. These boundaries provided a foundation for the therapeutic relationship in the session (Speight, 2012). Also, as stated earlier in the essay, the client was not aware of the modality of counselling they were undertaking and that should have been clarified in the contract.

As the counselling offered was of the person-centred approach (PCA), this means that therapy was non-directive and the modality derived from clinical experience (Miller and Moyers, 2017). By using PCA, there is an underlying emphasis on allowing the client to lead the session by utilising compatible therapeutic skills. Firstly, paraphrasing the client's words back to them in a more succinct and concise manner to provoke inner thought from the client. Within this session, when paraphrasing, terms such as newness and freshness were used to describe the client's feelings surrounding their unborn grandchild, which seemed appropriate and fitting. Conversely, there was also a tendency at points to push personal feelings onto the client, which may have been anxiety, inner stasis or even ego. Secondly, reflecting a client's feelings back can enable substantial realisations of what that feeling means to them. Contrary to some perceptions, reflection is not mechanical repetition but a therapeutically sophisticated way to take therapy to a deeper level (Arnold, 2014).

Further skills are the aforementioned core conditions which allowed to provide the client a safe therapeutic space with scope to tell their story without fear of being judged. Hence, therapeutic dialogue regarding their thoughts and feelings took place regarding the deeply traumatic subject of infant loss. However, there is an awareness that PCA is not a flawless modality of practice and although the therapist's attitude to the client is imperative to positive therapeutic outcomes, the core conditions have not been empirically proven to be necessary or sufficient to those therapeutic outcomes (Farber, 2007). Though, the core conditions are a contributory factor in building relational depth with the client.

This relational depth strongly encourages organismic growth in the context of the client. The hope during the recording was to help the client develop that organismic growth

to fulfil their personal self-actualisation, by them guiding the Counsellor. Although the client was courageous enough to bring vulnerability into the session, the therapeutic relationship had not reached that depth (Knox and Cooper, 2011). A study was conducted (Ballinger, 2013) from The University of Manchester which extracted information from professionals who deliver person-centred training. The findings solidify this commitment to the relational approach and individual potential. Conversely, the demographic was extremely small and limited and is not proportionately representative of the wider practice of those within PCA. Concurrently, the participant pool was comprised of trainers in PCA, not specific practitioners.

In terms of process, it was for the client to lead, as evidenced by asking where they wanted to start, so the client guided me through their feelings and emotions. Throughout, the concern of becoming stuck in a cycle of non-progress was subconsciously present and this may have impacted on how PCA was applied in the session. Furthermore, given the client's experience as a PCA therapist, the subconscious was asking if I was good enough to be able to help adequately. In terms of the hierarchy of wants (Cooper, 2012), competence would be at the top for the Counsellor. Retrospectively, that feeling of inadequacy has subsided upon reflection, although the implementation of theory could have been impeded by such a pursuit of the ideal self. As this is now known, the emphasis will be to not allow self-perception to distort future sessions with other clients in the future and this is something that will be taken to supervision as a result of the recording.

Supervision is evidently a mandatory element to practice and needs to be provided with competence, ethics and which meets the requirements of an organisational body

(Barnett and Molzon, 2014; BACP, 2019). As a trainee Counsellor, this is in place. Issues to bring forward from this client recording are evident as there is more of an awareness of personal and professional challenges surrounding areas of practice.

After viewing the recording, the most pressing element of the session that would be taken to supervision is the challenge of bringing the session back to the client. Firstly, the supervisor may be able to help untangle why the session was too much about others not in therapy and pertinently, what was blocking the Counsellor from helping the client with this. Secondly, the supervisor may help with knowing how to handle a subject such as infant bereavement with more efficiency, in context of helping the client reach emotional and relational depth. Thirdly, gaining an understanding as to why the session was directive at points may help the Counsellor to gain more personal and professional awareness, to the benefit of the client.

The supervisor helps achieve this by using Johns model of reflection. In addition, they also utilise the Hawkins and Shohet model of supervision. This allows the supervisor to work to depth and create a trusting and open relationship with the supervisee. However, it is believed that adding an eighth mode (Darongkamas, John and Walker, 2014) will help widen the usage of the model, whilst allowing effective monitoring of the supervision process. Other methods of feedback also help the Counsellor to reflect on what went well and areas to further develop within the recorded session.

Immediately after the session finished recording, observer feedback was put forward the Counsellor within the triad. The observer states that they feel the contract was clear, concise and explained well and that throughout the session, the space was held well for the

client, allowing them to explore personal feeling and challenges surrounding the disclosures. The observer further described good reflection and paraphrasing skills and how the Counsellor's calm tone of voice was continual throughout. The observer goes on to say that sensitivity was shown when asking the client to explore feelings of anxiety with more depth and that this subtlety was complimented by relaxed body language and mirroring throughout and a steady pace to the session. The observer continues by stating that the Counsellor had a warm presence whilst being able to leave appropriate silence when required and keeping the core conditions present.

Contrastingly, some areas for development were uncovered. The lack of phenomenological noticing was pointed out and more specifically a sigh that was missed, which could have prompted more depth within the session. After the recording stopped, the client revealed some confusion about the forty years reflection within the session. The Counsellor was referring to the client's career choice following infant loss, but the client thought the length of time since the bereavements was being referred to. The observer also reflected that clarification should have been made by the Counsellor by using immediacy. Johari's window has been used to help place learning and self-awareness from the recorded session (South, 2007). To exemplify, there has been a lack of knowledge regarding the missed sigh, which would be a blind spot, whilst challenges around infant bereavement have been brought in from the unknown.

The above methods of feedback have prompted deep reflection and concurrently, what can be done to improve practice as a result of this recording. By using Gibbs's reflective learning cycle, feelings of sadness which were previously unearthed in terms of

infant loss have come to light. Given the sensitive nature of the topic, more confidence in sensitively encouraging the client may next time provide more depth to the session, without the Counsellor's feelings impacting upon outcomes.

In terms of evaluation, there is an understanding of the lack of phenomenology and taking the session away from the client's thoughts and feelings. Contrastingly, some moments of mirroring occurred which showed a synchronicity between Counsellor and client. Furthermore, by acknowledging the core conditions, the client began to go deeper, even if that occurred between the seventeen and eighteen minute mark. In balance, some professional skills were demonstrated but there was too much of the Counsellor in the session which limited client productivity.

Moving forward, more awareness of self needs to be developed and this process has developed further as a consequence of the recording. Too much stasis in terms of gently pushing a client demonstrates that the Counsellor has personal obstacles with challenge and confrontation. These need to be rectified to help the client work more productively towards organismic growth. Furthermore, too much sensitivity from the Counsellor may be doing the client a disservice as they may have wanted to talk about their infant loss to a deeper level. It is in this instance which the Counsellor needs to listen to what the client is truly saying and meaning, without the self-impeding on the client.

Although Gibbs's model of reflection is a structured and accessible model to debrief with (Husebø, O'Regan and Nestel, 2015) there are limitations in terms of the depth a practitioner can reach due to the simplistic nature of the model. Hence, changing to a more in-depth model may aid reflection after the initial phase in future.

In conclusion, the reflective process is a necessary yet uncomfortable part of counselling practice. This feeling of discomfort equates to the Counsellor uncovering elements of practice which were hidden. Overseeing a session where too much emphasis was placed upon people not within the therapeutic environment is an issue and as a result of this, the recording will be reflected upon further and addressed accordingly. Additionally, a noticing of the Counsellor putting too much of themselves, in terms of thoughts and feelings, detracts from the client and their autonomy, which conflicts with Humanistic theory. The Counsellor consequently believes that issues of confidence, experience and ego may have all contributed to those moments in the session. Furthermore, a lack of phenomenological noticing from the Counsellor during the session may have caused for moments of relational depth to be missed and opportunities for client exploration unfulfilled.

Contrastingly, there were competent moments of paraphrasing and reflecting, which fits within the person-centred modality. Co-creating a safe space with the client also enabled their story to be told in a non-judgemental and empathic environment. The client also appears to feel at ease in the presence of a male Counsellor, which is vital in a therapeutic scenario. The space is held well for the client and they remain safe for the duration of the session.

Within the recording, themes of the session have been identified and discussed. The consequences of disclosure of infant bereavement for the Counsellor have been dissected whilst looking deeper at the consequences the subject matter had on the therapeutic process for both client and Counsellor. Pertinently, the Counsellor now understands some of the reasons why this was challenging for them, which will be of benefit in future.

Moving forward, despite this being an uncomfortable and humbling experience, much has been learned about professional practice and personal development. Understanding the self by studying sessional footage and having the courage to ask uncomfortable questions of practice methodology can inspire a Counsellor to look deep within to search for improvement. This exploration for self-actualisation is not limited to the professional persona, but intrinsically linked to the personal self also.

The other avenues of feedback, such as supervision and the observer of the session have proved invaluable to this inner examination of the whole self, yet this information is akin to a scientific experiment lacking a scientist, without acknowledgement and action from the Counsellor. In counselling, therapy must always be centred around the client and to improve the quality of the next session with the recorded client, or any client, pro-activeness is required to make positive changes to benefit future practice. The greatest lesson taken from this exercise is understanding the imperativeness of self-examination of process, both personally and professionally and not being afraid to be fallible.

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