



Oxford Cambridge and RSA

Unit title:	Developing counselling skills for health and social care
Unit number:	19
Level:	4
Credit value:	15
Guided learning hours:	60
Unit reference number:	K/601/1653

UNIT AIM AND PURPOSE

This unit will enable learners to apply the major theoretical perspectives that are applicable to counselling work in health and social care. Learners will also explore the role of counselling interactions in health and social care, while ensuring boundaries and ethical codes are complied with at all times.

This unit will provide a core understanding and knowledge of counselling interactions in health and social care. The unit further encourages learners to develop appropriate counselling skills that will be beneficial in a variety of health and social care roles.

LEARNING OUTCOMES AND ASSESSMENT CRITERIA

A pass grade is achieved by meeting all the requirements in the assessment criteria.

Learning Outcome (LO) The Learner will:	Pass The assessment criteria are the pass requirements for this unit. The Learner can:
LO1 Understand how theoretical perspectives apply to counselling work in health and social care	1.1 compare the contribution of major theorists to the different perspectives used in counselling 1.2 evaluate the use of different theoretical perspectives in counselling interactions in health and social care
LO2 Understand how boundaries and ethical codes are applied to counselling work in health and social care	2.1 explain how current ethical guidelines for counsellors and supervisor practitioners influence counselling interactions in health and social care 2.2 analyse the legal factors that should be considered in counselling interactions in health and social care 2.3 evaluate the role of supervision in counselling
LO3 Understand the role of counselling interactions in health and social care services	3.1 explain the scope of counselling support available for individuals using health and social care services 3.2 analyse the factors that influence the use of counselling interactions in health and social care services 3.3 explain potential benefits of counselling interactions for individuals in health and social care services

<p>LO4 Be able to demonstrate appropriate skills in a simulated counselling interaction</p>	<p>4.1 initiate and establish a counselling relationship using counselling skills</p> <p>4.2 maintain and develop the relationship using counselling skills</p> <p>4.3 conclude the interaction using counselling skills</p> <p>4.4 evaluate development of own counselling skills</p>
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GRADING CRITERIA

A merit grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors

A distinction grade is achieved by meeting **all** the requirements in the pass criteria **and** the merit descriptors **and** the distinction descriptors.

<p>Merit Criteria (M1, M2, M3)</p> <p>(M1, M2, and M3 are mandatory to achieve a merit grade. Each must be achieved at least once per unit to achieve a merit grade.)</p>	<p>Distinction Criteria (D1, D2, D3)</p> <p>(D1, D2, and D3 are mandatory to achieve a distinction grade. Each must be achieved at least once per unit to achieve a distinction grade.)</p> <p>(In order to achieve a distinction grade, all merit criteria must also have been achieved.)</p>
<p>MANDATORY TO ACHIEVE A MERIT GRADE</p>	<p>MANDATORY TO ACHIEVE A DISTINCTION GRADE</p>
<p>M1 Analyse concepts, theories or principles to formulate own responses to situations</p>	<p>D1 Evaluate approaches to develop strategies in response to actual or anticipated situations.</p>
<p>M2 Analyse own knowledge, understanding and skills to define areas for development.</p>	<p>D2 Evaluate and apply strategies to develop own knowledge, understanding and skills.</p>
<p>M3 Exercise autonomy and judgement when implementing established courses of action.</p>	<p>D3 Determine, direct and communicate new courses of action.</p>

TEACHING CONTENT

The Teaching Content describes what has to be taught to ensure that learners are able to access the highest grade.

Learners must be able to apply relevant examples to their work. Where examples are given in the Teaching Content, these are suggestions; they do not have to be the examples that the learner uses.

LO1 Understand how theoretical perspectives apply to counselling work in health and social care	
Major theorists	(e.g. Freud, Jung, Skinner, Wolpe, Ellis, Beck, Rogers, Berne, Adler, Minuchin)
Perspectives	(e.g. psychodynamic, behavioural, cognitive, humanistic, systemic)
Evaluation considerations	(e.g. underlying assumptions (such as view of human nature, goals of counselling, free will versus determinism), use of (such as efficacy, outcomes, evidence-based, implications), role of counsellor (such as directive versus non-directive, focus on thoughts, feelings or behaviours)).
LO2 Understand how boundaries and ethical codes are applied to counselling work in health and social care	
Current ethical guidelines	(e.g. welfare of client, respect for diversity, informed consent, confidentiality, British Association for Counselling and Psychotherapy - <i>Ethical Framework for Good Practice in Counselling and Psychotherapy</i> , Sector Standards and codes of practice)
Influence	(e.g. timing of meetings, touch – appropriate and inappropriate, cultural differences, contractual obligations, conflicting values)
Legal factors	(e.g. Data Protection Act 1998, Human Rights Act 1998 Article 8 – right to private life, Crime and Public Disorder Act 1998)
Professional codes of conduct, practice guidance	(e.g. BACP 2007 <i>Ethical Framework</i> , organisational practice guidance and codes of conduct, malpractice issues)
Role of supervision	(e.g. professional self-regulation, ensure high standards, develop expertise, protection of clients, empowering, analysing practitioner-client relationship, personal development).

LO3 Understand the role of counselling interactions in health and social care services

Scope	(e.g. offering advice, support, information, enable autonomy, relevant to health or social care setting such as helping with adjusting to life events – trauma, illness, disabilities, bereavement; adjusting to life transitions – adolescence, mid-life, old age; mental health problems – depression, anxiety, eating disorders, addictions)
Factors	(e.g. environment, belief systems, approachability, socioeconomic, diversity, readiness of client, training and professional boundaries)
Potential benefits	(e.g. improved physical health (such as improved self-care, coping strategies, reduction in medication, reduction in GP referrals and hospital admissions), improved psychological health and welfare (such as promoting self-determination and independence, increased self-esteem)).

LO4 Be able to demonstrate appropriate skills in a simulated counselling interaction

A simulated counselling interaction	Competent demonstration of skills in initiating and establishing a counselling relationship (e.g. introduction, boundary setting, welcoming and valuing, accepting, information gathering, congruence, appropriate verbal and non-verbal communication, Egan's three-stage model)
Counselling skills	(e.g. active listening, body language, timely and appropriate questioning, paraphrasing, reflecting, tone, checking, clarifying, empathy, challenge, congruence, unconditional positive regard)
Conclude	(e.g. time managed, conclusions, enabling and empowering, future goals and strategies)
Evaluation points	(e.g. strengths and weaknesses – impact of these on client, feedback from client, feedback from observers, self-awareness, management of own feelings, strategies for improvement).

GUIDANCE

Delivery guidance

It will be beneficial to deliver this unit in a way that uses actual events, industry forecasts or sector specific contexts which offer the learner the opportunity to explore, develop and apply the fundamental principles of the sector or subject area. Typical delivery contexts could include role plays of counselling situations in health and social care contexts. Learners will benefit from being provided with tutor and peer feedback on their counselling interactions, along with videoing their interaction to encourage self-reflection. Care must be taken to provide a supportive environment for both the learner and the 'client' during simulated counselling interactions.

Learners will benefit from being encouraged to exercise autonomy and judgement, for example, in developing a set of ethical guidelines for use in a health or social care setting, prior to measuring their own ideas against those provided by professional bodies.

Learners would benefit from being presented with subject/sector-relevant problems from a variety of perspectives and from being given the opportunity to explore them using diverse approaches and schools of thought. For example, by considering the benefits and limitations of each theoretical perspective in relation to a given scenario.

Assessment evidence guidance

Evidence produced must demonstrate how a learner has met each of the Learning Outcomes, and be submitted in the form of assignments, essays, project portfolios, presentations or, where appropriate, reflective accounts.

Where group work/activities contribute to assessment evidence, the individual contribution from each learner must be clearly identified.

All evidence must be available for the visiting moderator to review. Where learners are able to use real situations or observations from work placement, care should be taken to ensure that the record of observation accurately reflects the learner's performance. This should be signed, dated, and included in the evidence. It is best practice to record another individual's perspective of how a practical activity was carried out. Centres may wish to use a witness statement as a record of observation. This should be signed and dated and included in the evidence.

RESOURCES

Books

- Bond, T, *Standards and Ethics for Counselling in Action* (Counselling in Action series), SAGE Publications Ltd; Third Edition, 2009. ISBN: 978-1412902397
- Bor, R., Miller, R., Gill, S., & Evans, A., *Counselling in Health Care Settings: A Handbook for Practitioners*, Palgrave Macmillan, 2008. ISBN: 978-0230549425
- Burnard, P., *Counselling Skills for Health Professionals* 4th edition, Nelson Thornes, 2006. ISBN: 978-0748793846
- Egan, G *The Skilled Helper: A Problem-Management and Opportunity-Development Approach to Helping*, Wadsworth, 2001. ISBN: 978-0534367312
- Egan, G, *The Skilled Helper*, Wadsworth; International ed edition, 2009. ISBN: 978-0495604310
- Hough, M., *Counselling Skills and Theory*, Hodder Education, 2010. ISBN: 978-1444119930
- McLeod, J., *An Introduction to Counselling*, Open University Press, 2009. ISBN: 978-0335225514
- Riggall, S., *Using Counselling Skills in Social Work* (Transforming Social Work Practice Series), Learning Matters, 2012. ISBN: 978-0857256294
- Rogers, C *Client Centred Therapy: Its Current Practice, Implications and Theory*, Constable, 2003. ISBN: 978-1841198408

Journals

- British Journal of Guidance and Counselling* – Routledge
- British Journal of Health Psychology* – British Psychological Society
- Counselling at work* – published by BACP
- Counselling Psychology Review* – British Psychological Society
- The Department of Health's *Treatment Choice in Psychological Therapies and Counselling - Evidence Based Clinical Practice Guideline* (DoH, 2001)

Websites

- www.bacp.co.uk – British Association for Counselling & Psychotherapy
- www.cpcab.co.uk – Counselling and Psychotherapy Central Awarding Body
- www.nice.org.uk – National Institute for Health and Clinical Excellence
- www.bps.org.uk – The British Psychological Society

Signposting to other units within the qualification

- Unit 1: Communicating in health and social care organisations
- Unit 12: Empowering users of health and social care services
- Unit 22: Understanding specific needs in health and social care
- Unit 26: Supporting significant life events
- Unit 29: Facilitating change in health and social care