

A MANUAL FOR BASIC RELATIONAL SKILLS TRAINING IN
PSYCHOTHERAPY

by

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Abstract

Training in psychotherapy needs to involve more than merely skills and techniques. The field of psychotherapy needs to involve more than the application of formulas in a modernistic framework. This study proposes an approach to training in psychotherapy where the emphasis is on the client and the therapeutic relationship.

Psychotherapy training should be an ongoing process and this study aims to facilitate and enhance that process for students. The study combines basic therapeutic skills and interpersonal psychotherapy to form a training programme referred to as the Basic Relational Skills Training (BRST) programme.

The first part of the study provides a historical perspective of basic therapeutic skills, followed by a review of the relevant literature. The second part of the study constitutes a possible format for a training manual for the proposed BRST programme.

The researcher hopes that the proposed BRST programme be utilised by trainers to assess the programme's efficacy.

Key words: Training, psychotherapy, therapeutic skills, interpersonal psychotherapy, System C, Basic relational skills training, therapeutic skills training, empathy, congruence, positive regard, Psychology Masters students, counselling, therapeutic alliance, therapeutic relationship

Student number: **0801-765-4**

I declare that

A Manual for Basic Relational Skills Training In Psychotherapy

is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Mr MJ Theron

Date

Summary

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Prologue

“The strongest reinforcer of any human behaviour is an interpersonal relationship.”
(Anonymous)

Basic therapeutic skills can be considered generic, and not confined to any one school of thought pertaining to the world of psychotherapy. It is one aim of this study to indicate that these skills are the very foundations on which a therapeutic relationship is built. This study proposes a training manual entitled Basic Relation Skills Training (BRST), which addresses the importance of such skills and the role they play in the interpersonal nature of the therapeutic relationship. In this training manual the mechanistic application and reduction of such skills is countered by introducing the student to the fine art of interpersonal relationships within the therapeutic context.

Chapter 1 of this study examines the history of basic therapeutic skills and how their conception and development have evolved through the years, with reference to theorists such as Rogers (1940), Porter (1950) and Carkhuff and Berenson (1967). With this evolution came the advancement of various training methods in basic therapeutic skills. A brief discussion of such methods concludes this first chapter.

Chapter 2 is a literature review that expands on the concepts of the therapeutic relationship and therapy as an interpersonal relationship. A systemic approach towards such a relationship is introduced in this chapter, followed by a discussion of the goals and

the process of therapy. This includes a brief discussion of the therapist and the client in this context.

A proposed training model is discussed in Chapter 3, in which various relevant models and different training techniques are discussed. A proposed training manual for BRST has been designed based on the various works presented in this chapter.

Chapters 4 and 5 consist of the training scripts for BRST. The training is divided into two sections: In Chapter 4 the focus is on basic therapeutic skills and Chapter 5 focuses on interpersonal psychology. A training compact disc is provided, which contains all the necessary information that a potential trainer would need in order to present the BRST programme.

Chapter 1

An overview of the history of basic therapeutic skills

1.1 Introduction

“In applied psychology, it frequently happens that techniques are developed in advance of theoretical understanding.”(Combs, 1946, p. 589)

It can be said that history appears to have no definite beginning or end, but that it is an interpretation constructed by a person from available information (Reisman, 1991). This is exactly what this chapter endeavours to achieve: to construct a history of the basic therapeutic skills, based on the interpretation of the available literature. During the 1920s and 1930s there were five distinct schools of psychology, namely the schools of Structuralism, Functionalism, Behaviourism, Gestalt Psychology and Psychoanalysis (Hergenhahn, 1992).

By the middle of the twentieth century, only Behaviourism and Psychoanalysis remained as influential, intact schools of thought. In the early 1960s, a group of psychologists started a movement referred to as ‘Third force psychology’ and, as the name of the movement implies, “humanistic psychologists wanted to supplant behaviourism and psychoanalysis” (Schultz & Schultz, 1996, p. 434). According to Hergenhahn (1992), Abraham Maslow and Carl Rogers pioneered this movement, which claimed that both behaviourism and psychoanalysis neglected a number of important human attributes. The criticism against behaviourism was that it was mechanical in its approach, and that

psychoanalysis failed to study the person as a whole, focussing only on segments of the personality (Stagner, 1988).

According to third force psychologists, what was missing was “[i]nformation that would help already healthy people become healthier, that is, to reach their full potential” (Hergenhahn, 1992, p. 500). “Their central concept was the self, and this self had the attributes of consciousness, planning and flexibility” (Stagner, 1988, p. 362).

1.2 A ‘Non-Directive’ approach to therapy

As early as 1940, Carl Rogers stated that “before a person could receive help from a therapist or a counselor, it was essential that certain basic conditions were met” (Rogers, 1940, p. 161). Rogers (1940) further suggested that therapy has no chance of succeeding if there are adverse social conditions, or if the person is not of above ‘borderline intelligence’. However, he also believed that a skilled therapist “whose purpose it was to release and strengthen the individual, rather than to intervene in his life”, by using certain processes, could succeed in therapy (Rogers, 1940, p. 161).

These processes, as suggested by Rogers (1940), marked the formulation of ‘non-directive therapy’, from which basic therapeutic skills could be said to have originated.

These basic conditions, as described by Rogers (1940), include:

- The establishment of rapport with the client.
- Free expression of feelings on the part of the client.
- Recognition and acceptance by the client of his or her spontaneous self.

- The making of responsible choices by the client.
- The gaining of insight through assimilated interpretation.
- The growing into independence by the client with the necessary support.

In his book *Counseling and psychotherapy* (1942), Rogers described the release of feelings by the client as one of the central features of therapy. In 1992 Hergenhahn stated “It is widely believed that this book described the first major alternative to psychoanalysis” (1992, p. 515). Rogers (1942) suggested that this release of feelings can be achieved if the counsellor undertakes to utilise the following techniques:

- Follow the pattern of the client’s feelings as they are freely expressed by the client, responding correctly to the feelings instead of the content expressed by the client in therapy.
- Respond correctly to the negative attitudes expressed by the client.
- Bring into conversation the ambivalent feelings verbalised by the client.
- Correctly explore the client’s attitude towards the counsellor.

Rogers (1942, p. 87) also described four definite qualities “which characterised the most helpful counseling atmosphere”. These qualities are, firstly, a warmth and responsiveness on the part of the counsellor; secondly, a need for counsellors to recognise that they became, to an extent, emotionally involved in the therapeutic relationship, but that this involvement is strictly for the benefit of the client; thirdly, counsellors need to keep to the time limit and other basic conditions prevalent in a therapeutic context; and fourthly, the

counsellor has to ensure that the therapeutic relationship is free from any type of pressure or coercion.

The shift could be said to have begun towards what was required of counsellors to create a ‘non-directive’ approach to therapy. Rogers (1942, p. 175) placed a great deal of emphasis on the achievement of insight by the client, and is quoted as saying that “insight was a highly important aspect of the counseling treatment and deserved the closest scrutiny”. According to Rogers (1942), the primary technique used by the counsellor to promote the development of insight into the client is the encouragement of the expression and exploration of attitudes and feelings by the client. Rogers (1944) suggested that insights are likely to develop if the counsellor uses responses that are accepting and clarifying, as opposed to procedures that are probing or evaluating.

In a review of non-directive therapy, Berdie (1945) claimed that the methods and techniques presented by Rogers could possibly influence counsellors to a greater extent than psychoanalysis. “One of the chief contributions of this method is that it has re-focused attention upon the immediate individual” (Berdie, 1945, p. 150). According to Berdie (1945), the methods presented by Rogers were well analysed and backed by clinical rationality, based on carefully controlled observations of these methods. Berdie (1945) further stated that counsellors need to consider the use of the appropriate techniques when interviewing a client, but should not so readily discard other learnt techniques in favour of those proposed by Rogers.

It was the opinion of Combs (1945, p. 218) that while “non-directive therapy was not the panacea for all of the ills of counseling, it did have significant contributions to make”. One such contribution that was considered of great importance at the time was the scientific approach adopted by Rogers and his colleagues with the use of recorded interviews, which were used to further analyse the counselling process. It was the conviction of Snyder (1947, p. 345) that “Rogers has welcomed and encouraged scientific validation, and was himself the first to publish a phonographic transcription of the counseling process”.

At that time, non-directive therapy was not to be confined to the therapeutic environment, but was being utilised in fields such as the training of personnel counsellors in industry (Cantor & Bonning, 1944), the ‘psychological adjustment’ of discharged service personnel (Rogers, 1944a) and in the educational field (Rogers, 1945). Other areas where the theory of Rogers was utilised included college counselling, where the “growth towards effective, independent self direction is actually a major objective of higher education” (Combs, 1945, p. 219) and vocational guidance, where “the introduction of counseling techniques into guidance revealed that many vocational problems are symptoms of more basic maladjustments” (Bixler & Bixler, 1945). Another example of the diversity of non-directive therapy occurred in 1947, when the Veterans Administration of America requested that Rogers and his team from the University of Chicago develop a training programme for the Veteran vocational or personal counselors countrywide (Blocksma & Porter, 1947).

A comprehensive article published in 1947 reported a study conducted by William Snyder on the then status of psychotherapeutic counselling. The different approaches reviewed by Snyder (1947) include traditional counselling, brief psychotherapy, psychoanalysis, relationship therapy and non-directive therapy. According to Snyder (1947, p. 338), the non-directive techniques employed by Carl Rogers were “receiving widespread attention and interest”, and he maintained that one of the most useful contributions of the non-directive group was their emphasis on experimental verification of their principles. In his summary, Snyder (1947) concluded that psychotherapeutic counselling was gradually becoming a recognised function of the clinical psychologist, and that a commendable beginning had been made to scientifically objectify and analyse the counselling procedure.

According to Rogers, at approximately the same time that non-directive therapy was gaining esteem, authors such as Virgina Robinson, Otto Rank, Jessie Taft and Fredrick Allen were also at the beginning stages of developing theories similar to his (Rogers, 1951). Most notable about this new approach to therapy was the shift away from ‘personality theories’ towards a theory of therapy. Only in 1951 did Rogers introduce his own theory of personality and behaviour (Rogers, 1951).

In 1950, Porter, a former colleague of Rogers, published a book that was an adaptation of the principles adopted by Rogers, in which he stressed the importance of certain of Rogers’s techniques. Porter (1950), as did Rogers, emphasised the importance of the counsellor’s attitude and how counsellors need to use their skills effectively, and stressed

the importance not allowing the attitude of the therapist to interfere with the interviewing process. In his book, entitled *An introduction to therapeutic counseling*, Porter (1950) stated that the counsellor needs to know the precise nature of the techniques they intend to employ and that the counselor needed to understand the techniques in terms of the psychological climate they create.

Porter (1950) strongly emphasised that the aim of therapy was to keep the client expressing and exploring his or her attitudes as freely as possible, and he suggested that this could be achieved by attempting to understand the client as the he or she perceives his or her situation. “In short, to persuade, reassure, instruct, or moralise may result in an increase, not a decrease of resistance, a refusal to continue the expression and exploration of attitudes” (Porter, 1950, p. 6). Porter (1950) also argued that no technique could be evaluated on the basis of its place in a logical structure, but should rather be evaluated on the consistency with which it helped to facilitate the therapeutic processes within the client.

According to Rogers, there was no need for a theory of therapy until there were observable changes in the therapeutic context that called for an explanation (Rogers, 1951). In an article entitled *The necessary and sufficient conditions of therapeutic personality change*', Rogers (1957) questioned the elements that were required for change and indeed what was meant by ‘psychotherapeutic change’ or ‘constructive personality change’, stating that ‘change’ meant greater integration and less internal conflict. A statement made by Rogers, which could only have potentially been

controversial in that time, claimed that diagnostic knowledge and skills were not necessary for good therapy and that training and practice in therapy should precede training in the field of diagnosis (Snyder, 1947, p. 341).

In 1957, Rogers raised the question pertaining to the elements that are essential for psychotherapeutic change. Rogers (1957) identified the following elements that play a role in the process of change within a therapeutic setting for the client:

- The therapeutic relationship involves two people in psychological contact, in which the state of the client is incongruent, vulnerable or anxious.
- The therapist should be congruent, integrated and genuine in the relationship.
- The therapist should experience unconditional positive regard and an empathetic understanding of the client's internal frame of reference, and should endeavour to communicate this to the client, for the client.
- The therapist's needs to successfully communicate this empathic understanding to the client.

1.3 The development of skills training

Two noteworthy authors on basic therapeutic skills are Gerard Egan and Allen Ivey. Both authors expanded on the techniques described by Rogers and utilised them in the development of their respective models. In 1971 (Ivey & Authier, 1971) Allen Ivey and Jerry Authier coined the phrase 'microcounseling' to describe their model for the training of 'helpers' – a term also used by Egan (1986). According to Ivey (1980, p. 12), 'helping'

could be defined as “a general framework in which one person offers another person or group assistance, usually in the form of interviewing, counseling, or psychotherapy”.

Ivey and Authier defined microtraining as the systematic format for teaching single helping skills, and as a “conceptual framework and theory for the basic skills of the helping process” (1971, p.8). Linked to this definition, these authors positioned the conceptual framework of microcounseling as providing a framework in which the helping process is separated into specific components that could be taught as single units and later integrated into meaningful gestalts.

A study conducted in 1968 posed the question “What are the specific component skills of counseling?” (Ivey & Authier, 1971, p. 45). Based on the findings of this study, the following taxonomy of microtraining quantitative and qualitative skills was introduced by Ivey and Authier (1971, p. 66):

- *Basic attending and self-expression skills.* These skills include culturally appropriate non-verbal behaviour such as tone of voice and eye contact.
- *Microtraining skills.* Attending skills, considered to be an underlying construct of microtraining, include open and closed questions, minimal encouragers, paraphrasing, reflection of feeling and summarisation. Influencing skills include the giving of directions by the helper, the expression of content and of the helper’s feelings or self-disclosure, the influencing summary of the helper’s statements and the interpretation or reframing of the client’s behaviour or verbalisations.

- *Focus dimensions.* These dimensions address topics such as speaking turns and the cultural-environmental context.
- *Qualitative dimensions.* These dimensions include concreteness, immediacy, respect, confrontation, genuineness and positive regard.

According to Egan (1986, p. 10), “the needs of clients, not the egos of model builders, must remain central to the helping process”. Egan’s model of basic therapeutic skills was primarily aimed at what he termed ‘helpers’, which included psychologists, counsellors, social workers, ministers and psychiatrists. However, Egan also stated that anyone involved in interpersonal help, ranging from hairdressers to doctors, could benefit from learning these skills. According to Egan, these skills include “establishing working relationships, basic and advanced communication skills, helping clients challenge themselves, problem clarification, goal setting, program development, program implementation, and ongoing evaluation” (Egan, 1986, p. 11). Egan’s helping model is divided into three stages (1986):

- Stage I covers identifying and clarifying problem situations and unused opportunities.
- Stage II addresses goal setting.
- Stage III examines actions or strategies for reaching goals.

For the purpose of this study, Egan’s identification of basic skills, which form part Egan’s helping model, such as attending and listening, empathy, advanced empathy and immediacy will be used. In line with the thinking of Rogers, Egan (1986) also believed

that clients are responsible for solving their own problems and those clients need to manage their interpersonal problems and their problems with living more effectively.

In the eighth edition of his book *The skilled helper*, Egan (2007) speaks of the ‘therapeutic dialogue’, which is an integration of the helping dialogue, the problem management dialogue and the opportunity development dialogue. According to Egan (2007, p. 69) “dialogue is the heart of communication between helper and client”. Egan’s writings address the topic of attending skills, which includes visibly tuning in, actively listening and processing what the helper hears. Egan (2007) also speaks of listening to oneself, in other words the helper listening to him- or herself, and the shadow side of listening to clients. Egan (2007) describes the shadow side of listening to clients as forms of distorted listening that includes evaluative listening, stereotype-based listening, sympathetic listening and fact-centred rather than person-centred listening.

Egan places a great deal of emphasis on the importance of active listening. He describes listening as being more than a skill, but rather “a rich metaphor for the helping relationship” (2007, p. 78). According to Egan (2007), active and effective listening includes listening to clients’ experiences, thoughts, thinking patterns, emotions and feelings, as well as their non-verbal messages and modifiers.

It is the conviction of Egan (2007) that in the therapeutic environment it is not enough to just listen; the counsellor needs to respond accurately to the client’s feelings, emotions and moods. Accordingly, Egan (2007, p. 104) maintains that “helpers need to respond to

clients' emotions in such a way as to move the helping process forward". Egan (2007) suggests that this can be achieved by communicating empathy. In 1975, Rogers (1975) redefined empathy as a process, claiming that empathy could be seen to have several facets, and that being empathic is a complex and demanding, strong yet subtle and gentle way of being. These facets, referred to by Rogers (1975), include:

- Entering the private perceptual world of the other and becoming thoroughly at home in it.
- Being sensitive, moment to moment, to the changing meanings that flow in this other person.
- Temporarily living in the client's life, moving around in it without making judgements, sensing meanings of which the client is scarcely aware, but not doing anything with those feelings that might be threatening to the client.
- Communicating his or her sensing of the client's world, and that which he or she fears.
- Constantly checking with the client as to the accuracy of the counsellor's sensing and being guided by the responses of the client.
- Laying aside one's views and values so as to enter the other's world without prejudice, and to return to one's own world without getting lost.

With this in mind, Yalom (2003) differentiates between 'content' and 'process' in the therapeutic relationship, with the latter being of far greater importance. Whereas content refers to what is said in the session, process refers to the interpersonal relationship between the therapist and the client. It could be said, at this juncture, that "a great debt is

owed to Freud, by all of the schools of psychotherapy, for the work that he did to establish the interview as a recognised therapeutic measure" (Raskin, 1948, p. 93). Rogers (1961) found that success in psychotherapy was closely related to a strong, mutual liking and respect between therapist and client. By using the skills mentioned throughout this chapter, it is the belief of the researcher that the interpersonal relationship between therapist and client could be enhanced to ensure the beginning of change for the client.

As early as 1968, Cartwright (in Ivey & Authier, 1971), in a review of psychotherapy research, identified the training of novice clinicians as being in particular need of systematic study. Several studies have been completed pertaining to the training of therapists, such as that of Truax and Carkhuff (1967), Carkhuff, Cannon and Pierce (1977), Ivey and Authier (1971), to name but a few. Such studies have provided authors, such as Brems (2001, p. 37), with understandings that allow observations such as "therapeutic competence is a combination of self-awareness, knowledge, and the application of skills" to be made with confidence.

Brems (2001) further suggests that all three aspects of therapeutic competence need to be addressed in order for successful counselling or therapy to take place. It is the intention of this study to provide an integrative training approach, which will be informed by such studies and will encompass, among other things, the three competencies proposed by Brems (2001).

1.4 Conclusion

In the literature review a more in-depth discussion will address the various factors that contribute to the therapeutic context. The therapeutic relationship will be reviewed from a systemic perspective and as an interpersonal relationship. Change, as a goal of therapy, is introduced and the role of the therapist in the change process is reviewed. In essence, the literature review fragments the therapeutic context and then pulls it all together in an attempt to illustrate the complexity of such a process. This study intends to illustrate that not only are basic relational skills the foundation and building blocks of the therapeutic relationship, but also the ‘glue’ that binds this context together.

Chapter 2

Literature review

“Counseling is like kissing, it is so intrinsically interesting and satisfying that few bother to critically examine it”

(Stewart, Winborn, Burks, Johnson & Engelkes, 1978, p. 1).

2.1 Introduction

Stewart et al. (1978) propose that one of the most probable reasons for the infrequent critical examination of the counselling process may be because, like kissing, counselling is a complex process that involves highly personalised relationships that require, when done well, a high degree of skill. However, it is the opinion of Stewart et al. (1978) that in order to gain a better understanding of this process, it is best to divide the counselling process into four basic components, namely the counsellor; the client; the counselling relationship; and the intended outcome of the counselling process.

In the following literature review the focus will be on the counselling relationship as a system and the interpersonal relationship that is created in such a system – the relationship between the therapist and the client. Furthermore, the literature review will draw attention to the correlation between the use of basic therapeutic skills and basic interpersonal skills, which constitutes basic relational skills, thus allowing for the development of a workable therapeutic alliance within the therapeutic system.

The terms ‘therapeutic alliance’, ‘working alliance’ and ‘helping alliance’ have been used in the past to refer to specific aspects of the alliance; however, these terms have not been used consistently in the literature on this subject (Horvath & Luborsky, 1993). For the purpose of this study the term ‘therapeutic alliance’ will be used generically for the aforementioned three constructs.

2.2 The therapeutic relationship

Bordin (1968) describes the therapeutic relationship as a context in which one person, referred to as the counsellor or the therapist, has taken the responsibility for ensuring that his or her role in the interaction process contributes positively to the other person’s personality development. Prior to this, Rogers (1942, p. 87) described the therapeutic relationship as one that “represents a quality of social bond which differs from any the client has heretofore experienced”, and said that the relationship could further be described as being different from most ordinary life relationships.

Cashdan (1982, p. 215) states, “The therapist-client *relationship* can be viewed as the primary arena for meaningful psychotherapeutic change”. However, in earlier writings, Cashdan (1973) speaks of how the therapist needs to master techniques in order to solve and ameliorate problems presented by the client. Cashdan (1973, p. xi) expands on this by stating that conducting therapy involves more than just learning techniques, but rather that “it involves learning a system of psychotherapy which includes as just one of its features the acquisition of technique”. Based on these statements by Cashdan, it could be said that the therapeutic relationship, as the main vehicle of change, can be established

and maintained with the use of basic relational skills. Research conducted by Asay and Lambert (2000) shows that the therapeutic relationship accounted for at least 30% of the variance in therapeutic outcomes.

Yalom (1998) describes the relationship between the therapist and the client as *the therapy* and according to Rogers (1951), the role of the therapist is a highly important part of the human equation. However, in an evaluation of the client-centred position, which advocates the role of the therapist as being central to the therapeutic relationship, Horvath (2000) points out that this centrality creates an unusual relationship in that only one person (the therapist) in the dyad is responsible for creating an arena for change. Viewing the therapeutic relationship from a different perspective, Efran & Lukens (1985, p. 72) state that Maturana believes that at all times it is the client, and not the therapist, who ‘controls’ the therapeutic processes”. Asay and Lambert (2000) found that, apart from the therapeutic relationship (30%) and therapeutic techniques (15%), client variables such as hope and expectancy (15%), and client factors in general (40%) explain 55% of the variance in outcome.

The therapeutic relationship has also be defined as a close relationship in which the actions of the respective individuals have an impact on each other, and in which therapist and client are interdependent; with one person’s behaviour affecting the behaviour of the other (Derlega, Hendrick, Winstead & Berg, 1991). Derlega et al. (1991) do, however, state that it is the professional quality of the relationship that differentiates it from other close relationships, and that despite its emotional content and apparent lack of structure,

it is a task-oriented relationship. According to Truax and Carkhuff (1967), the central therapeutic ingredient, previously considered as the interpersonal skills of the therapist, has now been identified as the interpersonal relationship itself.

Horvath and Luborsky, (1993) theorises that it is the therapeutic alliance that enhances the efficacy of therapy, while Rogers (1951) stresses that the therapist's ability to be empathic and congruent and to accept the client unconditionally are essential ingredients for therapeutic gains. According to Truax & Carkhuff, (1967) it was Rogers who went so far as to state that the abovementioned abilities were the only qualities required by the therapist to ensure successful client outcomes.

In a conclusive and extensive study of the research done on the central ingredients required for therapy, Truax and Carkhuff (1967) came to the conclusion that empathy, warmth and genuineness, characteristic of human encounters, changed people for the better. However, in an article entitled *The therapeutic relationship*, Horvath (2000, p. 166) states that research suggests the following:

[I]t is not the objectively measured level of the therapist's empathy, congruence or unconditional regard per se that had the most powerful impact on the therapy outcome, rather it was the client's perception of these qualities that foretold the success of the helping process.

This statement links to that of Maturana, who places emphasis on the client's control of the therapeutic process (Efran & Lukens, 1985).

Other factors that might be said to have an influence on the development of the therapeutic alliance include the therapist's personal characteristics such as age, gender, and socio-economic status, as well as the therapist's use of specialised techniques (Carkhuff & Berenson, 1967). More recently, Horvath and Luborsky (1993) state that there is a growing consensus amongst theorists that a comprehensive definition of the therapeutic alliance needs to take into account the influence of past experiences of both the therapist and the client and, at the same time, delineate the alliance as a distinct aspect of the current relationship. According to Horvath & Luborsky, (1993) the therapeutic alliance is based on the ongoing interpersonal synergy of therapist and client.

Ellis (1955, p. 218) put forward the notion that “[t]he main therapeutic agent in psychotherapy is not insight or reason, not catharsis or abreaction, but the human, interpersonal relationship that comes to exist between the therapist and the client”. In an exploration of the therapeutic relationship, Riggs (1978) suggests that human relatedness emerges when two autonomously functioning human beings sit down together and start to communicate; with the resulting interface being complex. Building on this hypothesis, Riggs (1978) expanded on his theory, creating a definition for that interface entitled ‘System C’.

2.3 System C: An alternative view

Using the terms ‘System A’ and ‘System B’ to represent two individuals, Riggs (1978) postulates that what happens between these two systems may be labelled as ‘System C’, which can be defined as an organised system due to the organisation of the

communication (see Figure 2.1). System C can be said to encompass System A and B and what is created through the organised communication, even though abstract in nature, becomes known as System C. According to Riggs (1978, p. 380) “it has proved more revealing to regard System C as a third or emerging system of communication, subject to study as an entity in itself”.

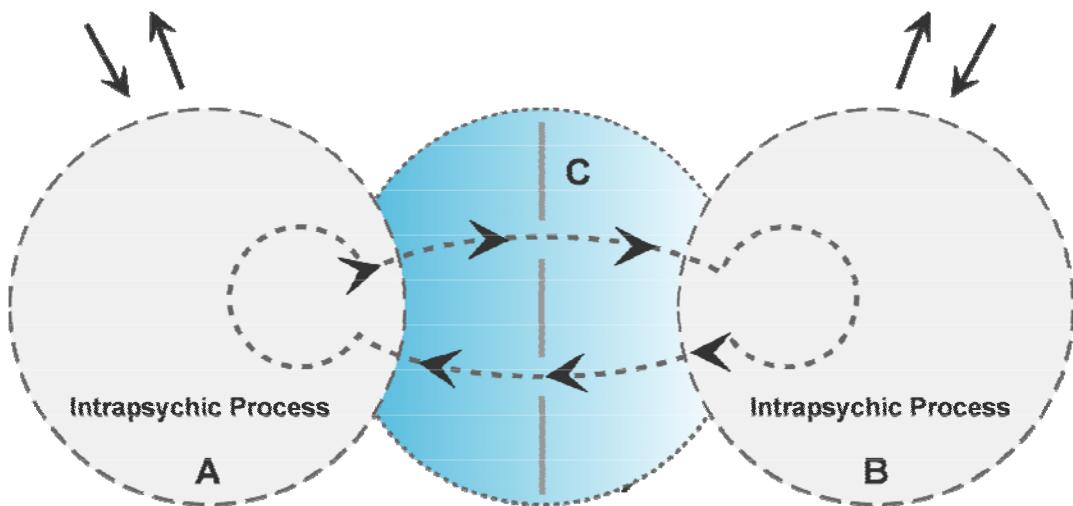


Figure 2.1: System C

In Figure 2.1, the circles labelled A and B represent the two individual systems A and B. These circles constitute all of the intrapsychic and somatic functions that constitute the complexity of a human being (Riggs, 1978). It needs to be taken into consideration that these respective systems are “[i]n constant interchange with the environment and suprasystems of which these people are elements” (Riggs, 1978, p. 380). In Figure 2.1, A + B = C, whereby C can be classified as a new suprasystem that is governed by the contributions of A and B. Elkaïm (1990) concurs and suggests that there is no information independent of the structures of the person who is speaking and the person

who is listening, therefore “[i]nformation does not exist in and of itself: the information received is located at the intersection of the receiver and the transmitter” (Elkaïm, 1990, p. 62).

Riggs (1978) speaks of the ‘C dimensions’ that make System C unique, and that have proven useful when studying and modifying the therapeutic relationship. These dimensions occur as a result of the conjoint processes that make up part of System C and are identified by Riggs (1978) as mutuality, resonance, reliance and resistance. A further explanation of these dimensions, their definition as proposed by Riggs (1978) and their relevance to this study are provided in Section 2.4. According to Riggs (1978), the characteristics of System C that allow it to be known as a system based on systems criteria are as follows:

- The foremost criterion of any system is *organisation* of the relationship between elements. System C is organised through communication and human communication cannot take place without organisation. “One cannot not communicate” (Watzlawick, Bavelas & Jackson, 1967, p. 51).
- *Equifinality* can be defined as the tendency towards a final characteristic state, from different initial states based on dynamic interaction in an open system attaining a steady state (Becvar & Becvar, 2006). According to Riggs (1978), System C is not automatically defined by System A or System B, but is created through numerous contacts between the two parties resulting in a unique state of communication.

- *Hierarchical differentiation* allows for different functions to be carried out by different elements of the total system and subsystems (Riggs, 1978). Hierarchical differentiation appears in two ways in System C: by language and by decision-making or control functions with regards to the objective at hand. If the hierarchy of topics under discussion becomes obscure, the conversation may become aimless and System C is likely to dissolve (Riggs, 1978).
- A further element to be considered is *homeostasis*, which can be defined as the existence of certain constancy in the face of external change and the negative feedback mechanisms that act to minimise change (Watzlawick et al., 1967). According to Riggs (1978, p. 382), in the therapeutic setting “there is a self-regulating tendency which not only emulates from the two participants, but even acts as a product of System C, upon each of them to keep the job going”.
- Finally, a system needs to be in *constant interchange* with the surrounding megasystems or environments within which it functions. With System C, unless System A and System B make an emotional investment in creating and maintaining the communicative relationship, System C will cease to exist.

Riggs (1978) suggests an alternative view of the therapeutic relationship using general systems concepts and places emphasis on how communication can be seen to create a third system between two people. For the purpose of this study, the approach postulated

by Riggs (1978) will be incorporated, whereby System C can be enhanced and further maintained with the use of basic relational skills.

The basic premise of System C is that it is a system created through dialogue by two or more participants, which occurs when the participants come together. Friedman (1988, p. 24) utilises the term ‘healing through meeting’ to describe the relationship between the therapist and the client, and states that “[w]hat is crucial is not the skill of the therapist, but rather what takes place *between* the therapist and the client, and between the client *and* other people”. The implications made by Friedman (1988) and the emphasis placed on the *between* further illustrate the prospects of System C, as proposed by Riggs (1978).

According to Von Bertalanffy (1973) a system can be described as a set of elements in interaction with one another. From the systemic viewpoint the individual may be regarded as a unit in a complex but structured collection of interrelated units (Derlega et al., 1991). Prochaska and Norcross (1994, p. 348) introduce the concept of relationships in their definition of a system, describing a system as “a set of units or elements that stand in some consistent relationship with one another”.

Prochaska and Norcross (1994) further propose that living systems may be characterised as open systems whereby ‘energy’, such as information or communication, may be freely transported within and between systems. Yet, according to Elkaïm (1990, p. 70), “there is no such thing as the transfer of information” – communication occurs in the process of coupling, in the intersection of constructions of the world. “Structural coupling is what

occurs at the intersection of a system that is governed by its structure and the environment that surrounds it; this coupling is always circular” (Elkaïm, 1990, p. 69).

Efran and Lukens (1985) put forward that human beings can be described as observing systems that describe, distinguish and communicate using language, and without the observer, nothing exists. In an overview of general systems theory and cybernetics trainers Becvar and Becvar (2006) propose that the notion of linear causality is meaningless; rather there is an emphasis on relationships, reciprocity, recursion and shared responsibility Maturana confirms this when interviewed by Poerksen, when discussing instructive interaction, who asked about linear causality and the therapeutic relationship (Maturana & Poerksen, 2004). Maturana’s (Maturana & Poerksen, 2004) reply to the question was that linear causality is meaningless in that nobody is capable of determining what will happen to another person, and that no-one is able to carry out instructive interventions on a structure-determined system.

Efran, Lukens and Lukens (1990, p. 63) clarify the points made by Maturana and Poerksen (2004) by stating that “psychotherapy *triggers* changes in clients, but the kinds of changes that occur are a function of the structure of the client and the nature of the client-therapist coupling”. Therefore it could be said that the therapist does not independently determine how, when or if a client will change – neither does the client. According to Elkaïm (1990) it is not the truth or reality that is meaningful in therapy, but the mutual construction of reality by the therapist and the client within the therapeutic

system. Elkaïm (1990) states that the success of therapy does not mean that the therapist was somehow ‘right’, but rather that the constructed therapeutic system created ‘worked’.

Penn (1982) discusses the belief that ‘interaction’ could be seen as evolution, and that interaction between people has the potential to initiate change. From a systemic perspective trainers Becvar and Becvar (2006) suggest that interaction provides the context for relationships, and in the therapeutic setting the perspective is relational in that it focuses on the context, or the whole, in order to understand the presenting ‘problem’ or ‘difficulties’ of the client. Watzlawick, Weakland and Fisch (1974) differentiate between problems and difficulties by stating that difficulties can mean an undesirable state of affairs that can be solved by common sense, or an undesirable, but not uncommon, life situation for which there exists no known solution for the time being. Watzlawick et al. (1974) define problems as impasses, situations or circumstances that are created and maintained through the mishandling of difficulties.

When addressing the interpersonal nature of the therapeutic relationship, Bateson (1976, p. 298) states that “[n]o man is resourceful, or independent, or fatalistic in a vacuum. His characteristic, whatever it may be is not his, but rather a characteristic of what goes on between him and something, or someone else”. This statement is verified by Chrzanowski (1982, p. 25) who maintains that “today the individual person is no longer viewed as a fixed entity. Instead he is seen as an integral part of the physical and interpersonal world in which he exists”. Thus the boundaries between individuals and

their overall environment can be said to always be in a state of complete interpenetration or ecological balance (Chrzanowski, 1982, p. 25).

2.4 Therapy as an interpersonal relationship

Bateson (1972) is of opinion that people can be better understood and defined through their interactions with others and their environments. According to Thorngren and Kleist (2002), Harry Stack Sullivan was one of the first theorists thought to have highlighted the significance of interpersonal relationships on the development of personality. Thorngren and Kleist (2002, p. 169) suggest that it was Sullivan's belief that "personality is made manifest in interpersonal relationships and not otherwise".

Another understanding of personality offered by Sullivan (in Anchin & Keisler, 1982, p. 3) is that the human personality can be described as "the relatively enduring pattern of recurrent interpersonal situations which characterise a human life". In keeping with this hypothesis, Porter (1950) advocates the notion that the attitudes that people hold towards themselves, their self-evaluative attitudes, are mere by-products of deeper personality factors, and that these attitudes were learnt indirectly, through their interaction with others.

Anchin (Anchin & Kiesler, 1982, p. 97) defines the term 'interpersonal' as "that which one person does overtly, or covertly, in relation to another person who, in some sense, is the object of this behaviour". This definition is more clearly explained by Watzlawick et al. (1967), who state that there are two modes of communication central to the

interpersonal experience, namely analogical communication and digital communication. The analogical mode refers to the ‘thing it stands for’, or the experience, while the digital mode is the account of the experience. Watzlawick et al. (1967, p. 62) explain the importance of this differentiation because “analogical communication is virtually all nonverbal communication” and occurs in any context where interaction takes place. Therefore, the interpersonal training component proposed in this study can be said to augment the ‘attending skills’ proposed by Carkhuff and Berenson (1977), Ivey and Authier (1971), Egan (1986) and Brems (2001), to name but a few.

Referring back to System C, Riggs (1978) speaks of how mutuality in the therapeutic context can be defined as the conscious acceptance of the goals, modes and codes of the interchange that the client and therapist agree upon. Riggs (1978) postulates that both the therapist and the client need to openly acknowledge the influences of their respective intrapsychic processes in order to enhance System C. This enhancement can be seen as a measure of therapeutic progress. Riggs (1978, p. 384) warns that the denial or hiding of such processes “produces many of the tragic failures to establish a viable System C”.

Resonance is defined by Riggs (1978) as the accuracy of match between the successful contributions of the therapist and the client into System C, in both cognitive and affective terms. “It represents the degree to which a message received is decoded, understood, and responded to in affective and cognitive terms, utilising all of the perceptive, integrative and synthetic functions of the receiver” (Riggs, 1978, p. 385). By training potential

therapists in basic relational skills, as proposed by this study, the skills required to enhance mutuality and resonance will be developed.

Anchin (1982) postulates that his interpersonal approach to therapy not only results in an efficient treatment alternative, but can also be used as a bridge for integrating concepts and procedures from other treatment modalities. According to Snyders (1985, p. 4), psychotherapy can be described as “a set of systematically planned attempts at introducing greater complexity and flexibility into rigid client systems by persuading and teaching clients to behave and communicate differently, thereby changing the debilitating rules of the client system”.

Riggs (1978) introduces the concepts of resistance and alliance to the therapeutic context and explains that both of these concepts can only exist in terms of a relationship and that they form part of System C. The relevance of this ties back to the statement made by Snyders (1984) that the client uses resistance as a homeostatic function of System C to maintain the ‘perceived safety’ of his or her system. Alliance, as defined by Riggs (1978, p. 388), refers to “the client’s attempts to pursue clarification of the conflict between the therapeutic need and the homeostatic function”. Tying in with this statement, Ellis (1955) suggests that the client, in his or her relationship with the therapist, learns how to relate effectively with the therapist and how to communicate socially; thus enabling the client to manage his or her relationships with others better.

The interaction amongst members of a system is believed to bind said system (Efran et al., 1990). Efran and Lukens (1985, p. 72) believe that “it cannot be over-emphasised that the person is an informationally closed system, however, from the client’s perspective therapy is a medium in which to pursue particular kinds of ‘conversations’ – to which the therapist is invited”.

Gergen (1985) adds to the above statement by claiming that people describe, explain or account for the world they live in through the use of language in discourse (interaction) with others. Yet, Young and Beier (1982, p. 263) imply that “individuals suffer psychological pain because they are in a state of communication deficit”. In other words, the clients do not obtain the responses to their communication that they believe they should receive. The solution offered by Young and Beier (1982) is that the communication in the therapeutic system is ‘asocial’. This approach will be further explored in the training programme, in order to expand on the interpersonal component of the therapeutic relationship.

It is the conviction of Maturana (Maturana & Poerksen, 2004, p. 273) that a system can be specified as a network of relations and that “if therapists do not integrate themselves into a system to a certain extent they will not be able to listen properly”. However, Maturana (Maturana & Poerksen, 2004) cautions that the therapist must keep a certain distance in order to remain in a position in which he or she is able to see the context of what is happening, and to maintain the freedom of reflection. While Yalom (1998, p. 414) dares to ask “Is therapy merely purchased friendship?” Anchin and Kiesler (1982,

p. 14) believe that “the client-therapist interaction, despite its unique characteristics, is similar in major ways to any other human transaction”.

Fisher (1987, p. 108) offers another viewpoint on the interpersonal nature of the therapeutic relationship by stating that “the psychological locus of interpersonal communication involves ‘seeing’ the relationship from the view of each of the communicators”. Bertrando (2002) agrees and adds that individuals create a texture of relationships, which in turn contextualise their communication. He further states that “messages can be seen to create contexts that recursively give meaning to messages. And this texture of relationships is in constant, evolving flux” (Bertrando, 2002, p. 352).

According to Gadamer (1989) all experience is ultimately mediated through language. Gadamer (1989) hypothesises that all experiences can be altered by reworking the discourse, conversations, texts and metaphors through which these experiences have been filtered. Experience, as defined by Chrzanowski (1977), mediates a person’s relatedness to the world he or she lives in and is the inner component of an event without necessarily representing the event as such: The actual event and its symbolic representation might differ significantly.

Having discussed the therapeutic relationship as an interpersonal relationship, it is appropriate to ask what the aim of such a relationship would be. “Psycho-analysis, psychodynamic therapy, client-centred therapies, and all therapies with an emphasis on

the interpersonal relationship share a central belief that the therapeutic relationship is itself a key mechanism of change" (Shapiro & Shapiro, 1987, p. 432).

2.5 Change: A hypothetical goal

Snyder and Ingram (2000), in their book entitled *Handbook of psychological change* conclude that therapeutic change is dependent on three variables, namely the client, the therapist, and the theory and techniques used. Further exploration of these variables by these authors illustrates that clients are agents of their own experiences – relative to the contribution of theories and techniques, the person of the therapist is considered to be of great importance (Snyder & Ingram, 2000).

However, it is the opinion of Boscolo and Bertrando (1996) that change is dependent on the therapist's ideas of what could be considered change. For example, some therapists aim to change the presenting symptoms, while others attempt to change clients' unconscious conflicts. Boscolo and Bertrando (1996) speak of two variables, namely time and change, where the latter is directly affected by the therapist's idea of the time needed to bring about change. This may have an important pragmatic effect on the promotion, acceleration or slowing down of change (Boscolo & Bertrando, 1996).

According to Watzlawick et al. (1974), "[o]rdinarily the promoter of change, even in certain aspects of growth and development, is a deviance from some norm". Watzlawick et al. (1974) propose that therapists cannot change people any more than they can control them – change is the automatic and inevitable by-product of interaction. However,

change, as defined by Andolfi (1979), in the practice of therapy may occur when a person is able to experiment and thereby to learn alternative modes of cognition, feeling and behaviour. Thorngren and Kleist (2002) view client conflicts differently, and states that client conflicts could be a result of maladaptive relational patterns, faulty beliefs about the self and unrealistic expectations of others, and therefore, hypothetically, change in one of these areas could result in a change in the other areas.

De Shazer and Molnar (in De Shazer, 1985, p. 65) postulate that “change can be defined, in a clinical context, as a therapeutic process of initiating (and promoting) observed new and different behaviours and perceptions (frames) within the context of the presenting problem”. Thus, according to De Shazer (De Shazer, 1985, p. 67), the fundamental nature of therapeutic change is an interactional process involving both client and therapist. The therapist needs to consider “the interactional activity of therapy as a cooperative endeavour in which therapist and client jointly construct a problem that can be solved” (De Shazer, 1985, p. 67). Yet according to Elkaïm (1990, p. 69), “there is never any one situation with only one possible solution; there are many possible solutions” and the generation of multiple solutions is dependent on the interrelations between the members of the therapeutic system.

Long (1996, p. 84) suggests that “the belief of self-responsibility lays the foundation for the behavioural goal of directionality, which, in turn, provides the groundwork for the promotion of change”. Furthermore, Long (1996) states that the therapist-client system provides an effective growth environment and that the helping relationship can be viewed

in terms of affective experience, behaviour and cognition. The affective experience can be seen to consist of trust, understanding and change.

An observation made by Egan (1986) of the therapeutic relationship suggests that successful counselling might facilitate constructive client change when experienced in a learning context. Expanding on this statement, Egan (1994) proposes that this learning context assists clients in developing insight, exploring and validating cognitive processes, and promoting behavioural modification in response to insight, affect and cognitions related to the client's difficulties. Ivey and Authier (1971) put forward their model known as 'microcounseling', whereby techniques employed by the therapist, stemming from the use of individual skills, assist in the change process. Long (1996) proposes that the ultimate purpose of the therapeutic experience is to help the client achieve some kind of change that he or she will find satisfying.

Having addressed the aim or goal of therapy, the actual process of therapy will now be discussed. Various authors have differing opinions as to what constitutes the therapeutic process. However, it is important to consider not only what but also who constitutes this process.

2.6 The process of therapy

A supposition made by Blocksma and Porter (1947) is that the three major functions of the counsellor are screening, counselling and consultation. The authors suggest that in order to fulfil these functions, the counsellor has to be trained in the following:

- Skills in the recognition of the attitudes underlying the client's statements in the interview.
- Skills in the reflection of the attitudes underlying the client's statements in the interview.
- Skills in the recognition and identification of the statements made by the counsellor in the interview.
- Skills in the recognition and identification of the attitudes underlying the statements made by the counsellor in the interview; and
- The consistency of non-directive attitudes in the counselling interview.
(Blocksma & Porter, 1947)

Anderson and Goolishian (1992) suggest that the therapist's role, expertise and emphasis should be utilised to develop a free conversational space, and that the therapist's actions and attitudes need to express a need to know more. According to Anderson and Goolishian (1992) the attitude of the therapist must not at any time convey preconceived opinions about the client. Therefore, while the use of basic relational skills is essential, the therapist is required to consider the therapeutic system (Riggs, 1978) and the quintessential role that dialogue plays in the therapeutic alliance (Anderson, 1997; Efran et al., 1990; Watzlawick et al., 1967).

In an attempt to unite Rogerian perspectives and post-modernistic thinking, Walker (2001) suggests that there is an overlapping confluence of empathy, unconditional acceptance and therapist genuineness. Walker (2001, p. 55) postulates that these three

conditions exist simultaneously and that “consistent, empathic contact creates a context in which unconditional acceptance becomes the natural, real, felt experience of the therapist”.

According to Walker (2001), the ‘way of being’, as proposed by Rogers (1980), is similar to Anderson’s (1997) ‘therapist’s stance’. Anderson (1997) proposes that consistent empathic responsiveness allows the therapist to ‘maintain coherence’, which in turn allows for the emergence of multiple perspectives within the individual. “For the solution-focused therapist this facilitates the emergence of exceptions and goal statements, whilst for the collaborative, language systems therapist this allows for the process of dialogue, client agency and problem dissolution” (Walker, 2001, p. 43).

It is the opinion of Walker (2001) that post-modern empathy exists when the therapist’s true and only intention is to understand the client’s subjective experience without prejudice or realistic/unrealistic evaluation. Through the eyes of the post-modern therapist the goal in therapy is not change but the facilitation of a process, and according to Walker (2001) the whole concept of change implies a certain amount of discontent and non-acceptance of what currently is. For post-modernist therapists the focus is more on generating space for *what is* and allowing the client to take responsibility for initiating, directing and maintaining change (Walker, 2001).

Continuing with the post-modern approach to therapeutic skills, Tomm and Wright (1979) offer a more cognitive approach to the therapeutic process; and propose that there

are three levels of therapist activity, namely functions, competencies and skills. Therapist functions can be further divided into four variables, namely engagement, problem identification, change facilitation and termination, which all follow a linear progression (Tomm & Wright, 1979). The definitions for these terms are as follows:

- *Engagement:* This refers to the process of establishing and maintaining a meaningful relationship between the client and the therapist. This includes establishing a positive relationship with the client, maintaining the therapeutic alliance and conveying professional competency.
- *Problem identification:* This is essentially an ongoing assessment process that centres on the immediate process. This includes clarification of the presenting problem and the identification of any other problems within the system of the client, as well as the significant interrelatedness of the problems.
- *Change facilitation:* This is considered the core of the therapeutic process in that it includes interventions to change interpersonal patterns of interaction.
- *Termination:* This is the process of relinquishing the therapeutic relationship (Tomm and Wright, 1979).

Tomm and Wright (1979) use the term ‘competencies’ to refer to the microscopic skill or general ability of the therapist. The perceptual/conceptual skills refer to what is taking place in the mind of the therapist and form the basis for his or her overt actions – commonly referred to as ‘executive skills’. Building on this, Teyber (1997) suggests that therapists need to have the cognitive flexibility in order to be able to enter the client’s subjective experience, and try to recognise what is most significant for the client and why this particular issue holds the meaning it does for this particular client”.

According to Tomm and Wright (1979), the perceptual aspect refers to the therapist's ability to make pertinent and accurate observations. The conceptual aspect refers to the process of attributing meaning to observations. However, it must be noted that Tomm and Wright (1979) maintain that it is very difficult to separate the two skills. Ivey (1980) stresses the importance of understanding how clients construct their world and claims that this understanding by the therapist constitutes the main purpose of therapy.

Riggs (1978, p. 385) proposes that this can be achieved using two qualities: resonance and mutuality. Resonance is defined as the accuracy of match between successive contributions between therapist and client, and mutuality as the conscious acceptance by the therapist and the client of the goals, modes and codes of interchange (Riggs, 1978). In conclusion, Efran and Lukens, (1985) suggests that it might be better to start therapy by asking the client what it is he or she wishes to conserve, rather than asking what he or she would prefer to change.

2.7 The therapist and the client

“Self-knowledge is not a simple phenomenon, and its pursuit involves more of a process than a finished product” (Snyder & Ingram, 2000, p. 728). Boscolo and Bertrando (1996, p. 68) state the following:

[A] therapist who wishes not to be naïve in his work should acquire a greater awareness of his own premises; that is the basic assumptions that guide him in his actions: how much of his doing is dictated by his own social and cultural biases?

Teyber and McClure (2000) agree and assert that there is a growing awareness of the critical importance of the therapist's characteristics in determining the outcome of therapy.

Building on the above statement, Teyber and McClure (2000) maintain that there are two variables relating to the therapist that need to be considered, namely discrete variables and relational variables. In a study conducted by Snyder and Ingram (2002), the findings show that discrete variables relevant to the self of the therapist, such as ethnicity, gender, age, training and experience, all play a role in the outcome of therapy. Teyber and McClure (2000) complement the discrete variables with relational therapist variables such as the therapist's use of self, the use of empathy, positive regard and genuineness, and the creation of a therapeutic alliance, which all help to determine the change process for the client.

Rogers (1961) highlights the four most important therapist variables related to change, namely the degree of empathic understanding, the degree of positive affective attitude from the therapist, the extent to which the counsellor is genuine, and the degree to which the therapist's responses match the intensity of the client's affective expression. Following on from this, Rogers (1961, pp. 50–55) poses the following questions, based on research and his own experience, to therapists wanting to create a therapeutic relationship:

- Are you perceived by clients to be trustworthy, dependable and consistent?
- Are you able to be expressive without ambiguity?

- Are you able to experience positive attitudes towards others?
- Are you able to own your feelings and remain separate from the feelings of the client?
- Are you secure enough within yourself to allow the client to be who he or she is?
- Are you able to enter into the other person's world and see it as he or she does?
- Are you able to accept every facet of the client as he or she presents it?
- Are you able to act in a sensitive manner, without being too threatening?
- Are you able to free the client from the threat of external evaluation?
- Are you able to meet the client as a person who is in the process of 'becoming'?

Indirectly offering a possible answer to the above questions, Anderson (2005) suggests that therapists, from a hermeneutic perspective, should immerse themselves in the 'other's horizon'. Anderson (2005, p. 500) goes on to explain that "[i]t is in this act of immersion, this quest for meaning, that we try to comprehend and make sense of the familiar and the unfamiliar". While contemplating the questions posed by Rogers (1961), discourse pertaining to the therapist's inner dialogue is addressed by Anderson (2005, p. 500), who states that "conversation requires being in an internal dialogue with oneself as another or multiple others", and suggests that the therapist's inner conversation can contribute towards his or her communicative actions, namely spoken words and gestures.

Anderson (2005) maintains that listening, hearing and speaking are of equal importance for a therapist. Anderson and Goolishian (1992, p. 28) extrapolate that “the therapeutic conversation is the primary instrument to facilitate the development of conversational space”. Thus, much emphasis is placed on the therapist to not only explore his or her own identity as a therapist, but to view it in context to others.

It is the opinion of Vasco and Dryden (1994) that the relationship between theoretical orientation and personality should be apparent, not only in the choice of a therapist’s initial theoretical orientation, but also in the characteristics of the relationships he or she will establish with it. Carkhuff (1969a) purports that a therapist’s effectiveness may largely be accounted for by assessing the level of facilitative conditions the therapist offers to the client: independent of his or her orientation and the techniques he or she uses. Combs (1989, p. 94) later proposed that “how counselors translate the principles of therapy into action is a complex and highly personal matter”.

Combs (1989) concludes that there is no such thing as a universally ‘good’ or ‘right’ method, but that each therapeutic encounter needs to fit an enormous number of conditions, the most important being the context and how the client perceives the therapy. In closing, the frame or epistemological point of view therapists’ sets for themselves will determine how they will respectfully intervene in the progressive interaction between themselves and the client (Penn, 1982). However, as stated in the previous section, the therapeutic relationship consists of not only the therapist, but also the client.

Anderson (1997, p. 95) speaks of how the client is the expert and how clients bring with their stories their own personal power and authority, and says “the client becomes the teacher”. This is collaborated by Skovholt and Rønnestad (1992, p. 118), who propose that clients are a continuous source of influence and serve as primary teachers to the therapist in that “through the close interpersonal contact between client and therapist, the latter is continually receiving feedback on oneself as a person”. Research conducted by Morrow- Bradley and Elliot (1986) found that therapists considered the interaction and feedback from clients as an ideal source of information.

It may often happen that the therapist is placed in a demanding position by the diverse and unpredictable material that the client presents (Teyber, 1997). According to Teyber (1977), the onus then lies with the therapist to listen to the client’s experience, to find the feeling and meaning that the experience holds for the client, and to accurately reflect back what is most significant for the client.

However, Kirschenbaum and Henderson (1990) warn that clients are sensitive to the acceptance and empathy of the therapist, and that unless the communication of these attitudes by the therapist has occurred, the client may fail to acknowledge that the therapeutic process has been initiated. Anderson (1997) offers an explanation from an interactional perspective, by claiming that if there is a breakdown in communication with a client it is not to be attributed to an inherent characteristic of the client. Anderson (1977) maintains that this breakdown in communication could be a problem in the interactional/relational process, punctuated by impasses and resistance from the therapist.

2.8 Conclusion

In an exploration of the relationship between theory and practice, Rycroft (2004) points out that far too much time has been spent on placing theory before the client, and that what the client needs is more than just thought-provoking and systemically correct hypotheses and interventions. In contrast to the opinion of Rycroft (2004), Hubble et al. (1999, p. 421) conclude by stating “models and techniques provide therapists with replicable and structured ways for developing and practising the values, attitudes, and behaviours consistent with the core ingredients of effective therapy”.

As the literature review has shown, there is no reason not to successfully integrate systemic thinking, interpersonal psychology and basic therapeutic skills to formulate basic relational skills. This ‘marriage’ creates the space for better insight into the therapeutic relationship and the importance of factors such as meaningful conversation and viewing the therapeutic relationship as a system. When put into practice, the basic relational skills training (BRST) programme has the potential to offer the trainee therapist the necessary skills and understanding to co-create a context of healing for the client.

The following chapter discusses several training models that have been developed specifically for the training of therapists, predominantly in basic therapeutic skills. The most practical, and considered necessary, aspects of these training models have been integrated into the proposed training model for BRST. A brief discussion in the following

chapter will address the prescribed literature for the proposed training model and other features that have been incorporated in order to enhance the learning experience.

The proposed aim of the BRST programme is to instruct the students in the effective use of basic relational skills in order to develop, enhance and facilitate the therapeutic relationship. The intended goal of the BRST programme is to equip the students who are participating in the course with the necessary skills to be able to successfully conduct a therapeutic session with a client in a professional, ethical and respectful manner.

Chapter 3

Basic Relational Skills Training: A proposed model

“Having a B.A., M.A., Ph.D., or M.D. does not in itself qualify a person or reveal any potential as a therapist; it just means he or she sat in classes and passed tests”
(Haley, 1996, p. 37).

3.1 Introduction

In the following chapter a limited study of the literature on the various training models and training techniques will be discussed. This chapter also serves as the introduction to the proposed training model for BRST and could act as a possible guideline for trainers interested in utilising such a training model.

3.2 Different approaches to training

While Carkhuff and Berenson (1977) suggest that psychotherapy training could be seen as another instance of interpersonal learning, it is the opinion of Haley (1996) that in order to survive a therapist needs to be a generalist as opposed to a specialist, and that the specific goal in therapy training is to achieve competence in interviewing. The proposed training model is structured in such a way that the students will be equipped with the necessary basic relational skills in order to be competent in interviewing. Haley (1996) further postulates that some may view therapy as a humanistic interchange or a technical skill, but in essence therapy is about interview technique.

Haley (1996) recommends that a therapist must learn how to systematically conduct an interview with a client, and based on this recommendation Session 5 of the BRST programme focuses on the basic structure of the first interview. This basic interview structure (Snyders, 2006b) identifies four stages in the first interview, namely joining, getting factual information, getting process information and making practical arrangements. Each of these four stages is subdivided into the essential guidelines to successfully achieve each stage. Where applicable, the names of various authors are given to enable the students to increase their understanding of what is required at each stage. In addition to the theoretical input, the students are required to do role-play in order to practice obtaining such information in a therapeutic manner, using basic relational skills.

According to Truax and Carkhuff (1967, p. 222), a highly effective therapist “is first and foremost an expert in interpersonal relationships”. Section B of the proposed training model focuses on interpersonal psychotherapy, while Section A concentrates on basic relational skills, otherwise known as basic therapeutic skills. Both sections of the BRST model, when combined, will afford students an in-depth training programme that will assist in the beginning phase of what Truax and Carkhuff (1967) classify as a highly effective therapist.

Rogers (1957) presents a definite approach to training which include listening to tape-recordings of experienced therapists, role-play, observing the trainer, participation in

personal therapy and the recording of interviews conducted by the trainee. In addition, Rogers (1957) emphasises the need for a teaching environment where the supervisor offers facilitative therapeutic conditions. All of the aspects put forward by Rogers (1957), with the exception of the participation in personal therapy, are used throughout the proposed training model for BRST. Rogers (1957) also suggests that, where possible, the students should watch or listen to recordings of experienced therapists, and while this is an ideal scenario for the students participating in BRST, this will largely depend on the resources available to the trainer.

According to Truax and Carkhuff (1967) and later Wannan and York (2005), an integrative approach to training that combines both didactic and experiential methods has been seen to be more effective than programmes that only focus on either a didactic or experiential approach. The didactic approach represents the conscious effort of the trainer to ‘programme’ the trainee with the correct techniques and skills, while the experiential approach allows the trainee more freedom to ‘experiment’ with the various skills and techniques (Truax & Carkhuff, 1967).

Carkhuff (1969a) concurs with the above statement, and further suggests that possibly one of the best ways to develop effective communication in therapeutic training is by using role-play. In a study conducted by Wannan and York (2005, p. 264) role-play was found to be “a more interactional, experiential style of learning, whose participatory nature allowed for direct and simple feedback”. The BRST model is structured in such a way so that there is time for role-plays in virtually every session.

Carkhuff et al. (1977) propose that effective learning involves three phases, namely exploring, understanding and acting. ‘Exploring’, when used in this context, refers to understanding/monitoring where one finds oneself in relation to one’s environment and the people in it. The term ‘understanding’ implies knowing where one is in relation to where one wants to be within one’s environment, and ‘acting’ is getting from where one is to where one wants to be. It is also the belief of Carkhuff et al. (1977) that if the trainee pursues these three phases it will provide the basic model upon which helping skills are based, namely attending, responding, personalising and initiating.

Truax and Carkhuff (1967) stress that training in counselling or psychotherapy can be viewed as a special form of learning akin to psychotherapy itself, in that the learning process takes place in a context that facilitates change. More recently, Snyders (1985) proposed that training should include experimenting with new behaviours, and the repeated practising of a specific way of working for trainees. This “presupposes the evaluation of and receiving feedback on such experiments and practice sessions” (Snyders, 1985, p. 16).

According to Carkhuff and Berenson (1977), there are three primary sources for effective learning:

1. The conditions or atmosphere that affords the trainee an experiential base calculated to nurture the trainee’s self-development.
2. The identification of the trainer as a model for effective functioning.

3. That which is taught didactically and reinforced in an attempt to develop trainee skills. (Carkhuff & Berenson, 1977, p. 253)

When summarising these conditions, Carkhuff and Berenson (1977) imply that optimal learning takes place when all of the elements are integrated into a way of living and learning: as an interactional process. This is confirmed by Ivey, Ivey and Simek-Downing (1987, p. 9) who state “skills and theories that are not manifested in direct practice are likely to be lost and forgotten”. Ivey et al. (1987) propose that an integrated knowledge of skills, theory and practice are essential. They define skills as the foundation of effective theory and practice; and practice as the integration of skills and theory (Ivey et al., 1987).

Haley (1996) warns against the teaching of a method where everything is of a standard procedure and expresses concern that only clients who fit with that particular method will benefit. According to Haley (1996, p. 73) “just as therapy practice should not be stereotyped, neither should theory be allowed to become an orthodoxy that limits the range of therapeutic interventions”. Instead, Haley (1996) proposes the teaching of a theory, which gives people hope, and the possibility for positive change; a theory that describes people and situations in everyday language.

Since the development of the skills-based training programmes by Carkhuff (1969a) and Ivey and Authier (1971), more than 450 studies have shown that such training programmes are effective in increasing trainees’ skills acquisition (Schaeffle, Smaby, Maddux & Cates, 2005). More specifically, according to Schaeffle et al. (2005),

Carkhuff's (1987) HRT/HRD Model has been shown to be effective for teaching lower level skills such as attending, active listening and empathy.

Baumgarten and Roffers (2003) are of the opinion that one of the most comprehensive training models for trainee therapists is the interpersonal skills-based model proposed by Carkhuff (1987). According to Baumgarten and Roffers (2003, p. 285) "Carkhuff has chosen the word 'technology' to describe his training methods because of his focus on the systematic, step-by-step process he takes learners through".

The model offered by Carkhuff (1987) at the outset builds the student's knowledge base (facts, concepts and principles) needed for skills development, and then explains the skill steps from the most simple to the most complex (Baumgarten & Roffers, 2003). This is the basic format that is used in Section A of the proposed training model. In brief, Carkhuff's (1987) training technology consists of:

- *Telling*: Lectures and reading assignments that provide the conceptual knowledge pertaining to the skills.
- *Showing*: The modelling of the skills by the instructor. Videotaped playback of counselling interviews and discussions.
- *Doing*: Role-play by the students of the various skills. Each student takes a turn at playing the counsellor, the client and an observer. When doing the role-plays in the BRST model, it is recommended that this method be used.

- *Repeating:* The students are required to complete homework and to continue practising the skills in a variety of different training contexts. (Baumgarten & Roffers, 2003)

The Microcounselling Model was designed as a new approach to teaching facilitative instructional skills, where the focus is on learning one skill at a time so that the trainee builds a repertoire of competencies in helping (Ivey & Authier, 1971). Basically the model is divided into three sections:

1. *A baseline interview* for five minutes on videotape, using role-plays, where the trainee interviews a ‘volunteer’ client about a real or agreed-upon concern.
2. *Training:* The trainee receives literature about a specific skill, watches video models pertaining to that skill, and then has a discussion about his or her performance during the interview (pertaining to the skill) with his or her supervisor.
3. *Re-interview:* The trainee videotapes another session and gives special emphasis to the single skill being learnt. This interview is then reviewed and discussed by the trainee and the trainer (Ivey & Authier, 1971). In six of the sessions of the BRST model this training technique is used, however, the *re-interview* is dependent on the number of students and time available.

The abovementioned method is recommended as a way of skills development in the proposed training model. More recently, the HRT/HRD Model (Carkhuff, 1987) and the Microcounselling Model (Ivey, 1971) were merged to form the Skilled Counsellor Training Model (SCTM) (Smaby, Maddux, Torres-Rivera & Zimmick, 1999), which uses mastery, modelling, persuasion and arousal as key elements to promote the acquisition of skills (Urbani, Smith, Maddux, Smaby, Torres-Rivera & Crews, 2002).

According to Urbani et al. (2002), the SCTM systematically teaches the mastery of counselling skills while promoting the accurate assessment, by the trainees, of their skills, and fosters confidence in the trainees to learn and apply counselling interventions. “Thus, the model not only emphasises skills appraisal and skills mastery, it also teaches trainees to recognise their own learning successes” (Urbani et al., 2002, p. 94).

The results of a study conducted by Roffers, Cooper and Sultanoff (1988) have shown that skills-based training results in greater skill application in client-interviews than training in conceptual-based skills training. A number of studies conducted by Kruger and Dunning (1999) have shown that the skills required by trainees to perform well are also the skills required to accurately assess their own performance. Therefore, the argument offered by Kruger and Dunning (1999) relates to that of Lepkowski and Packman (2006), who maintain that if some counsellors are unable to accurately assess their skills, they may develop pockets of incompetence and blind spots to their areas of weakness when dealing with clients.

Based on the information provided from the abovementioned studies conducted by Kruger and Dunning (1999), Schaeble et al. (2005), and Urbani et al. (2002), the Skilled Counsellors Scale (SCS) (Smaby, 2007) is used in the BRST model. The SCS will be used to help students evaluate their use of basic skills in the therapeutic context, both before and after receiving the proposed training. The intention is that the students not only gain insight into their strengths and weaknesses, but also become more aware of the importance of ongoing self-evaluation.

As stated previously, “[u]sing interactive techniques rather than didactic methods may provide students with a more engaging learning experience and hence increase learning” (Wannan & York, 2005). The use of video and role-play are two common educational techniques (Wannan & York, 2005), and throughout the BRST model the students are exposed to both of these techniques. The training sessions alternate between theoretical and practical sessions and in both types of sessions the students are required to participate in role-plays. Throughout the BRST programme it is recommended that the part of the client is role-played by a fellow student.

A study by Wannan and York (2005) in which feedback was obtained from students, found that role-plays can be embarrassing and intimidating. Trainers are therefore encouraged to spend time with the students discussing role-plays. Time is made available in Session 2 of the BRST model for the trainer and the students to have a group discussion about what is expected of the students, both as participants and observers, when doing role-plays in this course. Time has also been allocated to explore the

students' understanding of role-plays and to address any concerns they may have about participating in role-plays.

In some of the practical sessions the students will be required to use video recordings of themselves in a session with a 'client' as a means of self-evaluation and to receive feedback from the trainer. Haley (1996) promotes the use of video recordings for therapy sessions, stating that being able to see a session on videotape, to freeze a frame, and to go back repeatedly to study a particular segment of the interview give a new perspective to therapy and human interaction. Videotaping a session also permits the students to observe how they present to the 'client' on a non-verbal level and how the 'client' responds to the non-verbal messages of the therapist.

Carkhuff's training technology (in Baumgarten & Roffers, 2003) suggests that the students are required to complete homework and to continue practising the skills in a variety of different training contexts. "Having students work on written transcripts created from segments of counseling sessions in their basic training group can also increase skill acquisition, retention, and transfer" (Baumgarten & Roffers, 2003, p. 287). Throughout the BRST model, the students are required to record and analyse sessions using process notes that are specific to the nature of the course.

As suggested by Carkhuff (in Baumgarten & Roffers, 2003), homework takes on different forms in the BRST model – from the analysis of process notes to student presentations. In certain of the prescribed books there are exercises to complete and skill-

development recommendations. For example, in the prescribed book *An introduction to therapeutic counseling* by Porter (1950) there is a counselling pre-test that the students are required to complete. The students are also required to pre-read material before each session, complete genograms and record interviews for discussion in the training sessions. Genograms have been introduced to BRST as a multifunctional technique for the students to use in therapy and the recommended reading and examples of genograms are to be found in Becvar and Becvar (2006) and Corey (2005). Theorists such as Minuchin (in Becvar & Becvar, 2006) and Bowen (in Corey, 2005) use genograms to map the relationship and structural components of clients' systems.

Another interactive training method used in the BRST model is that of the one-way mirror. For the purpose of this training model the emphasis is on the behaviour of the student and his or her use of basic relational skills to create a therapeutic context with a client. According to Haley (1996, p. 13), “[t]he most effective way to train a therapist is to use one-way mirrors or a video monitor to observe the trainee actually doing therapy”. The author also believes that this is one of the best ways to teach clinical skills (Haley, 1996, p. 13).

An alternative medium that can be incorporated into psychology training programmes is feature films (Higgins & Dermer, 2001). Prior to the use of feature films, educational films of fewer than 60 minutes were widely used by psychology instructors and appreciated by psychology students (Fleming, Piedmont & Hiam, 1990). According to Green (2007), there is good reason to make use of feature films to teach psychology.

Anderson (1992) agrees and states that feature films provide a concrete way to present important information. A study conducted by Casper, Watt, Schleicher, Champoux, Bachiochi and Bordeaux (2003, p. 84) showed that some of the benefits of using film as a teaching resource include:

- Enhancing the accessibility of material to students.
- Enhancing student satisfaction and interest.
- Tapping into students' analytical and application skills.

Bluestone (2000) and Conner (1996) both independently suggest that feature films, when linked conceptually to a curriculum, could result in increased active learning and critical thinking. Anderson (1992), Bluestone (2000) and Fleming et al. (1990) maintain that feature films can reflect psychological reality in a more realistic setting than that of textbooks, and that the use of film can enhance specific topics within a psychology course, such as interpersonal relations and realistic manifestations of psychiatric pathology.

In the second section of the BRST model, entitled Section B: BRST (Interpersonal psychotherapy), the focus is on interpersonal psychotherapy and the use of communication in the therapeutic context. For this section, feature films provide an ideal medium with which to study, observe and analyse the intricate nature of human interaction and interpersonal relationships. However, Chambliss and Magakis (1996) warn that the use of feature films requires more involvement on the part of the trainer in

that the trainer needs to actively integrate the material with the course syllabus and the prescribed reading.

Casper et al. (2003) warn that there are disadvantages to using feature films as a teaching medium, which include time constraints, inadequate equipment and the possible inappropriateness of the selected material. Of concern is using films that include profanity, racial and ethnic comments, nudity or excessive violence (Casper et al., 2003). Ultimately it is left to the discretion of the trainer to decide which films may be used and what their relevance is to the BRST model. Time has been made available in Session 19 of the proposed training model for the trainer and the students to discuss such issues.

3.3 Conclusion

Chapters 4 and 5 contain the BRST manual. Included in each two chapters are a basic introduction to the section, a proposed training schedule and the proposed training scripts needed for the section. Chapter 4 entails an introduction to the BRST programme in the form of a PowerPoint presentation. This presentation is utilised in the first session of Section A as an orientation to the programme. A Training CD-Rom (Appendix A) is provided, which includes a PowerPoint presentation, the training scripts, relevant handouts and the reference list for the recommended reading in order to assist any prospective trainer who may wish to present the BRST programme.

Chapter 4

Basic Relational Skills Training

Section A: Basic therapeutic skills

4.1 Introduction

Section A of BRST programme focuses on the development and integration of basic therapeutic skills. There are a total of 18 sessions in this section: 9 practical and 9 theoretical sessions. This section is structured in such a way so as to allow the students the opportunity to master the application of each skill before moving on to the next skill. It is also the intention of this section to create individual self-awareness through the participation in group discussions, role-plays and case presentations, and also to generate knowledge through the theoretical components.

4.2 Section A: The proposed training schedule

The summary of the proposed training schedule (Table 5.1) for this section is followed by the prescribed reading list and the training scripts. Attached to each script is any relevant information required by the trainer for that training session, such as an example of process notes.

Table 4.1: Section A: The proposed training schedule

Section A: Basic relational skills (Basic therapeutic skills)				
Session no	Theme	Theory/ Practical	Tasks	Author
1	Introduction to BRST	Theory	PowerPoint presentation	Trainer Theron (2007): (see

			Icebreaker: Two truths and a wish Discussion of the course requirements and training methods to be used	Appendix A – Training CD-Rom)
2	“Getting to know you”	Practical	Magic wand: Three things you would change about a boss or a therapist Assessment of skills: Skilled counsellors scale	Trainer Smaby (2007) (Skilled Counsellors Scale: see Appendix A – Training CD-Rom)
3	System C	Theory	Presentation Discussion	Trainer Riggs (1978): Article Becvar & Becvar (2006).
4	Process models	Theory	Presentation Discussion	Trainer Snyders (2006): Handout (disc)
5	Basic structure of the first interview	Theory	Presentation Discussion	Porter(1950): Ch 2 Snyders(2006): Handout (disc)
6	The psychological climate	Practical	Role-plays	Porter(1950): Ch 3, 4 & 5
7	Case presentations	Practical	Recorded interviews Genograms Process notes	Students Becvar & Becvar (2006). Corey (2005)
8	Basic attending skills	Theory	Presentation The reaction game Group discussion	Brems(2001): Ch 4 Ivey & Authier: (1971). Ch 3
9	Case presentations	Practical	Presentation of video recorded interviews Genograms Process notes	Students
10	Case presentations	Practical Continuation of Session 9	Presentation of video recorded interviews	Students

			Genograms Process notes	
11	Student presentation 'Empathy'	Practical	Presentation Role-plays Discussion	Students
12	Student presentation 'Congruence'	Practical	Presentation Role-plays Discussion	Students
13	Student presentation 'Unconditional positive regard'	Practical	Presentation Role-plays Discussion	Students Egan: Ch 4 & 5 Ivey & Authier: (1971). Ch 4
14	Questions to encourage communication	Theory	Role-plays Discussion	Brems(2001): Ch 5 Ivey & Authier (1971).: Ch 5
15	Therapeutic dialogue	Theory	Role-plays Discussion	Brems(2001): Ch 6 Egan: Ch 5
16	"Putting it into practice"	Practical	Interviews conducted by students Use of the one-way mirror Feedback sessions	Trainer Students
17				
18				

BRST Programme

4.3 Section A: Prescribed Reading List

Becvar, D.S., & Becvar, R.J. (2006). *Family therapy: A systemic integration* (6th ed.).

Boston: Pearson Education.

Brems, C. (2001). *Basic skills in psychotherapy and counseling*. Belmont:

Wadsworth/Thomson Learning.

Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.).

Belmont: Brooks/Cole Thomson.

Egan, G. (2007). *The skilled helper: A problem-management and opportunity*

- development approach to helping* (8th ed.). Belmont: Brooks/Cole Thomson.
- Ivey, A.E., & Authier, J. (1971). *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation* (2nd ed.). Springfield: Charles C Thomas.
- Porter, E.H. (1950). *Therapeutic counseling*. Boston: Houghton Mifflin Company.
- Riggs, B.C. (1978). System C: An essay in human relatedness. *American Journal of Psychotherapy*, 32(3), 379–392.
- Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy*. London: Constable & Robinson.

4.4 Section A: Training Scripts

Basic Relational Skills Training Course

Section A: Session 1

Theme: Introduction to basic relational skills

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students need to have a clear understanding of what is meant by basic relational skills and the significance of the use of such skills in the therapeutic context to create and maintain a therapeutic relationship with a client.

Nodal themes:

- Four components of the therapeutic process.
- The therapeutic relationship as a system.
- Therapy as an interpersonal relationship.
- Basic therapeutic skills.

Procedure

Task:

- A PowerPoint presentation entitled “Basic relational skills”.
- An icebreaker exercise entitled “Two truths and a wish”.

Facilities:

- Multimedia projector

	<ul style="list-style-type: none"> - Laptop computer and presentation disc - Handout of prescribed reading for the course (attached) - Handout of the PowerPoint presentation
Time: 20 min	<p><i>1. Discussion of course requirements:</i></p> <p>Ongoing attendance of lectures. Two exams, one at the end of each section (to be discussed at a later stage in the course). Ongoing feedback on student participation. Ongoing supervision of students' skills acquisition. Students will require blank videotapes and hand-held recorders.</p>
Time: 10 min	<p><i>2. Discussion of training methods:</i></p> <ul style="list-style-type: none"> - The theoretical component and the prescribed reading list. - Role-plays and their function, as well as the expected outcome. - The recording of interviews and the use of the one-way mirror. - The use of feature films as a method of analysis. - The purpose of the discussion groups.
Time: 40 min	<p><i>3. PowerPoint presentation:</i></p> <p>Use the Basic relational skills presentation on disc provided. Give handout to students.</p> <ul style="list-style-type: none"> - Trainer to use this time to assess the level of understanding of the students, based on their interaction with the material. Use this time to encourage participation. - Stimulate recall of prior learning: Ask about prior learning regarding basic therapeutic skills. Determine the group's experience.

Time: 20 min	4. <i>Closing group discussion:</i> Discuss any queries or concerns about the course in general.
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Theme for next session: “Getting to know you”

Preparation for next session:

The Trainer needs to ensure that there are enough copies of the Skilled Counsellor Scale (see end of Session 2 for copy of SCS; copy on Appendix A - Training CD-Rom).

PowerPoint presentation for first session

(Copy on Appendix A- Training CD-Rom)



Training Aim

- The *aim* of this training programme is to instruct the learners in the effective use of basic relational skills in order to develop, enhance and facilitate the therapeutic relationship.

Training Focus

- The *focus* of this training programme is primarily on the therapeutic relationship as a 'system', and the interpersonal relationship that exists within such a system; namely between the therapist and the client.

Training Goal

- The *goal* of this training programme is to equip the participants with the necessary skills to be able to successfully conduct a therapeutic session with a client in a professional and respectful manner.

Basic Relational Skills: A Definition

"The integration of basic therapeutic skills and interpersonal psychotherapy, so as to enhance the therapeutic relationship from a relational perspective".

(Theron, 2007).

Program Structure

The BRST programme is divided into two sections:

- Section A:** Basic Relational Skills that focuses primarily on the application of basic therapeutic skills.
- Section B:** The integration of Basic Relational Skills and interpersonal psychotherapy.

How will the aim, goal and focus be achieved?

- Lectures
- Group discussions
- Role-plays
- Prescribed reading and research
- Learner presentations
- Recorded interviews
- Feature film analysis
- Lots of fun

7

The Client



(Diagram retrieved from www.bisone.co.in/Maslow-Hierarchy/Needs.asp)

8

Requirements for change

Rogers (1957) identified the following factors as playing a role in the process of change within a therapeutic setting for the client:

- The therapeutic relationship: that is two people in psychological contact; whereby the state of the client is incongruent, vulnerable, or anxious.
- The therapist must be congruent, integrated and genuine in the relationship.
- The therapist experiences unconditional positive regard and an empathetic understanding of the client's internal frame of reference, and endeavours to communicate this to the client; for the client.
- The therapist's communication to the client of this empathic understanding has to a degree been achieved successfully.

9

Skills required by the therapist

- Skills in the recognition of the attitudes underlying the client's statements in the session.
- Skills training in the reflection of the attitudes underlying the client's statements in the session.
- Skills in the recognition and identification of the statements made by the therapist in the session.
- Skills in the recognition and identification of the attitudes underlying the statements made by the therapist in the session.
- The consistency of non-directive attitudes in the therapeutic relationship.

(Blocksma & Porter, 1947).

10

Basic Therapeutic Skills

- Attending skills:** Non-verbal communication and listening skills.
- The therapeutic dialogue:** Verbal communication and response types.
- The constructs of empathy and advanced empathy.
(Brems, 2001; Egan, 2007; Ivey & Authier, 1971).

11

Empathy as defined by Rogers (1975)

- Entering the private perceptual world of the other and becoming thoroughly at home in it.
- By being sensitive, moment to moment, to the changing meanings which flow in this other person.
- Temporarily living in the client's life, moving around in it without making judgements, sensing meanings of which the client is scarcely aware, but not doing anything with those feelings that might be threatening to the client.

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Empathy as defined by Rogers (1975) continued...

- The counselor needs to communicate his or her sensing of the client's world, and that which the client may fear.
- The counselor needs to constantly check with the client as to the accuracy of the counselor's sensing and being guided by the responses of the client.
- The counselor needs to lay aside his or her views and values so as to enter the client's world without prejudice, and to return to his or her own world without getting lost.

13

The Therapeutic Relationship

- Asay and Lambert (2000) found that the therapeutic relationship contributed 30% to the improvement of psychotherapy clients, whilst therapeutic technique contributed 15%.
- Client variables such as hope and expectancy made up 15% and client factors in general, the remaining 40%.

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The Therapeutic Relationship

- Bordin (1968) describes the therapeutic relationship as a context whereby one person, referred to as the therapist, has taken *the responsibility for making his or her role in the interaction process contribute positively to the other person's personality development*.
- The therapeutic relationship has also been defined as a close relationship in which the actions of the respective individuals have an impact on each other, and where *therapist and client are interdependent*, with one person's behaviour affecting the behaviour of the other (Derlega, Hendrik, Winstead, & Berg, 1991).

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The Therapeutic Relationship

- Ellis (1955, p. 218) states that "The main therapeutic agent in psychotherapy is not insight or reason, not catharsis or abreaction, but the *human, interpersonal relationship* that comes to exist between the therapist and the client".
- Horvath and Luborsky (1993) state that there is a growing consensus among theorists; that a comprehensive definition of the therapeutic alliance needs to take into account the influence of past experiences of both the therapist and the client and, at the same time delineate the alliance as a distinct aspect of the current relationship.

16

System C (Riggs, 1978)

17

Properties of System C

- System C can be said to encompass System A and B. What is created through the organised communication, even though abstract in nature, becomes known as System C.
- It needs to be taken into consideration that these respective systems are in constant interchange with the environment and suprasystems of which these people are elements.

18

Dimensions of System C

Dimensions unique to System C.

- **Mutuality:** The conscious acceptance of the goals, modes and codes of the interchange between therapist and client.
- **Resonance:** The accuracy of match between therapist and client.
- **Alliance and resistance:** Concepts that exists in terms of the therapeutic relationship.

19

Therapy as an Interpersonal Relationship

- Personality can be defined as "The relatively enduring pattern of recurrent interpersonal situations which characterise a human life" (Sullivan in Anchin & Keisler, 1982).
- Anchin (Anchin & Kiesler, 1982, p. 97) defines the term interpersonal as "that which one person does overtly, or covertly, in relation to another person who, in some sense, is the object of this behaviour".
- Yalom (2003) differentiates between 'process' and 'content' in the therapeutic relationship, with the former being of far greater importance.
 - Content: what is said in the session,
 - Process: the interpersonal relationship between the therapist and the client.

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Summary

- The BRST programme is an interactive and participatory experience that will equip participants with the necessary skills to conduct and maintain a therapeutic relationship.
- The BRST programme is an integration of basic therapeutic skills and interpersonal psychotherapy within a systemic framework.
- Participants will be exposed to a wide variety of literature, teachings and personal learning that will enhance and develop future competency within the therapeutic environment.

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Enjoy the training

The only person who is educated is the one who has learnt how to learn and change.
(Carl Rogers, 1902-1987)

22

Basic Relational Skills Training Course

Section A: Session 2 (Practical)

Theme: “Getting to Know You”

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The two main objectives for this session are:

- Objective 1: The students are required to interact with one another on an interpersonal level and to identify common themes.
- Objective 2: The students are to accurately assess their current level of functioning pertaining to basic relational skills using the Skilled Counsellors Scale.

Nodal themes:

- Common themes as decided by students and the relevance of the identified themes to the course.

<i>Procedure</i>
<i>Task:</i>
<ul style="list-style-type: none"> • The magic wand exercise (icebreaker) • The Skilled Counsellors Scale (SCS; Smaby). <i>Facilities:</i> <ul style="list-style-type: none"> - Magic wands (if possible) - Skilled Counsellors Scale

<ul style="list-style-type: none"> - Handout of System C article (Riggs) 	
Time: 10 min	<p>1. <i>Feedback – Session 1:</i></p> <p>Group to discuss any questions students may have after Session 1 pertaining to the course material.</p>
Time: 15 min	<p>2. <i>Introduction to the session:</i></p> <p>A basic overview of what is to happen in this session and the expected role and level of participation of the students. Trainer must explain the purpose of the Skilled Counsellor Scale.</p>
Time: 20 min	<p>3. <i>Instructions for magic wand:</i></p> <ul style="list-style-type: none"> - The students are to be divided into smaller groups. - Each person takes a turn and pretends that he or she has a magic wand. They are to wish for three behaviours they would change about a boss, a therapeutic experience or a partner. They can change anything they want. - Have the students discuss why it is important to make the change. This activity helps the students to learn about others' desires and frustrations. - After everyone in the smaller group has had a turn, each small group needs to identify three common themes and one member of the group needs to present those themes to the whole group for discussion.
Time: 15 min	<p>4. <i>Group discussion:</i></p> <p>Students are to discuss the common themes that emerge from the smaller groups.</p>
Time: 30 min	<p>5. <i>Completion of SCS:</i></p> <p>The scale is to be used by the students as a measurement tool, and will be re-administered at the end of the course to establish whether the students' skills have improved. Students to retain completed</p>

	forms for discussion at a later stage, and give a copy to the trainer for assessment.
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Theme for next session: System C (Riggs, 1978)

Preparation for next session:

The students are required to read the article by Riggs (1978), and chapters 1 and 3 of Becvar and Becvar (2006).

- Becvar & Becvar, Chapter 1: Two different worldviews.
- Becvar & Becvar, Chapter 3: The paradigmatic shift of systems theory.
- Riggs, System C: An essay in human relatedness.

Prescribed reading:

- Becvar, D.S., & Becvar, R.J. (2006). *Family therapy: A systemic integration* (6th ed.). Boston: Pearson Education.
- Riggs, B.C. (1978). System C: An essay in human relatedness.
American Journal of Psychotherapy, 32(3), 379–392.

Skilled Counselling Scale (SCS)

(M. Smaby, personal communication, July 12, 2007).

(Copy on Appendix A – Training CD-Rom).

Directions:

This is a scale for rating counselling skills. Please circle the appropriate rating from 1 to 5 for the 18 skill items:

1 = Not at all 2 = A little 3 = Somewhat 4 = A great deal 5 = Always

EXPLORING STAGE: Where you are

I. Attending skills used in the session i.e. paying attention through facial expressions, body gestures and key words

1. *Maintaining eye contact* – Direct gaze with occasional breaks.

1 2 3 4 5

2. *Using body language* – Open, relaxed posture. Using head nods and body gestures.

1 2 3 4 5

3. *Verbal following* – Repeating key feeling and content words.

1 2 3 4 5

II. Questioning and reflecting process – exploring and reflecting on issues

4. *Open-ended questioning* – Asking open-ended questions that encourage the client to talk.

1 2 3 4 5

5. *Paraphrasing* – Rephrasing briefly, accurately and clearly what the client has expressed.

1 2 3 4 5

6. *Summarising* – Stating briefly the essence of what the client has expressed about the problem.

1 2 3 4 5

UNDERSTANDING STAGE: Where you are in relationship to where you want to be

III. Interchangeable empathy process – simplifying and clarifying the problem

7. *Stating feeling and content* – Stating succinctly the feeling and content of the problem. “You feel (one feeling word) _____ because _____ (internalised problem situation).”

1 2 3 4 5

8. *Self-disclosure*

- (a) Restating feeling and content statement. (“You feel _____ because _____.”)
- (b) Stating a disclosure related to client goal. (“When I have helped others who have overcome the _____ problem, I suggested that they do _____.”)
- (c) Asking opinion of strategy. (“What do you think of this idea?”)

1 2 3 4 5

9. *Asking for concrete and specific expressions* – Asking for precise ideas. (“Tell me about how you view the idea of _____.”)

IV. Additive empathy process – providing deeper understanding of the problem

10. *Immediacy* – Recognising immediate feeling (verbal and non-verbal) expressed between the client and counsellor when discussing the problem. (“As we talk about the _____ problem, I sense you are feeling _____. In turn, I’m feeling _____ about how you are viewing it.”)

1 2 3 4 5

11. *Identifying general problem, action taken and feelings* – Identifying problem, actions taken or not taken and feeling about oneself. (“In _____ situations (the general problem), you _____ (act or do not act inappropriately) and feel _____ (negative about yourself).”)

1 2 3 4 5

12. *Confronting in a caring way* – Examining personal expectations for taking responsibility for the problem and appropriate actions. (“You expect yourself to _____ (act in a certain positive way) and when you act that way you think you are being _____ (positive belief about yourself).”)

1 2 3 4 5

ACTING STAGE – What you need to do to get to where you want to go

V. Decision making – redefining a problem as a goal to be reached

13. *Deciding* – Defining the decision in terms of changing or not changing. (“You can choose to change by _____ (feeling and acting in a self-enhancing way) or continue to act as you have by _____ (feeling and acting in a self-defeating way). What do you want to do?”)

1 2 3 4 5

14. *Choosing* – Recognising difficulty in changing due to negative feeling. (“In choosing to change, you will be faced with the same difficulties that kept you from changing in the past, including _____ and the accompanying feelings of _____, but rather than giving in to them, you need to use them as cues to concentrate on doing _____ and feeling _____.”)

1 2 3 4 5

15. *Identifying consequences* – Delineating long-term anticipated positive consequences and values reflected in choice. (“After overcoming your problem of _____ you will become more focused on _____ and in the long run you will achieve your goal of _____. You can apply what you have learned to overcome other difficulties in the future.”)

1 2 3 4 5

VI. Contracting process – proposing and agreeing on an action plan

16. *Reaching agreements* – Agreeing on actions to take and positive results (“In deciding to _____ you will take the steps of _____ so things will change in a positive direction.”)

1 2 3 4 5

17. *Setting deadlines* – Specifying a time-table for completing actions to move toward reaching a goal (“You will take the following steps of _____ and report to me how things went by _____.”)

1 2 3 4 5

18. *Reviewing goals and actions to determine outcome* – Reminding the client of the goal requiring specific actions aimed at achieving a desired outcome. (“In aiming to achieve _____, you will take the following steps of _____ and this can result in _____ for you.”)

1 2 3 4 5

Total: _____

Basic Relational Skills Training Course

Section A: Session 3

Theme: System C (Riggs, 1978)

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must be able to describe the therapeutic relationship from a systems perspective. The students need to be able to define the properties and outputs of System C.

Nodal themes:

- The therapeutic relationship as a system.
- The properties that make it a system.
- The dimensions of System C.

Procedure

Task:

An overhead presentation on System C (can use section from introductory PowerPoint presentation) followed by a group discussion.

Facilities:

- Overhead projector
- System C presentation
- The handout of System C

Time: 10 min	<p>1. <i>Feedback – Session 2:</i></p> <p>Students are to give feedback on their experience pertaining to the completion of the SCS, and discuss their current understanding of basic therapeutic skills in therapy.</p>
Time: 20 min	<p>2. <i>Discussion:</i></p> <p>A group discussion on basic systems theory. Need to establish the level of understanding that students have of systems theory.</p>
Time: 20 min	<p>3. <i>Overhead presentation:</i></p> <p>A presentation and discussion on Riggs's theory of System C.</p>
Time: 20 min	<p>4. <i>Group discussion:</i></p> <p>Students to divide into smaller groups and discuss what might positively or negatively influence the therapeutic relationship. Students need to take into consideration the individual systems of both the therapist and the client.</p>
Time: 20 min	<p>5. <i>Closing discussion for Session 3:</i></p> <p>Groups to present the results of their discussion to larger group.</p>

Theme for next session: Process models

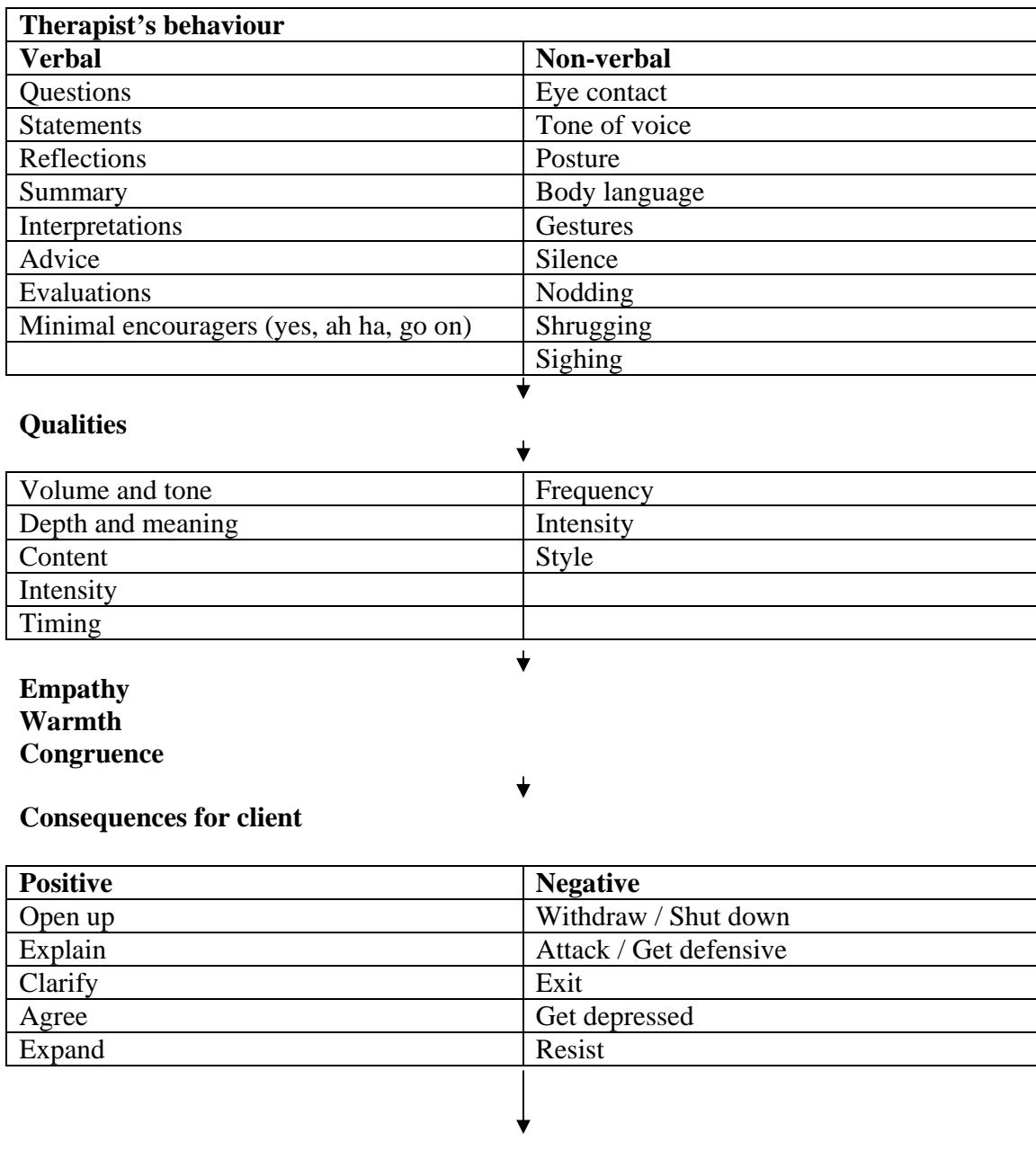
Preparation for next session:

The trainer needs to prepare the handouts of the process model of the therapist's behaviour and the basic layout for process notes (see attached, copy on Appendix A – Training CD-Rom). The students are required to read Part 1 and Part 2 of *On becoming a person* (Rogers, 1961).

Prescribed reading:

- Rogers, C.R. (1961). *On becoming a person: A therapist's view of psychotherapy*. London: Constable & Robinson.

Process model (Snyders, 2006)



Consequences for therapeutic relationship

1. Psychological climate
2. Frame of reference (internal or external)
3. Acceptance

Example of basic layout for process notes
 (Snyders, 2006)

Content	Process	Context (relationship)
- Dialogue of client and therapist.	- Explain each line in terms of following:	What is happening in the relationship?
- Keep each line separate.	Reflection	Is an alliance forming?
- Include non-verbal behaviour.	Statement Open/closed question Minimal encouragers Summary (See Porter for list)	Is a coalition forming? Look for interactional style (how does client talk?).

General comments

- Psychotherapy is how you behave towards others.
- Psychotherapy is a process.
- Therapist must make use of paraphrasing and be tentative.
- Clients will try to pull you into an enactment of their behaviour.
- Need to **track** the client.
- **Interpersonal pathology:** The ability to perform limited repertoire with great finesse, which maintains the problem behaviour.
- **Symptomatic behaviour:** Affects others, but person will deny it.

Basic Relational Skills Training Course

Section A: Session 4

Theme: Process models

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must be able to record and analyse a session with a client according to the suggested process model.

Nodal themes:

- Process model A: Therapist's behaviour, qualities and the consequences of these for the client.
- Process model B: Content, process and context.
- Tracking the client.

<i>Procedure</i>	
<i>Task:</i>	
A presentation and discussion on the use of process models.	
<i>Facilities:</i>	<ul style="list-style-type: none"> – Flip chart, board pens – Handouts on process models (copy on Appendix A - Training CD-Rom)
Time: 20 min	<p>1. <i>Feedback – Session 3:</i></p> <p>Students to have a brief discussion about System C and how they view the therapeutic relationship.</p>

Time: 20 min	<p><i>2. Group discussion:</i></p> <p>A group discussion on the prescribed reading (Rogers Part 1 and 2). Ask students to discuss the most prominent themes, for them, from the reading material and how it has impacted on their understanding of Rogers's theory.</p>
Time: 40 min	<p><i>3. Presentation and group discussion:</i></p> <p>Present the models, incorporating the works of Riggs and Rogers. Encourage group discussion on the various topics. Check for understanding.</p>
Time: 10 min	<p><i>4. Closing discussion:</i></p> <p>Agree with students on the acceptable format for the process notes, and check understanding of the proposed layout.</p>

Theme for next session: Basic structure of the first interview

Preparation for next session:

The trainer needs to make copies of the handout of the basic first interview structure (Snyders, 2006). The students are required to read Chapter 2 of Porter and do the counselling procedures pre-test (p. 10–44). [Scoring for pre-test on p. 201].

Examples of Genograms

- Becvar & Becvar, Chapter 5 & 7.
- Corey, Chapter 14.

Prescribed reading:

- Becvar, D.S., & Becvar, R.J. (2006). *Family therapy: A systemic integration* (6th ed.). Boston: Pearson Education.
- Corey, G. (2005). *Theory and practice of counseling and psychotherapy* (7th ed.). Belmont: Brooks/Cole Thomson.
- Porter, E.H. (1950). *Therapeutic counseling*. Boston: Houghton Mifflin.

Basic Relational Skills Training Course

Section A: Session 5

Theme: Basic structure of the first interview

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must be able to structure the first interview in a manner that is not only therapeutic, but is in keeping with the proposed model. The students need to be able to effectively use genograms to map the client's system and have a definite understanding of how to use the genogram in therapy, as a technique.

Nodal themes:

- The use of basic relational skills in the first interview.
- The obtaining of client information in a therapeutic manner.
- The use of genograms as a therapeutic tool and to gather information about the client's system.

Procedure

Task:

- Overhead presentation: Basic structure of the first interview (Figure 5.1)
- Group discussion: The first four stages of the first interview.

Facilities:

- Overhead projector
- Presentation slide of interview structure (copy of Figure 5.1 on Appendix A - Training CD-Rom)

Time: 20 min	<p><i>1. Feedback – Session 4:</i></p> <p>Students to work through the counselling pre-test (Porter, Chapter 2) and discuss the salient points of interest or concern.</p>
Time: 60 min	<p><i>2. Presentation and discussion:</i></p> <p>Class to work through the four stages of the interview and discuss each of the following:</p> <ul style="list-style-type: none"> - Joining - Getting factual information - Getting process information - Practical arrangements
Time: 10 min	<p><i>3. Discussion of the use of genograms:</i></p> <p>Explain the uses of genograms and the type of information needed to complete a genogram. Students must be made aware of how a genogram can be utilised in the therapeutic process.</p>

Theme for next session: The psychological climate (Practical)

Preparation for next session:

The students are required to read Chapter 3, 4 and 5 of Porter (1950):

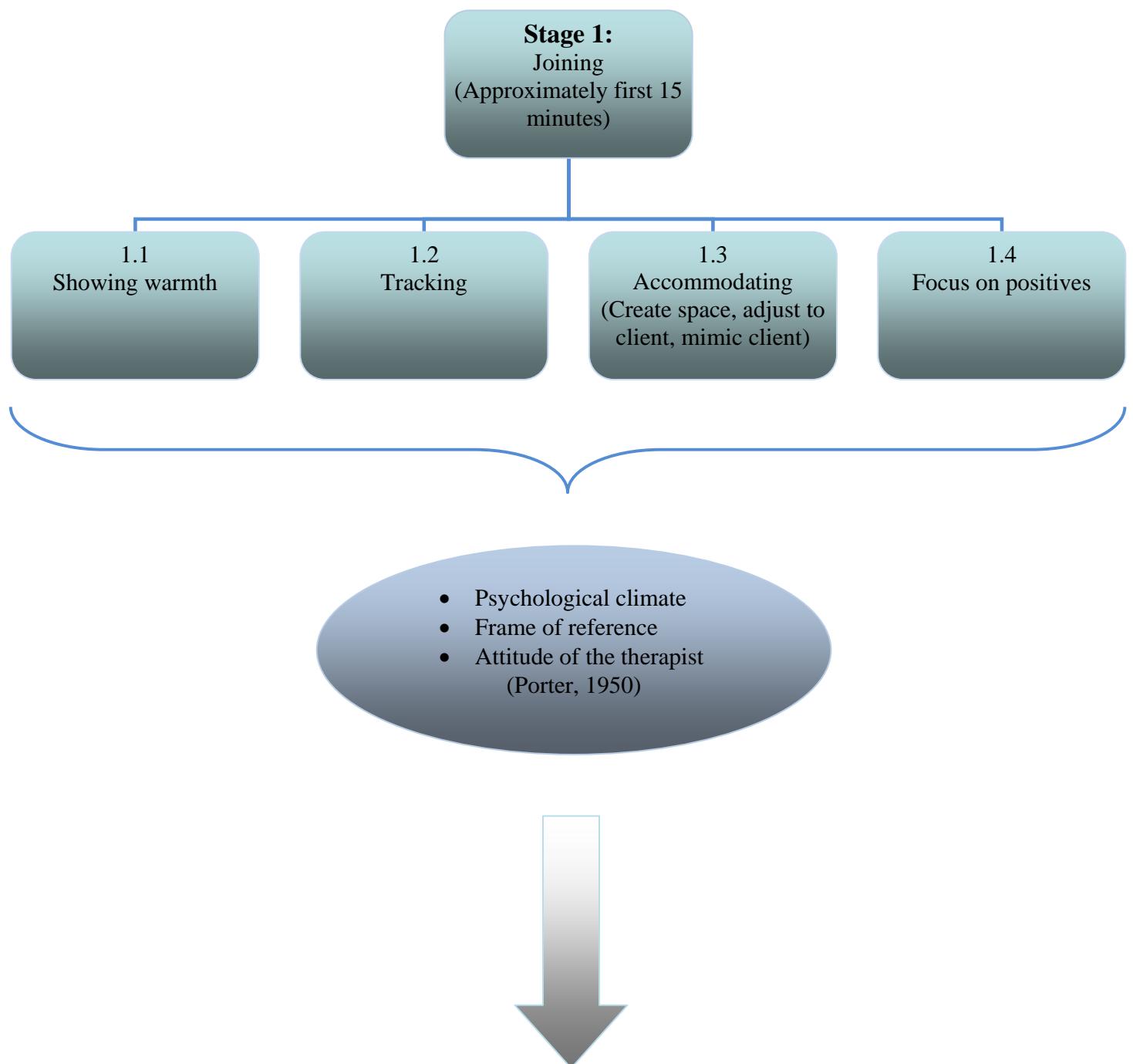
- Chapter 3: Self-evaluative attitudes and psychological climate
- Chapter 4: Responding to the internal frame of reference
- Chapter 5: Typical problems in the first interview

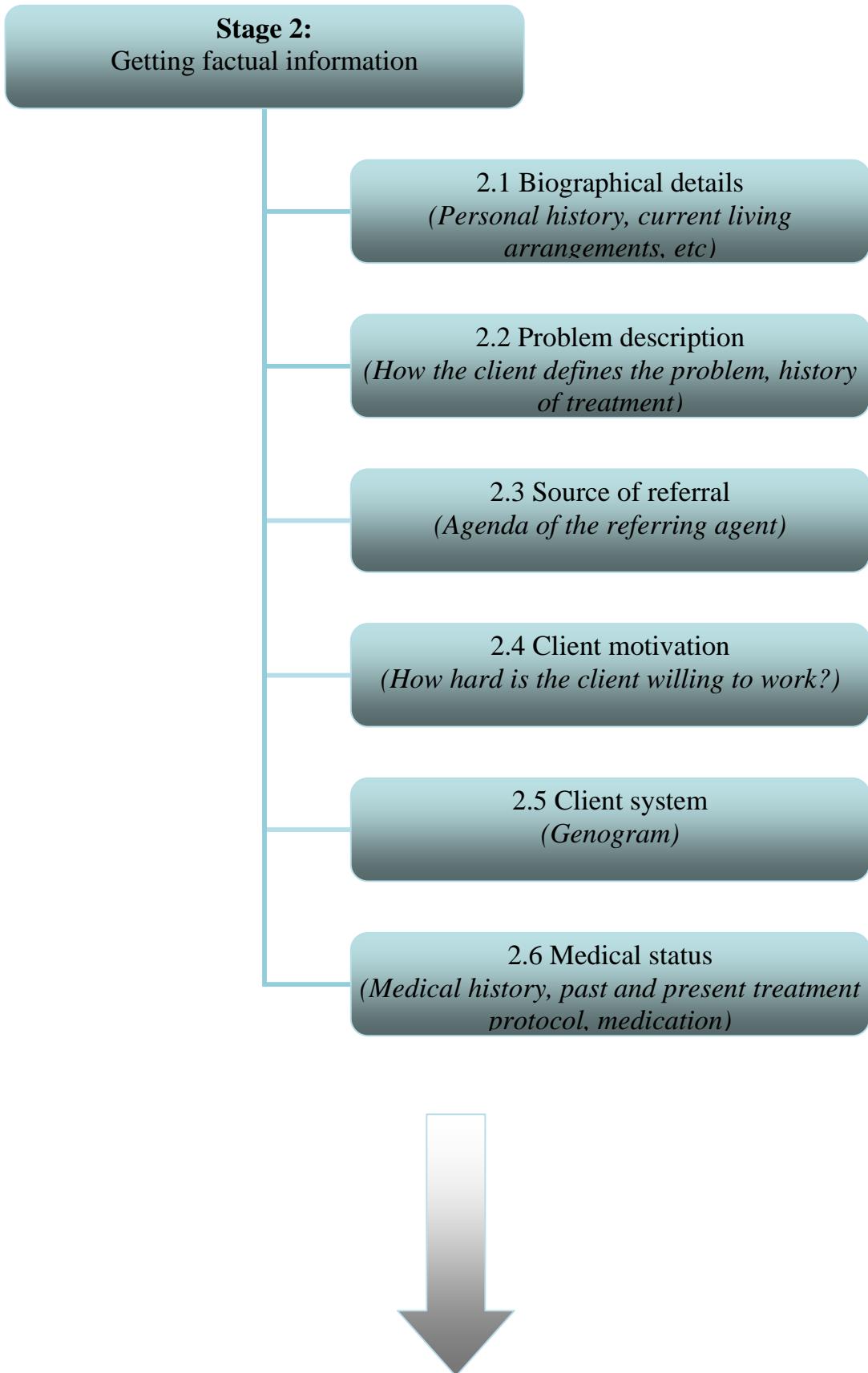
Prescribed reading:

- Porter, E.H. (1950). *Therapeutic counseling*. Boston: Houghton Mifflin.

First interview: Proposed basic structure

(Snyders, 2006)





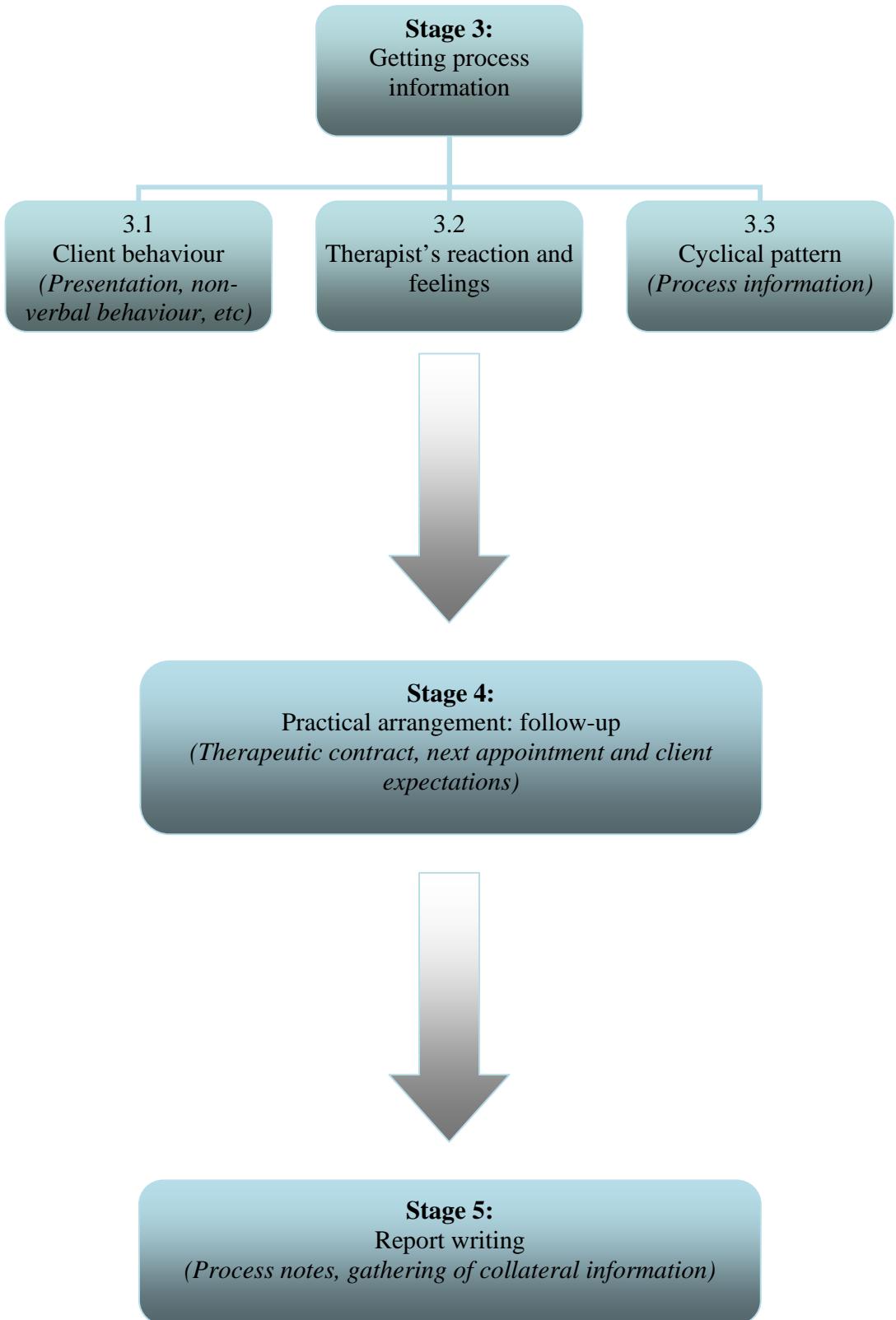


Figure 5.1: First interview: Proposed basic structure

Basic Relational Skills Training Course

Section A: Session 6 (Practical)

Theme: The psychological climate

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to demonstrate their understanding of the various skills, in the prescribed literature, by doing role-plays in the training context.

Nodal themes:

- Self-evaluative attitudes.
- The psychological climate.
- The internal frame of reference.
- The external frame of reference.
- The five attitudinal responses.
- Formulation of the response.

<i>Procedure</i>
<i>Task:</i>
Role-plays: Group to divide into smaller groups. Need one client, one therapist and one observer. The objective is to role-play the beginning of the interview, i.e. the joining phase, using the Porter model.

Facilities:

- Flip chart and pens

Time: 20 min	<p><i>1. Feedback – Session 5:</i></p> <p>Recap on the previous session's work, with an emphasis on warmth, tracking and accommodating the client and focusing on the positives.</p>
Time: 5 min	<p><i>2. Discussion:</i></p> <p>Role-play – Check that all students understand what role-play entails and explain the objectives of the exercise.</p>
Time: 50 min	<p><i>3. Practical – Role-play:</i></p> <ul style="list-style-type: none"> - Objective: The idea is to concentrate on the first ten minutes of the therapeutic interview. - Creating characters: Each student is to spend five minutes thinking about a character they wish to portray. Must include the character's family system and referring agent and the reason for referral. - Procedure: Students to conduct a ten-minute interview with the client, but to focus only on the 'joining phase'. Students need to establish rapport with the client using the skills taught to date. The emphasis needs to be on the behaviour and responses of the therapist. - Feedback: The observer and the person playing the client are to give feedback to the therapist, after which the students are to change roles. Each student gets a chance to play the therapist, the client and the observer.
Time: 15 min	<p><i>4. Discussion:</i></p> <p>Students to discuss themes resulting from the role-plays pertaining to basic therapeutic skills and the work covered to date.</p>

Theme for next session: Case presentations (Practical)

Preparation for next session:

- The students are required to record a ten-minute interview with a ‘client’ (preferably a fellow student) and write process notes for the interview (as in Session 4) for presentation to the group at the next session.
- The students are to present a genogram of the same client’s system to the group.

Basic Relational Skills Training Course

Section A: Session 7 (Practical)

Theme: Case presentation

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students need to demonstrate a clear understanding of the skills taught to date and must effectively integrate those skills into the first ten minutes of an interview with a client.

Nodal themes:

- Responding to the internal frame of reference.
- Establishing rapport.
- Tracking the client.
- Getting information in a non-intrusive manner.
- Correct response styles (Porter).

Procedure

Task:

- Students are to present their respective case studies and genograms.
- The group is to participate in giving feedback. Feedback should focus on the nodal themes.

Facilities:

- Flipchart and pens

<p>– Students to provide recorders and deliver presentations</p>	
Time: 10 min	<p>1. <i>Introduction:</i></p> <p>Trainer is to explain the objectives of the session, i.e. to focus on the skills of the therapist and to refer to the prescribed reading material where applicable.</p>
Time: 70 min	<p>2. <i>Case presentation:</i></p> <p>1) Each student is to present his or her case using the recording of the interview he or she conducted, the process notes of the interview and the client's genogram. The group is to give feedback based on the skills used by the presenter.</p> <p>Note: If the group is too big, divide into smaller groups as there will be no time in the next session to continue this practical.</p>
Time: 10 min	<p>3. <i>Group discussion:</i></p> <p>A group discussion focusing on the experience of the students, as the therapist. The students are to be encouraged to discuss any changes they feel might be appropriate for future role-playing exercises.</p>

Theme for next session: Basic attending skills

Preparation for next session:

The students are required to focus on the refinement of skills, by reading literature that looks at attending skills and questions to encourage communication.

- Brems Chapter 4: Attending skills: Non-verbal communication and listening
- Ivey & Authier Chapter 3: Attending behaviour

Prescribed reading:

- Brems, C. (2001). *Basic skills in psychotherapy and counseling*. Belmont: Wadsworth/Thomson Learning.

- Ivey, A.E., & Authier, J. (1971). *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation* (2nd ed.). Springfield: Charles C Thomas.

Basic Relational Skills Training Course

Section A: Session 8

Theme: Basic attending skills

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

To develop a clear understanding of basic attending skills and to effectively utilise these skills when building rapport with a client. The students must be able to demonstrate their understanding and usage of basic listening skills and non-verbal behaviour.

Nodal themes:

- The components of non-verbal behaviour.
- Essential skills for good listening.
- Attending behaviour, attention and other frames of reference.

Procedure

Task:

- A group discussion which focuses on the use of basic attending skills.
- The Reaction game: An exercise to demonstrate non-verbal behaviour.

Facilities:

- Flipchart and pens

Time: 15 min

1. *Feedback – Session 7:*

A group discussion about common themes from the previous session.

Time: 5 min	<p><i>2. Introduction:</i></p> <p>Introduce the students to the basic attending skills, their function and their correlation to the previous skills training sessions.</p>
Time: 20 min	<p><i>3. Reaction game:</i></p> <p>An acting game in which a student randomly chooses an event (e.g. winning the lottery or being surprised by a wedding proposal) and must act out his or her reaction to this event. Based on this reaction, students need to try to guess what the event was, based on the non-verbal behaviour and the students' observations.</p>
Time: 40 min	<p><i>4. Discussion:</i></p> <p>Discuss the prescribed chapters and ways to develop the following skills (can use the exercises recommended in Brems):</p> <ul style="list-style-type: none"> - Non-verbal communication - Essential skills for good listening
Time: 10 min	<p><i>5. Group discussion:</i></p> <p>Encourage students to practice these skills and ways to integrate them into the previous sessions' content. Discuss preparation for the next session.</p>

Theme for next session: Basic attending skills (Practical)

Preparation for next session:

The students are required to prepare a videotape of a ten-minute session with a client for presentation and discussion with the group. The focus is on the correct application of the skills taught to date. The students must also provide a genogram for the client and process notes of the session.

Basic Relational Skills Training Course

Section A: Session 9 (Practical)

Theme: Basic attending skills

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate the correct application of basic attending skills at a practical level.

Nodal themes:

- Observation and correct interpretation of non-verbal behaviour.
- Utilisation of correct responses.
- Demonstration of listening skills with the utilisation of correct responses.

Procedure

Task:

Presentation by students of recorded interviews. Students need to focus on the application of basic therapeutic skills.

Facilities:

- Video machine and television

Time: 10 min

1. Introduction:

Agree with the students on the best way to manage the session. Check to see if students want individual or group feedback.

Time: 60 min	<p><i>2. Student presentation:</i></p> <p>Each student is to present his or her recorded interview. The feedback must concentrate on the usage of the skills of the therapist (student) that has been previously discussed, i.e. basic attending skills.</p>
Time: 20 min	<p><i>3. Closing discussion:</i></p> <p>Have a group discussion relating to how the students felt about the exercise and what they have learnt. Give feedback to the students about overall performance of the group.</p> <ul style="list-style-type: none"> - Students to be divided into smaller groups and each group is to do a presentation on one of the following topics (presentations to commence in two sessions' time): <ul style="list-style-type: none"> ▪ Empathy ▪ Congruence ▪ Unconditional positive regard - Discuss presentation requirements, i.e. training schedule, possible activities (role-play), handouts, etc. - Groups to submit training scripts to trainer at next session.

Theme for next session: Continuation of basic attending skills (Practical)

Preparation for next session:

The students are to continue with their case presentations for the practical component of basic attending skills.

Basic Relational Skills Training Course

Section A: Session 10 (Practical)

Theme: Basic attending skills

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are required to demonstrate the skills taught in Session 8, i.e. non-verbal skills and listening skills, in a manner that is conducive to the therapeutic context. This session is a continuation of Session 9.

Nodal themes:

- How to give constructive feedback.
- The utilisation of basic attending skills in the therapeutic context.

Procedure

Task:

Students are to do case presentations with the emphasis on the use of basic therapeutic skills.

Facilities:

- Video machine and television

Time: 20 min

1. Introduction:

Students are to discuss their experience relating to the case presentation from the previous session. Explore how the students are

	experiencing the process. Discuss emerging themes, common highlights and concerns.
Time: 60 min	<p>2. <i>Case presentations:</i></p> <p>It needs to be reinforced that the focus is on the student's utilisation of skills discussed, i.e. basic attending skills. Group is encouraged to discuss ways to integrate these skills, and how best to practice the application of the skills.</p>
Time: 10 min	<p>3. <i>Closing discussion:</i></p> <p>Have a group discussion relating to how the students felt about the exercise and what they have learnt.</p> <p>- Discuss presentation schedule for the next three weeks. Students to include role-plays. Students to submit training schedule for each session, which must include equipment requirements, handouts, etc.</p>

Theme for next session: Student presentation of the construct empathy (Practical)

Preparation for next session:

The Trainer needs to check that the students are prepared for their presentation on the construct of empathy.

Basic Relational Skills Training Course

Section A: Session 11 (Practical)

Theme: Student presentation – Empathy

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are required to thoroughly explore the construct of empathy in their presentation and its place in basic relational skills. The students must be able to interact with a client, during a role-playing exercise, in an empathic manner.

Nodal themes:

- Responding accurately to a client's feelings, emotions and moods.
- Responding to the key experiences, thoughts and behaviours of a client.

<i>Procedure</i>
<p><i>Task:</i></p> <ul style="list-style-type: none"> • Student presentation – Empathy. • Group discussion: Students are to discuss the construct of empathy and the importance it plays in building a therapeutic relationship. • Role-plays: Students must focus on the use of empathy. <p><i>Facilities:</i></p> <ul style="list-style-type: none"> – As required by students

Time: 5 min	1. <i>Introduction:</i> Introduce the presenters.
Time: 30 min	2. <i>Student presentation:</i> Ensure that presentation covers main points.
Time: 15 min	3. <i>Closing discussion:</i> Discuss concerns and answer questions relating to the presentation on empathy and empathy as a construct.
Time: 30 min	4. <i>Role-plays:</i> Students to practice using empathy in an interview. Stimulate recall of prior learning and ensure that students incorporate basic attending skills and empathy.
Time: 10 min	5. <i>Closing discussion:</i> Check for understanding and answer any questions pertaining to the presentation and empathy as a construct.

Theme for next session: Congruence and its role in the therapeutic context (Practical)

Preparation for next session:

The trainer needs to ensure that the next group of students are sufficiently prepared for their presentation on the construct of congruence.

Basic Relational Skills Training Course

Section A: Session 12 (Practical)

Theme: Student presentation – Congruence

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate an understanding of the construct of congruence as a therapeutic way of being and the importance of congruence in the therapeutic relationship.

Nodal themes:

- Genuineness of the therapist.
- Genuineness of the therapist's dialogue and interest in the client.

Procedure

Task:

- Student presentation– Congruence
- Group discussion: Students are to discuss congruence and genuineness and the importance it plays in building and maintaining a therapeutic relationship.
- Role-plays: Focus must be on the therapist being congruent.

Facilities:

- As required by students

Time: 5 min	1. <i>Introduction:</i> Introduce the presenters.
Time: 30 min	2. <i>Student presentation:</i> Ensure that presentation covers the main points of the construct of congruence.
Time: 15 min	3. <i>Group discussion:</i> Discuss concerns and answer questions relating to presentation.
Time: 30 min	4. <i>Role-plays:</i> Students to practice using congruence in an interview. Stimulate recall of prior learning. There should be one client, one therapist and one observer.
Time: 10 min	5. <i>Closing discussion:</i> Check for understanding and answer any queries pertaining to congruence.

Theme for next session: The use of unconditional positive regard (Practical)

Preparation for next session:

The trainer needs to ensure that the students are prepared for their presentation on unconditional positive regard.

Basic Relational Skills Training Course

Section A: Session 13 (Practical)

Theme: Student presentation – Unconditional positive regard

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to thoroughly explore the construct of unconditional positive regard and its use in basic relational skills.

Nodal themes:

- Co-acceptance of the client.
- Placing a constant emphasis on the positive assets of the client.

<i>Procedure</i>	
<i>Task:</i>	
<ul style="list-style-type: none"> • Student presentations: Unconditional positive regard, • Group discussion: Students are to discuss unconditional positive regard and the importance it plays in building and maintaining a therapeutic relationship. • Role-plays: Focus must be on unconditional positive regard. 	
<i>Facilities:</i>	<ul style="list-style-type: none"> – As required by students
Time: 5 min	1. <i>Introduction:</i> Introduce the presenters.
Time: 30 min	2. <i>Student presentation:</i>

	Ensure that presentation covers the main points pertaining to the skill known as unconditional positive regard.
Time: 15 min	<p><i>3. Group discussion:</i></p> <p>Discuss concerns and answer questions relating to presentation and the importance of unconditional positive regard in the therapeutic context.</p>
Time: 30 min	<p><i>4. Role-plays:</i></p> <p>Students to practice using unconditional positive regard in an interview. Stimulate recall of prior learning.</p>
Time: 10 min	<p><i>5. Closing discussion:</i></p> <p>Check for understanding and answer any questions.</p>

Theme for next session: Communication in the therapeutic context

Preparation for next session:

The students are to bring recorders for the next session. The students are to re-read Porter, Chapter 5, and to read Egan, Chapter 4 and 5; Ivey and Authier, Chapter 4.

- Egan, Chapter 4: Communication: The skills of tuning in and actively listening to clients
- Egan, Chapter 5: Communicating empathy: Working hard at understanding clients
- Ivey & Authier, Chapter 4: Attending skills in the helping process

Prescribed reading:

- Egan, G. (2007). *The skilled helper: A problem-management and opportunity development approach to helping* (8th ed.). Belmont: Brooks/Cole Thomas
- Ivey, A.E., & Authier, J. (1971). *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation* (2nd ed.). Springfield: Charles C Thomas.

Basic Relational Skills Training Course

Section A: Session 14

Theme: Communication in the therapeutic context

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must be able to explain and justify the importance of dialogue in the helping relationship. The students must be able to assimilate the content of the past three sessions into basic communication skills and to be able to demonstrate the use of effective communication.

Nodal themes:

- The importance of an empathic presence.
- Active listening; how to respond effectively.
- Utilisation of the skills taught to date.

Procedure

Task:

- Group discussion: The importance of communication and the therapeutic dialogue.
- Role-plays: Focus on ways to enhance and maintain the therapeutic dialogue.

Facilities:

- Flip chart and pens

<ul style="list-style-type: none"> – Students required to bring recorders for role-plays 	
Time: 15 min	<p>1. <i>Feedback session:</i> Discuss overall impressions of sessions 11–13. Give an overview of the importance of communication.</p>
Time: 25 min	<p>2. <i>Group discussion:</i> Discuss the prescribed reading and the themes that have merged from this material. Discuss the nodal themes and the role that effective communication plays in the therapeutic context.</p>
Time: 40 min	<p>3. <i>Role-plays:</i> Students are to conduct an interview using the skills taught to date and to record the session in order to receive feedback from the trainer.</p>
Time: 10 min	<p>4. <i>Closing discussion:</i> The group is to reflect on what they have learnt in this session.</p>

Theme for next session: Aspects of the therapeutic dialogue

Preparation for next session:

The students are required to read the following chapters by Brems (2001) and Ivey & Authier (1971):

Brems (2001):

- Chapter 6: Response types
- Chapter 7: Moving beyond simple communication

Ivey & Authier (1971):

- Chapter 5: Beyond attending
- Chapter 6: The quality of helping

Prescribed reading:

- Brems, C. (2001). *Basic skills in psychotherapy and counseling*. Belmont: Wadsworth/Thomson Learning.
- Ivey, A.E., & Authier, J. (1971). *Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation* (2nd ed.). Springfield: Charles C Thomas.

Basic Relational Skills Training Course

Section A: Session 15

Theme: Therapeutic dialogue

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must be able to integrate the various aspects of basic therapeutic skills when conducting a therapeutic session with a client and demonstrate these skills when role-playing a therapeutic scenario.

Nodal themes:

- Response types.
- The use of empathy in communication.
- The use of self in the therapeutic context.

Procedure

Task:

- Group discussion: Students are to discuss ways to improve communication in the therapeutic context
- Role-plays: Students are to focus on the application of all of the skills learnt to date.

Facilities:

- Flipchart and pens

Note to trainer:

<p>The interviews conducted in the next three sessions could possibly be used for examination/evaluation purposes.</p>	
Time: 10 min	<p><i>1. Feedback – Session 14:</i></p> <p>Group to discuss the main points learnt in the previous session pertaining to the different components of communication in the therapeutic context.</p>
Time: 30 min	<p><i>2. Presentation and discussion:</i></p> <p>Cover the prescribed readings and have a group discussion about the therapeutic dialogue and its various components.</p>
Time: 30 min	<p><i>3. Role-plays:</i></p> <p>Students to effectively demonstrate their understanding of the skills taught, and to give constructive feedback to their fellow students based on their observations during the role-plays.</p>
Time: 20 min	<p><i>4. Closing discussion:</i></p> <p>Discuss any problems or emerging themes from the session. Discuss the programme for the next three sessions with the students:</p> <ul style="list-style-type: none"> - Interviewing skills using the one-way mirror. Each student will get the opportunity to conduct a 20-minute interview with a client. Using the one-way mirror to observe the interview, the trainer must focus on the correct implementation of the skills that have been taught to date in the sessions. Each student will get the opportunity to conduct an interview and receive feedback from the trainer and the other students. The sessions are to be recorded so that the trainer can give feedback to each student, based on his or her observation of the interview. The recorded interview is to be used to illustrate the student's performance (strengths and weaknesses). - Each student will be required to make process notes of the session and these must be submitted along with the client's genogram to the

	trainer for feedback.
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Theme for next session: Putting it into practice (Practical)

Preparation for next session:

The students are required to prepare the ‘profile’ of a client whom they are to play. The students must ensure that they have a blank videocassette to record the role-play for evaluation.

Basic Relational Skills Training Course

Section A: Session 16 (Practical)

Theme: Putting it into practice

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate their assimilation of the skills taught to date. The students must be able to accurately identify the skills that they need to work at in order to facilitate the therapeutic process.

Nodal themes:

- The correct integration of all of the skills taught in the course.
- The creation of a therapeutic relationship using the skills taught.
- The gathering of information from the client in a therapeutic manner.
- The accurate recording of the session using process notes and genograms.

Procedure

Task:

The students are to effectively conduct a 20-minute first session with a ‘client’, while being observed from behind the one-way mirror by the trainer and the other students.

Facilities:

- Room with one-way mirror
- Recording facilities, i.e. video recorder and television

Time: 10 min	<p><i>1. Introduction:</i></p> <p>Explain the purpose of the exercise and what is expected, i.e. students must utilise the skills taught in the course to create a therapeutic environment while conducting a session. The client will have the opportunity to give feedback on his or her experience of the therapist and the session.</p>
Time: 70 min	<p><i>2. Interviews:</i></p> <p>Each student must interview a client and then receive feedback from the trainer and the other students. Need to agree on the procedure for giving feedback to students.</p>
Time: 10 min	<p><i>3. Closing discussion:</i></p> <p>The group is to discuss the highlights and concerns of the session and any emerging themes.</p>

Theme for next session: Putting it into practice (Practical)

Preparation for next session:

The students are to prepare for their interviews. Time needs to be made available at the end of Session 19 for the re-administration of the SCS to the students. The students are to compare the results of the first and second SCS and discuss any differences with the trainer.

Basic Relational Skills Training Course

Section A: Session 17 (Practical)

Theme: Putting it into practice

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate their assimilation of the skills taught to date. The students must be able to accurately identify the skills that they need to work at in order to facilitate the therapeutic process.

Nodal themes:

- The correct integration of all of the skills taught in the course.
- The creation of a therapeutic relationship using the skills taught.
- The gathering of information from the client in a therapeutic manner.
- The accurate recording of the session using process notes and genograms.

Procedure

Task:

The students are to effectively conduct a 20-minute first session with a ‘client’, while being observed from behind the one-way mirror by the trainer and the other students.

Facilities:

- Room with one-way mirror.
- Recording facilities, i.e. video recorder and television

Time: 10 min	<p><i>1. Introduction:</i></p> <p>Discuss with students their experience of the process used in Session 16 and adjust if appropriate. Students must utilise the skills taught in the course to create a therapeutic environment.</p>
Time: 70 min	<p><i>2. Interviews:</i></p> <p>Continuation of Session 16: Each student must conduct a 20-minute session with a client and then receive feedback from the trainer and the other students using the mutually agreed upon methods of giving feedback.</p>
Time: 10 min	<p><i>3. Closing discussion:</i></p> <p>The group is to discuss the highlights and concerns of the session and any emerging themes.</p>

Theme for next session: Putting it into practice (Practical)

Preparation for next session:

The students are to prepare for their interviews. The students must bring their original SCS for the next session.

Note to Trainer

Reminder that time needs to be made available at the end of Session 19 for the re-testing of the students.

Basic Relational Skills Training Course

Section A: Session 18 (Practical)

Theme: Putting it into practice

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate their assimilation of the skills taught to date. The students must be able to accurately identify the skills that they need to work at in order to facilitate the therapeutic process.

Nodal themes:

- The correct integration of all of the skills taught in the course.
- The creation of a therapeutic relationship using the skills taught.
- The gathering of information from the client in a therapeutic manner.
- The accurate recording of the session using process notes and genograms.

Procedure

Task:

The students are to effectively conduct a 20-minute first session with a ‘client’, while being observed from behind the one-way mirror by the trainer and the other students.

Facilities:

- Room with one-way mirror
- Recording facilities, i.e. video recorder and television

Time: 10 min	<p><i>1. Introduction:</i></p> <p>Discuss with the students their experience of the process and any emerging themes that have had an impact on their understanding of basic relational skills. Explain the purpose of the exercise and what is expected of the students.</p>
Time: 60 min	<p><i>2. Interviews:</i></p> <p>Each student must conduct a 20-minute session with a ‘client’ and then receive feedback from the trainer and the other students using the agreed upon process.</p>
Time: 20 min	<p><i>3. Closing discussion:</i></p> <p>Students are to discuss the main themes that have emerged from the past three practical sessions. Students are to identify areas of concern and brainstorm ways to improve on their integration of basic therapeutic skills when in a session with a client</p>

Preparation for Section B

Theme for next session: Perceptual, conceptual and executive skills

Preparation for next session:

The students are to read the article by Tomm and Wright (1979).

Prescribed reading:

- Tomm, K.M., & Wright, L.M. (1979). Training in family therapy: Perceptual, conceptual and executive Skills. *Family Process*, 18, 227–250.

Chapter 5

Basic Relational Skills Training

Section B: BRST (Interpersonal psychotherapy)

5.1 Introduction

The focus of Section B of BRST programme is on the interpersonal nature of the therapeutic system. With the introduction of feature films as a medium for learning, the students will be afforded the opportunity to become observers of how the client is an integral part of the physical and interpersonal world within which he or she exists (Anchin & Kiesler, 1982).

5.2 Section B: The proposed training schedule

Section B consists of a total of 12 sessions: 6 theoretical and 6 practical sessions. The proposed layout for the training sessions are summarised in Table 6.1 and the prescribed reading list follows, after which the applicable training scripts are provided.

Table 5.1: Section B: The proposed training schedule

Section B: BRST (Interpersonal psychotherapy)				
Session no	Theme	Theory/ Practical	Tasks	Author
19	Perceptual, conceptual and executive skills	Theory	Introduction of movies as multimedia diagnostic tool Discussion Re-administration of the SCS	Trainer Tomm & Wright (1979): Article Smaby (2007): SCS (copy on Appendix A -

				Training CD-Rom)
20	Student presentation: Choice of feature film	Practical	Students to discuss feature film choice. Students to discuss the prescribed chapter	Trainer Students Anchin & Kiesler (1982): Ch 1
21	Sequence, pattern and style	Theory	Discussion Role-plays	Trainer Anchin & Kiesler (1982): Ch 14
22	Student presentation: Interpersonal scenes from the movies.	Practical	Students to present the selected scenes and the process notes for that scene Discussion	Trainer Students Watzlawick, et al. (1967): Ch 1 & 2 Kiesler et al. (1975): Article
23	The Impact Message Inventory	Theory Practical	Students to present the IMI Group discussion	Trainer Students Watzlawick, et al. (1967): Ch 3 Haley: Ch 1
24	Student presentation: An interpersonal interview.	Practical	Students to conduct an interview with a client based on the character from a film. Trainer to give feedback.	Students Watzlawick, et al. (1967): Ch 4 & 6
25	Student presentation: An interpersonal interview.	Practical	Students to conduct an interview with a client based on a character from the film Trainer to give feedback	Students Watzlawick et al. (1974): Part 1 & 2 (Change)
26	Interpersonal manoeuvres & behaviour change	Theory	Discussion Role-plays	Trainer Swart & Wiehahn (1979): Ch 3, 4, 5 & 6 Watzlawick et al. (1974): Part 3
27				
28	Interactional psychotherapy	Theory	Discussion	Anchin & Kiesler (1982): Ch 11
29	Student presentation: Putting it into practice	Practical	Interviews conducted by students Use of the one-way mirror Feedback sessions	Trainer Students
30				

Basic Relational Skills Training Course

5.3 Section B: Prescribed Reading List

- Anchin, J.C., & Kiesler, D.J. (1982). *Handbook of interpersonal psychotherapy*. New York: Pergamon Press.
- Haley, J. (1990). *Strategies of psychotherapy* (2nd ed.). New York: W.W. Norton.
- Kiesler, D. J., Anchin, J.C., Perkins, M.J., Chirico, B.M., Kyle, E.M., & Federman, E.J. (1975). *The Impact Message Inventory*. Richmond: Virginia Commonwealth University.
- Swart, N, & Wiehahn, G. (1979). *Interpersonal manoeuvres and behaviour change*. Cape Town: H & R Academia.
- Tomm, K.M., & Wright, L.M. (1979). Training in family therapy: Perceptual, conceptual and executive Skills. *Family Process*, 18, 227–250.
- Smaby, M.H. (2007). *The Skilled Counselors Scale*. Smaby, M.H. Personal communication, 12 July
- Watzlawick, P., Bavelas, J.B., & Jackson, D.D. (1967). *Pragmatics of human communication*. New York: W.W. Norton.
- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.

5.4 **Section B: The training scripts**

Basic Relational Skills Training Course

Section B: Session 19

Theme: Perceptual, conceptual and executive skills

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students are to effectively apply the skills in a therapeutic context and must be able to establish positive relationships and convey professional competency using these skills.

Nodal themes:

- The definition of perceptual, conceptual and executive skills.
- The application of the proposed treatment model.
- The use of feature films as a training medium.

Procedure

Task:

- Presentation: The use of perceptual, conceptual and executive skills
- Administration of the SCS.

Facilities:

- Flip chart and pens
- Handout of suggested films (see attached list, copy on Appendix A – Training CD-Rom).

Time: 15 min	<p><i>1. Feedback on sessions 16, 17 and 18:</i></p> <p>Discuss with the students how they have put into practice the agreed upon areas of concern.</p>
Time: 45 min	<p><i>2. Presentation:</i></p> <p>A presentation and discussion about the use and application of perceptual, conceptual and executive skills.</p>
Time: 10 min	<p><i>3. Introduction of feature films:</i></p> <p>Discuss how feature films are to be used in Section B as a training medium. Get consensus from the students as to what type of films will be acceptable. Check that all students have access to the required facilities, and if not, let the group brainstorm ways to overcome the possible difficulties.</p> <p>Note to trainer:</p> <ul style="list-style-type: none"> - The main character is to be the ‘client’. - The feature film is how the client tells the story. - The focus is on the main character’s interpersonal relationships. - Students need to choose films that are rich in relationships, within a psychological context where possible. - Students are to avoid films with excessive violence, racial or ethnic comments, excessive offensive language or nudity. <p>Two website addresses are given below for suggestions of feature film titles.</p>

Time: 20 min	4. Re-administration of the SCS: Students are to complete a new test and compare it with the original test taken. Smaller groups should then discuss their results. The purpose of this exercise is for students to gain insight into their skills development since the beginning of the course.
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Theme for next session: Presentation of feature film selection (Practical)

Preparation for next session:

Students are to select and watch a feature film. The students are to prepare a brief synopsis of the selected film (the characters and the plot) and the relevance of this film to BRST. Students are to prepare a genogram of the main character's family system.

Students are to read Anchin and Kiesler, 1982

- Chapter 1: Interpersonal theory of personality and psychotherapy

Prescribed reading:

- Anchin, J.C., & Kiesler, D.J. (1982). *Handbook of interpersonal psychotherapy*. New York: Pergamon Press.
- Tomm, K.M., & Wright, L.M. (1979). Training in family therapy: Perceptual, conceptual and executive Skills. *Family Process*, 18, 227–250.

Handout of possible sources for feature film selection

Suggested web sites for possible feature film selection

<http://home.epix.net/~tcannon1/psychmovies/home.html>

<http://faculty.dwc.edu/nicosia/moviesandmentalillnessfilmography.htm>

Articles

Bluestone, C. (2000). Feature films as a teaching tool. *Collage Teaching*, 48(4), 141–146.

Casper, W.J., Watt, J.D., Schleicher, D.J., Champoux, J.E., Bachiochi, P.D., &

Bordeaux, C. (2003). Feature film as a resource in teaching I-O psychology. *The Industrial-Organisational Psychologist*, 41(1), 83–95.

Conner, D.B. (1996). From Monty Python to Total Recall: A feature film activity for the cognitive psychology course. *Teaching of Psychology*. 23(1), 33–35.

Green, R.J. (2007). Teaching psychology through film, video. *Association for Psychological Science*. Retrieved August 28, 2007 from http://psychologicalscience.org/teachings/tips/tips_0703.html.

Basic Relational Skills Training Course

Section B: Session 20 (Practical)

Theme: Student presentation of feature films

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students must clearly articulate the reasons for their choice of feature film and the film's relevance to the training programme. Students must demonstrate an understanding of the important relationships of the main character by presenting the main character's genogram to the group.

Nodal themes:

- Identifying recurring themes in a client's interpersonal relationships.
- The use of a genogram to map a client's family system.

Procedure

Task:

- Student presentation of selection of feature film.
- Group discussion: Common themes from the selection of characters and their genograms.

Facilities:

- Television, DVD player and video recorder

Time: 20 min	<p><i>1. Feedback – Session 19:</i></p> <p>Group to discuss and explore any questions or queries from the previous session relating to conceptual, perceptual or executive skills. Students to discuss interpersonal theory for personality.</p>
Time: 50 min	<p><i>2. Student presentation:</i></p> <p>Each student is to present their selected feature film to the group, describe the main character and use the genogram to explain the main character's family system. Students are to identify and expand on the main reasons why they have selected the film from a personal perspective and from an interpersonal psychotherapy perspective.</p>
Time: 20 min	<p><i>3. Group discussion:</i></p> <p>The students are to identify and discuss the common themes that have emerged from the presentations and their impact on the therapeutic relationship.</p>

Theme for next session: Sequence, pattern and style

Preparation for next session:

Students are to read Anchin and Kiesler (1982)

- Chapter 6 (Anchin): Sequence, pattern and style: Integration and treatment. Implications of some interpersonal concepts.

Prescribed reading:

- Anchin, J.C., & Kiesler, D.J. (1982). *Handbook of interpersonal psychotherapy*. New York: Pergamon Press.

Basic Relational Skills Training Course

Section B: Session 21

Theme: Sequence, pattern and style

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students must be able to clearly differentiate between the proposed concepts of sequence, pattern and style. Students must be able to identify and record the proposed components in an agreed upon format.

Nodal themes:

- Psychotherapeutic commonalities.
- The psychotherapist's behaviour.
- Interactional sequences.
- Interpersonal patterns.
- Interpersonal styles.

Procedure

Task:

- Presentation: Sequence, pattern and style.
- Group discussion: How to identify interpersonal styles.
- Role-plays: Students are to identify interpersonal styles.

Facilities:

	<ul style="list-style-type: none"> – Copy of chapter by Anchin – Flip-chart and pens
Time: 10 min	<p><i>1. Feedback – Session 20:</i></p> <p>Students are to discuss how the use of feature films ties in with the current work and to give examples from their selected film that are pertinent to this chapter.</p>
Time: 30 min	<p><i>2. Discussion:</i></p> <p>Trainer and students to discuss the prescribed chapter, focusing on the nodal themes. The discussion must include how basic relational skills can be used in conjunction with the prescribed chapter.</p>
Time: 10 min	<p><i>3. Mapping the process:</i></p> <p>A discussion to agree upon the format that will be used to map the sequence, pattern and style of an interaction.</p>
Time: 30 min	<p><i>4. Role-plays:</i></p> <p>Students are to demonstrate their understanding of the prescribed work in the form of role-plays. Need one client, one therapist and one observer.</p>
Time: 10 min	<p><i>5. Group discussion:</i></p> <p>Discuss any emerging themes. NB: Check for understanding about the agreed upon format to map the process.</p>

Theme for next session: Interpersonal scenes from the movies (Practical)

Preparation for next session:

Students are to read Watzlawick et al., (1967)

- Chapter 1: The frame of reference
- Chapter 2: Some tentative axioms of communication

- Students are to select a scene of their selected feature film and map the interactional process, focussing on sequence, pattern and style using the agreed upon format. Students to present to the group in the next session.

Prescribed reading:

- Watzlawick, P., Bavelas, J.B., & Jackson, D.D. (1967). *Pragmatics of human communication*. New York: W.W. Norton.

Basic Relational Skills Training Course

Section B: Session 22 (Practical)

Theme: Interpersonal scenes from movies

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students are to demonstrate their understanding of the constructs of sequence, pattern and style and the relevance of such constructs in the therapeutic context.

Nodal themes:

- Interaction sequences.
- Interpersonal patterns.
- Interpersonal styles.
- The frame of reference.
- Axioms of communication.

Procedure

Task:

Student presentation: An analysis of the interactional process of their selected character from a scene in the feature film. Tracking the interview.

Facilities:

- Television, DVD player and video recorder

Time: 20 min	<p>1. <i>Feedback – Session 21:</i></p> <p>Discuss the prescribed chapters and their relevance to the current training. Check for understanding and whether the students were able to integrate the information into their presentation.</p>
Time: 60 min	<p>2. <i>Student presentations:</i></p> <p>Students to present their respective selected scenes and their process notes. The focus must remain on the interaction and should not digress to a general discussion about the feature film.</p>
Time: 10 min	<p>3. <i>Group discussion:</i></p> <p>Students to consolidate learning by having a discussion about the use of basic relational skills and the integration of such skills into the interactional model.</p>

Theme for next session: The Impact Message Inventory (IMI)

Preparation for next session:

The students to read the following chapters and to complete the IMI for the main character of their selected feature film.

- Haley, Chapter 1: Symptoms as tactics of human communication
- Watzlawick, Bavelas & Jackson, Chapter 3: Pathological communication
- Kiesler et al: The Impact Message Inventory

Prescribed books:

- Haley, J. (1990). *Strategies of psychotherapy* (2nd ed.). New York: W.W. Norton.
- Kiesler, D. J., Anchin, J.C., Perkins, M.J., Chirico, B.M., Kyle, E.M., & Federman, E.J. (1975). *The Impact Message Inventory*. Richmond: Virginia Commonwealth University.
- Watzlawick, P., Bavelas, J.B., & Jackson, D.D. (1967). *Pragmatics of human communication*. New York: W.W. Norton.

Basic Relational Skills Training Course

Section B: Session 23

Theme: The Impact Message Inventory

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students must be able to correctly identify a client's presenting symptoms and the client's use of these symptoms to define relationships. The students must be able to correctly analyse and administer the IMI.

Nodal themes:

- Defining a relationship.
- Symmetrical and complementary relationships.
- The correct and appropriate use of the IMI.
- The use of basic relational skills to define a relationship.
- Pathological communication.

Procedure

Task:

Presentation: The Impact Message Inventory (IMI)

Facilities:

- Television, DVD player and video recorder
- Flip chart and pens

Time: 10 min	1. <i>Feedback – Session 22:</i> Consolidate content from previous session by discussing main themes.
Time: 30 min	2. <i>Discussion:</i> The students are to participate in a group discussion on the nodal themes of the prescribed reading.
Time: 40 min	3. <i>Student presentation:</i> Students to form smaller groups and present their analysis of the chosen character's IMI. Each smaller group to choose one presentation to present to the whole group.
Time: 10 min	4. <i>Group discussion:</i> Students to discuss the selected presentations and to focus on the salient points pertaining to the prescribed reading.

Theme for next session: An interview (Practical)

Preparation for next session:

The focus of the next two sessions is on the integration and consolidation of all the skills and models taught thus far, using the feature film as a medium. Students are required to bring tape-recorders for the next two sessions

Students are to read the following chapters:

- Watzlawick et al., Chapter 4: The organisation of human communication
- Watzlawick et al., Chapter 6: Paradoxical communication

Prescribed reading:

- Watzlawick, P., Bavelas, J.B., & Jackson, D.D. (1967). *Pragmatics of human communication*. New York: W.W. Norton.

Basic Relational Skills Training Course

Section B: Session 24 (Practical)

Theme: An interview

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to incorporate the content of the past five sessions and apply it to a practical scenario.

Nodal themes:

- The use of perceptual, conceptual and executive skills to assess a session.
- The identification of a client's sequence, pattern and style.
- Symptoms as tactics.
- Defining a relationship.
- Basic relational skills.
- The Impact Message Inventory.
- The organisation of human communication.
- Paradoxical communication.

Procedure

Task:

Student to conduct interviews and present to the group.

Facilities:

- Flip chart and pens

Time: 20 min

1. *Feedback – Session 23:*

Students are to discuss the prescribed chapters.

Time: 10 min	<p><i>2. Discussion:</i></p> <p>Trainer is to instruct students on how to proceed with the role-plays. Interviews are to be recorded.</p> <ul style="list-style-type: none"> - The students are to re-enact the main character from their respective feature films when playing the client. - The interview should be approximately ten minutes long (need to consider time). - The students are to apply all the above skills and complete the IMI for the client. <p>The students must submit process notes for the session.</p>
Time: 50 min	<p><i>3. Role-plays:</i></p> <p>Students to conduct a ten-minute interview with a client. Need one therapist, one client and one observer. Students to record the interview.</p>
Time: 10 min	<p><i>4. Group discussion:</i></p> <p>Group to discuss process and any concerns or queries are to be addressed.</p>

Theme for next session: Continuation of practical

Preparation for next session:

Students who have conducted their interviews need to prepare their process notes and the IMI. The students who have not yet conducted interviews should prepare for the next session. The students are to read the following chapters:

- Watzlawick et al., Part 1: Persistence and change
- Watzlawick et al., Part 2: Problem formation

Prescribed reading:

- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.

Basic Relational Skills Training Course

Section B: Session 25 (Practical continued)

Theme: An interview

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to incorporate the contents of the past five sessions and apply it to a practical scenario.

Nodal themes:

- The use of perceptual, conceptual and executive skills to assess a session.
- The identification of a client's sequence, pattern and style.
- Symptoms as tactics.
- Defining a relationship.
- Basic relational skills.
- The Impact Message Inventory.
- Persistence and change.
- Problem formation.

Procedure

Task:

Continuation of student interview presentations.

Facilities:

- Flip chart and pens

Time: 20 min	<p>1. <i>Feedback – Session 24:</i> Discuss the prescribed readings and how it may be integrated into the current interview situation. Need to establish protocol for the session, i.e. who still has to have an interview. Arrange feedback according to time allowed.</p>
Time: To be determined	<p>2. <i>Role-plays:</i> Students to continue with the role-plays.</p>
Time: To be determined	<p>3. <i>Feedback session:</i> Students to present their respective session, IMI and process notes to the group for discussion.</p>

Theme for next session: Interpersonal manoeuvres and behaviour change

Preparation for next session:

Students are to read Swart and Wiehahn (1979)

- Chapter 3: The implications of relationships for psychotherapy
- Chapter 4: The evaluation of the psychotherapeutic process
- Chapter 5: The development of strategies of psychotherapy
- Chapter 6: Strategies of individual psychotherapy

Prescribed reading:

- Swart, N, & Wiehahn, G. (1979). *Interpersonal manoeuvres and behaviour change*. Cape Town: H & R Academia.

Basic Relational Skills Training Course

Section B: Session 26

Theme: Interpersonal manoeuvres and behaviour change

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students must comprehend the significance of relationships in the therapeutic context and how symptoms can be seen as interpersonal manoeuvres. Students must know how to implement a treatment protocol from an interpersonal perspective when working with a client.

Nodal themes:

- The therapeutic relationship.
- Strategies of individual psychotherapy.
- Integration of prescribed readings.

<i>Procedure</i>	
<i>Task:</i>	
Discussion: Group to discuss the importance of interpersonal strategies and their impact on the therapeutic relationship.	
<i>Facilities:</i>	<ul style="list-style-type: none"> – Flip chart and pens
Time: 20 min	1. <i>Feedback – sessions 24 and 25:</i> Students to discuss their experience of the interviews and any key knowledge gained from the exercise.

Time: 70 min	<p><i>2. Discussion:</i></p> <p>Trainer to systematically work through the prescribed chapters from Swart and Wiehahn. The examples provided in Chapter 6 are to be used in a group discussion to illustrate the nodal themes. Students are to correlate the acquired knowledge with the characters from the feature films. Depending on time, students may role-play various strategies.</p>
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Theme for next session: Interpersonal manoeuvres and behaviour change

Preparation for next session:

The students are to read Watzlawick et al. (1974)

- Part 3: Problem resolution

Prescribed reading:

- Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.

Basic Relational Skills Training Course

Section B: Session 27

Theme: Interpersonal manoeuvres and behaviour change

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students must comprehend the significance of relationships in the therapeutic context and how clients' presenting symptoms may be interpersonal manoeuvres. The students need to be able to implement a treatment protocol from an interpersonal perspective when working with a client.

Nodal themes:

- Problem resolution.
- Classification of interpersonal strategies of individual psychotherapy.

Procedure

Task:

Continuation of discussion: Group to discuss the importance of problem resolutions and in the use of interpersonal strategies in the therapeutic relationship.

Facilities:

- Flip chart and pens

Time: 20 min

1. Feedback – Session 26:

Students are to discuss the prescribed readings and the impact of interpersonal strategies on the therapeutic relationship.

Time: 70 min	<p>2. <i>Discussion:</i></p> <p>The focus of the discussion must focus on how to identify the interpersonal styles of clients and ways to use such strategies as recommended in the literature. Students are to correlate the acquired knowledge with the characters from the feature films. If there is enough time, the student can role-play the various strategies.</p>
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Theme for next session: Interactional psychotherapy

Preparation for next session:

The students are required to read Anchin & Kiesler (1982):

- Chapter 11: Interactional psychotherapy – using the relationship

Prescribed reading:

- Anchin, J.C., & Kiesler, D.J. (1982). *Handbook of interpersonal psychotherapy*. New York: Pergamon Press.

Basic Relational Skills Training Course

Section B: Session 28

Theme: Interactional psychology

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

Students must be able to effectively conduct a session with a client using the five stages proposed by Cashdan.

Nodal themes:

- The accurate identification of the strategies used by the client in the therapeutic context.
- Communication in the therapeutic context from an interactional perspective.
- The process of interactional psychotherapy.
- The five stages as proposed by Cashdan.

Procedure

Task:

- Group discussion: Interactional psychotherapy.
- Role-plays: Using interpersonal strategies.

Facilities:

- Flip chart and pens

Time: 20 min	<p><i>1. Feedback – Session 27:</i></p> <p>Students to discuss key knowledge gained from previous session and its integration with the basic relational skills taught in Section A.</p>
Time: 60 min	<p><i>2. Group discussion:</i></p> <p>Trainer and students to concentrate on the nodal themes from the prescribed chapter.</p>
Time: 10 min	<p><i>3. Practical:</i></p> <p>Students to brainstorm how best to put the knowledge gained in Section B into practice, and agree on a format to present their understanding of the material in Section B.</p>

Theme for next session: Putting it into practice (Practical)

Preparation for next session:

The students are required to review all of the previous course material in order to adequately prepare for the practical session.

Basic Relational Skills Training Course

Section B: Session 29 (Practical)

Theme: Putting it into practice

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate their assimilation of the skills taught to date. The students must be able to accurately identify the skills that they need to work at in order to facilitate the therapeutic process.

Nodal themes:

- The correct integration of all of the skills taught in the course.
- The creation of a therapeutic relationship using the skills taught.
- The gathering of information from the client in a therapeutic manner.
- The accurate recording of the session using process notes and genograms.
- The formulation of a hypothesis regarding a therapeutic intervention.

Procedure

Task:

The students are to effectively conduct a 20-minute first session with a ‘client’, while being observed from behind the one-way mirror by the trainer and the other students.

Facilities:

- Room with one-way mirror

<ul style="list-style-type: none"> – Recording facilities, i.e. video recorder and television 	
Time: 10 min	<p><i>1. Introduction:</i></p> <p>Explain the purpose of the exercise and what is expected, i.e. students must utilise the skills taught in the course to create a therapeutic environment while conducting a session. The client will have the opportunity to give feedback on their experience of the therapist and the session. The focus needs to be on the interpersonal relationships of the client.</p> <p>Note to trainer:</p> <p>The person playing the role of the client must impersonate the main character from his or her feature film selection in order to give the therapist more to work with.</p>
Time: 70 min	<p><i>2. Interviews:</i></p> <p>Each student must interview a client and then receive feedback from the trainer and the other students. Need to agree on the procedure for giving feedback to students.</p> <p>Feedback: Trainer must give feedback to each individual student.</p>
Time: 10 min	<p><i>3. Closing discussion:</i></p> <p>The group is to discuss the highlights and concerns of the session and any emerging themes.</p>

Theme for next session: Putting it into practice (Practical)

Preparation for next session:

The students are to prepare for their interviews and prepare any questions or concerns that they may have to discuss with the trainer.

Basic Relational Skills Training Course

Section B: Session 30 (Practical)

Theme: Putting it into practice

Name of trainer:	Date:
	Total session time: 90 min

Learning objective:

The students are to clearly demonstrate their assimilation of the skills taught to date. The students must be able to accurately identify the skills that they need to work at in order to facilitate the therapeutic process.

Nodal themes:

- The correct integration of all of the skills taught in the course.
- The creation of a therapeutic relationship using the skills taught.
- The gathering of information from the client in a therapeutic manner.
- The accurate recording of the session using process notes and genograms.

Procedure

Task:

The students are to effectively conduct a 20-minute first session with a ‘client’, while being observed from behind the one-way mirror by the trainer and the other students.

Facilities:

- Room with one-way mirror
- Recording facilities, i.e. video recorder and television

Time: 10 min	<p><i>1. Introduction:</i></p> <p>Explain the purpose of the exercise and what is expected, i.e. students must utilise the skills taught in the course to create a therapeutic environment while conducting a session. The client will have the opportunity to give feedback on his or her experience of the therapist and the session.</p> <p>Trainer feedback: The trainer must give feedback to the students about the overall performance to date of those students playing the role of the therapist and address any concerns that may have arisen from the previous session.</p>
Time: 70 min	<p><i>2. Interviews:</i></p> <p>Each student must interview a client and then receive feedback from the trainer and the other students. Need to agree on the procedure for giving feedback to students.</p> <p>Feedback: Trainer must give feedback to each individual student.</p>
Time: 10 min	<p><i>3. Closing discussion:</i></p> <p>The group is to discuss the highlights and concerns of the course and any major emerging themes.</p>

Note to trainer:

Time may have to be negotiated with the students in order to continue with the feedback process and to address any concerns of individual students that may have arisen during the practical.

Epilogue

Haley (1996) suggests that there are two people in the room in individual psychotherapy, and that what the client does is in direct response to what the therapist does. Clearly, the therapist is also influenced by the client's behaviour. This implies that the interpersonal nature of psychotherapy should not be ignored. Throughout the BRST programme emphasis has been placed on the learning and teaching of the aspects necessary to develop and maintain this relationship, not only theoretically, but with the use of interactive methods of learning such as role-play. While the practical components serve to facilitate the learning process, on another level they encourage the integration of the theory into the self of the student. Haley (1996) states that new therapists might read more and more and spend longer hours in lectures, but ultimately they must go in and do the job. It is one of the aims of this training programme to equip students with the necessary skills and self-confidence to do exactly that: their job.

According to Keeney (1983, p. 191), “[a] therapist can be described as either an artist or a craftsman”. Keeney (1983) describes the craftsman as a therapist who utilises particular skills and techniques to ‘fix’ the problem. In the case of the therapist who is an artist, the use of skills and techniques is secondary to a more encompassing perspective whereby the use of a skill has importance in terms of the way it becomes part of a whole ecology, namely personality, social context and world. Hopefully, the systematisation of the training programme in basic therapeutic skills opens the door to aesthetic practice in addition to the mechanistic application of psychotherapeutic skills and methods. Indeed,

teaching and learning, by lecturers and students, of delicate interactional understandings and operations, need to be based on the patient and repetitive immersion in the training system.

Rycroft (2004) states that models and techniques can only ever be one part of what the therapist brings into the work, for there will come a time when situations are confusing and incapable of technical solution. To this end, the BRST programme aims to provide the students with the interpersonal insight to move beyond the hypothetical confusion, where technique will no longer suffice, by offering plausible alternatives. In conclusion, the ultimate goal of the BRST programme is to facilitate the development of Keeney's (1983) description of therapists who are artists and the situation in which the client and the interpersonal therapeutic relationship are the most important factors.

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