

Defining Counselling Psychology: What do all the Words Mean?

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This paper provides an explanation and an interpretation of the definition of counselling psychology that is endorsed by the New Zealand Psychologists Board. The individual meanings of seven components of the definition are discussed, and these are: ecology, development, phenomenology, empowerment and enhancement, assessments, interventions, and prevention. It is contended that the seven components are logically related and contribute to a consistent and coherent definition for the discipline of counselling psychology. It is also suggested that the values that the definition acknowledges are relevant for many other human service practitioners.

Keywords: counselling psychology, ecology, phenomenology, empowerment and enhancement

Counselling psychology is officially defined in New Zealand in the following terms:

“Counselling Psychologist” - Counselling Psychologists apply psychological knowledge and theory derived from research to the area of client empowerment and enhancement, to assist children, young persons, adults and their families with personal, social, educational, and vocational functioning by using psychological assessments and interventions, and preventative approaches that acknowledge ecological, developmental and phenomenological dimensions. (New Zealand Psychologists Board, 2013)

This definition is essentially the same as the definition of the discipline that was originally written for the Institute of Counselling Psychology (Cooper, Frewin, Gardiner, O’Connell, & Stanley, 2002); and it is identical to the definition that was subsequently put out for consultation (Stanley, Gibson, & Manthei, 2005), and that was ultimately contained in the application that was submitted to the

New Zealand Psychologists Board for a vocational scope of practice for counselling psychology (Stanley, 2005). On the website of the Psychologists Board there are also definitions for clinical psychology and for educational psychology, and probably in the future there will be definitions for other psychological specialties. Each of the existing definitions has a common structure and common components. All three specialties “apply psychological knowledge and theory derived from research”, “to assist children, young persons, adults and their families”, through assessment and interventions. The definition for counselling psychology is different from the other two definitions in its explicit acknowledgement of phenomenology, its emphasis on empowerment and enhancement, its reference to a breadth of typical functioning (and specifically, vocational concerns), and in the recognition that problems of living can and should be prevented. The definition is also special because of what it does not contain. For instance, there is no mention of mental health or diagnosis as is found in the clinical psychology scope.

What the words say in the definition of counselling psychology is that the practitioners of this discipline give a special priority to understanding the client’s world, and to assisting the client to attain for him or herself increased functioning and opportunities. This fundamental person-centred commitment has some conditions, however, as counselling psychologists acknowledge the impact of developmental state and of environmental influences on human behaviour and autonomy. The consequence of this acknowledgement is the preventative emphasis of the discipline, as there is an understanding that circumstances that have adverse effects can be changed. Counselling psychology is a specialty area of psychology and the methods that are used to facilitate client change will typically be supported by research.

What follows is an analysis of the implications, and the challenges, of the dimensions and commitments of the officially accepted definition of counselling psychology. As a corollary, it is also argued that counselling psychology’s composite view of the client and of the helping process is more widely applicable to the delivery of human services in this country.

Ecology

The commitment to fully embrace and understand the client’s environment is probably counselling psychology’s pivotal resolution and task. Principally as a consequence of work by Bronfenbrenner, and specifically the publication in 1979 of *Human Ecology: Experiments by Nature and Design*, psychologists have come to understand that the circumstances that

surround children, young persons, adults and their families are multilayered, multidimensional, interactive, and changing. People exist in many settings; they have physical, cognitive, socioemotional, aesthetic and spiritual aspects; and they engage with other people in a stream of microsocial events that shape who they are, and that shape the other individuals who surround them. Moreover, as people change, so do contexts and multigenerational and historical perspectives arise. Finally, behaviour is about adaptation: it serves purposes for people, and typically these purposes are in relation to other people.

At the end of a review of fifty years of resilience research Luthar (2006) says:

The first major take-home message is this: Resilience rests, fundamentally, on relationships. The desire to belong is a basic human need, and positive connections with others lie at the very core of psychological development; strong, supportive relationships are critical for achieving and sustaining resilient adaptation. (p. 780)

Luthar (2006) also states that for children the parent-child relationship is the single strongest predictor of adaptive functioning. Longitudinal data show that responsive, supportive, and structured care-giving contributes to self-esteem and self-confidence, empathy and social skills, and curiosity and problem solving (Sroufe, Egeland, Carlson, & Collins, 2005). Most importantly from a therapeutic perspective, sensitive and consistent parenting nurtures emotional regulation and it fosters expectations within the individual that they can cope with life's adversities. And according to Dishion and Patterson (2006), emotional regulation is the most promising candidate for linking the individual characteristics that people possess to the ecologies that they function in.

The implications of adopting an ecological perspective are far reaching and profound for counselling psychologists, as they have been for educational psychologists who also embrace this position (Annan, 2005; Jimerson, Annan, Skokut, & Tyler, 2009; New Zealand Psychologists

Board, 2013). It means that practitioners have to acknowledge the meaning and influence of culture, socioeconomic status, and community circumstances for their clients, while eschewing the simplicity and stigmatisation of 'social address' and the seemingly endless quest to personalise social problems. On another level, ecology challenges clinic-based counselling where the problem resides with the client and where solutions are sought away from where life is lived. Psychologists who acknowledge the significance of environmental influences are likely to visit families, childcare centres, schools, recreational facilities, and work places to truly understand their clients' problems of living so that they might respond to them in meaningful and practical ways.

Development

As the forgoing discussion makes plain, individual development is inseparable from ecology. The linkages between the individual and context are central to contemporary conceptions of human development, which are variously referred to as interactionist, dynamic, or multiple-levels-of-analysis, and as holistic, organisational, or systems approaches (Cicchetti & Blender, 2006; Lerner, 2006; Magnusson & Stattin, 2006; Thelen & Smith, 2006). People develop through successful confrontations with environmental demands, which progressively alter the architecture of the self in biological, cognitive, and socioemotional domains, and the new complexity that is acquired gives rise to enhanced personal competence and increased adaptive capacities (Stanley, 2009).

For convenience, we label the environmental forces that have the potential to promote positive outcomes as protective factors, and those influences that can increase personal vulnerability are termed risk factors. Developmental pathways and trajectories are two other conventions that can assist in explaining, over periods of time, both positive and prosocial adjustment and maladaptive and antisocial behaviour. A developmental pathway is the actual course that an individual treads and, while there will be bumpy parts and smoother

sections in all life courses, there can be distinctly different destinations at the end of alternate pathways with respect to personal security and satisfactions. The examination of a developmental pathway allows the client and therapist (and researchers) to discern steps, junctions, and turning points, and such appreciations can be very helpful for programme planning. It can also be really useful for a practitioner to plot a trajectory for a client and oftentimes this will show a vector veering backwards and forwards between positive and negative possibilities and consequences over periods of development. Nevertheless, with both pathways and trajectories it does need to be remembered that client outcomes are always probabilistic rather than certain, and this is because we cannot account for the impact of chance environmental events (Bowes & Hayes, 2004; Stanley, 2003; Stanley 2011a)

Some risk factors and some protective factors have been established, respectively, as particularly harmful, or as especially conducive, to positive human development. Poverty in childhood, for instance, is a persistent marker for maladaptation in adulthood (Doll & Lyon, 1998). Similarly, child maltreatment can be remarkably injurious, and arguably "it may represent the greatest failure of the caregiving environment to provide opportunities for normal development" (Cicchetti & Blender, 2006, p. 249). By contrast, a number of protective or resilience factors have been established by research with "compelling consistency" (Masten & Wright, 2010, p. 222). These positive forces are attachment relationships and social support; personal agency, mastery motivation, and self-efficacy; self-regulation of attention, emotion, and action; intelligence and problem-solving abilities; meaning making, faith, and hope; and beliefs, rituals, and practices from cultural and religious traditions.

It is contended that the study of human development is counselling psychology's core discipline because, as well as providing frameworks for appreciating the course and continuity of adaptive and maladaptive functioning, developmental psychology and developmental psychopathology contain large vistas of research and theory on the processes that are implicated in

personal outcomes. A sampling of relevant human development topics for counselling psychologists would likely include: genetics and the significance of biology for development; parenting styles; family systems and transitions; personality development; socialisation; perceptual, cognitive development, and memory; language development; gender development; schooling and careers; human sexuality; and moral development. Developmental concerns have a prominence in professional work with children, adolescents, and families; and they continue to contribute special depths of understanding to the work that is done with clients in adulthood and old age as well.

Phenomenology

The commitment to phenomenology is counselling psychology's most distinctive characteristic. The progenitor of phenomenology was Husserl who urged psychologists to attend to the 'phenomenon', or the primary reality of what the client experiences (Spinelli, 1989). The emphasis then is on highly personalised interpretations, meanings, and beliefs which can be seen as constituting a client's lifeworld. The question can be legitimately asked as to how such individual and unique experiences can 'connect' with the shared and standard emphases of conventional psychology. In fact, phenomenology aligns with a number of the current conceptualisations of human development. Firstly, person and environment relations are seen as transactions in both frameworks. Spinelli (1989) says that the one central assumption of phenomenology is its view of human beings "as active interpreters of their experience of the world rather than as passive reactors to both bio-physical and environmental forces" (p. 180). Secondly, there are similarities in the holistic and integrative views that exists across phenomenology and the systems approaches of developmental science.

Furthermore, the integration of self-systems and environmental events is sustainable on a deeper level. We look with our eyes but we see with our accumulated life experience (Magnusson & Stattin, 2006). The store of beliefs that we possess is the product

of successive restructurings of cognition and emotion, and these schema not only affect our personal perceptions, or phenomenology, but our planning and problem solving capabilities as well. Emotional regulation is central to the conscious control of thought, or executive functioning (Greenberg, 2006) and, as has been indicated, this capacity is embedded in relationships. It is probable that the important choices that we make in life are about choosing relational contexts that are conducive to our goals. In this regard, Elder and Shanahan (2006) suggest that when we change our personal direction or life style it usually involves changing our best friends.

The crucial implication of phenomenology for counselling psychologists is that we should endeavour to know our clients in the sense that we know ourselves. It is particularly important to understand the client's perspective on relationships; and this applies equally to children as it does to adults, as research shows that children do know what help and support they require (Bannister, 2001). Understandably, accessing quality information from a client is usually dependent itself on a quality relationship with a client. Counselling psychologists typically prioritise the therapeutic relationship (Gibson, Stanley, & Manthei, 2004; Grant, Mullings, & Denham, 2008), but what exactly is a 'quality' relationship and how is it achieved? Jung talked about the need for the therapist to be 'infected' by the client (Norton, 2009), and while this assertion pertains to a particular analytical position it does underline the importance of openness and empathy in professional encounters.

Empowerment and enhancement

As has been said, empowerment and enhancement are unique and special components of the official definition of counselling psychology. What these terms assert is that the specialty is concerned with the facilitation of power, and with the heightening of capacities for clients. Both empowerment and enhancement are 'pro words' in the sense that they are appealing and have connotations of a self-justifying good.

For instance, Dearden (1968) says of personal growth that it "functions as a symbolic image, pregnant with meaning and rich in emotional appeal" (p. 25). Philosophically, empowerment and enhancement derive their justifications from the positive and unbounded conceptions of human nature associated with humanism and existentialism. Again, the linkages across the components of the definition of counselling psychology will be apparent as an emphasis on *being as becoming* is a logical and natural extension of an appreciation of the individual in his or her wholeness and uniqueness (Matson, 1973).

Probably the most common understanding of empowerment in professional discourse is in supporting clients to overcome barriers to their wellbeing; and these barriers can be within themselves, or across relationships, or they can be encountered with organisations and systems. With respect to institutional power, McDonald, Craik, Hawkins, & Williams (2011) warn us that it can be easy for practitioners to become agents of the established order since there are payments and validation for victim-blaming and for pathologising clients. In such circumstances, the counselling psychologist could, effectively, become a part of the problem instead of offering empowering and enhancing solutions. Moreover, Van der Klift & Kunc (1994) describe our relationships with our clients, and their families and communities, as invariably and inherently unequal. When we offer help to others our capacity, worth, and superiority is affirmed, and our own vulnerabilities are masked. For clients, receiving help implies deficiency, burden and inferiority, and their vulnerabilities are displayed.

This discussion takes us closer to understanding the meaning of a quality counselling relationship. In addition to possessing openness and empathy to individual perceptions and circumstance, it will be characterised by a close collaboration of therapist and client where judgements and categorisations have no place. More particularly, because empowerment and enhancement are action concepts, a counselling psychologist will also do

practical things on a client's behalf, and these could include negotiating with teachers or employers, or representing the client before a tribunal, or navigating a shoal of social service agencies for them. Dealing with illness (and presumably other problems of living) in Western neoliberal economies can be interpreted as a matter of individual choice (Lawn & Battersby, 2009). Such a view, however, fails to acknowledge that people, through lack of ability, or lack of confidence, or distress, can be unable to present their own case. Nevertheless, while acknowledging the importance of proactivity and advocacy to the work of the counselling psychologist, it is critical that careful attention is also given to procedural and ethical aspects of these activities (McDonald et al, 2011). For instance, in work with children and parents, it can sometimes be difficult to specify who the client really is. As well, putting wind in a client's sails can occasionally result in shipwrecks for other people, and in some sense we do have a responsibility to the larger ecology of interconnected lives.

Assessment

The foregoing analysis gives clear directions to counselling psychologists on the sorts of assessments that they should undertake with clients. We need to work with the client to consider the risk and protective factors that exist in all of his or her domains of functioning and across all relevant settings for them. In addition, particular attention needs to be given to the person's perceptions of significant relationships, and to how they see their life purpose and direction. Quite simply, the more risk factors that an individual has the greater is his or her personal vulnerability. For instance, in research with children, Sameroff and Rosenblum (2006) determined that four-year-old participants with five or more risk factors were 12 times more likely to be rated as having mental health symptoms than a low risk group.

It needs to be recognised, however, that risk factors and processes are variable entities that do not always act in intuitive ways. For example, maternal substance abuse appears to be no more damaging to dependent children than maternal depression (Luthar & Sexton,

2007), and other apparent stressors can have negligible impacts on some people. The task for the psychologist then is to try and determine the significance, and the means of influence, of relevant risk factors with a view to ameliorating, modifying, or eliminating them. An exclusively risk-focussed assessment, however, is likely to result in a catalogue of deficits and this can have stigmatising effects. To reduce this possibility, and to obtain highly pertinent information, a similarly rigorous appraisal should be made of protective factors, and of the influences that have been identified in resilience research in particular. Toland and Carrigan (2011), for instance, argue that an adequate assessment will always include the identification of protective influences, and Hauser, Allen, and Golden contend (2006) that unless we look for positive qualities "we are nothing more than confused accountants, scrupulously totting up every jot and tittle of the debt of a bankruptcy-threatened client, but ignoring the very assets that might avert such an unhappy eventuality" (p. 287).

What the risk and protective factor approach does is codify the complexity of lived experience and make it more manageable. Inevitably, there are limitations, and in any assessment approach there are real difficulties in capturing what Zigmond (2009) describes as "the ambiguous, the nascent, the naturally evolving, the semiotics of symptoms, the creative possibilities of uncertainty" (p. 136). Nonetheless, we should avoid "the seductive dangers of aggrandising our partial metaphors into didactic conclusions" (p. 134); and by this the author means psychiatric diagnoses. One response to the linguistic and conceptual difficulties that are encountered is to see assessment as an ongoing process rather than as a single event. We should return, over time, to the relationships and other salient features of our clients' lives and continue to learn with them about the patterns, and the possibilities, of their pathways and trajectories.

Finally, the question needs to be considered as to the place that psychometric testing has within such an assessment scheme. This has been a major issue for educational psychology as well (Farrell, 2010); and for similar

reasons, as that specialty has come to embrace ecological and developmental commitments. Standardised tests can provide useful data, both as test results and during the testing process, but what the psychologist gets to see in a test profile are some rarefied historical consequences of person-environment interactions rather than the client's authentic and current exchanges, and the latter can be much more useful for interventions and programming. Additionally, the study of human development makes it clear that domains of functioning are interrelated and interacting and it can be inappropriate to assess intelligence, for instance, without also evaluating aptitudes, motivations, problem solving skills, social competencies, and communication abilities. In a sense, reliance on psychometrics can function as a default mode for psychologists that they return to because the tests provide answers with a semblance of meaning and authority. It is suggested here that psychologists should step forward more confidently, creatively, and constructively; eschew the location of the problem within the person, and assess for relationships, and for real-life skills, within the settings that are important to the client.

Interventions

The official definition of counselling psychology is explicit that it is a research-based discipline. This commitment to science demands some serious consideration, and actions, by a group of practitioners who may be comparatively more heterogeneous in its professional interests than other psychological specialties. As it happens, allegiance to an array of therapeutic approaches is encouraged by a number of sources including leading counselling authorities, and by the dynamics and complexities of psychotherapy itself. In the eighth edition of *Current Psychotherapies*, (and the last that he contributed to) Corsini argued that "the best theory and methodology to use must be one's own. The reader will not be either successful or happy using a method not suited to her or his personality" (quoted by Dumont, 2011, p. 13). Similarly, there is remarkably inclusive quality to Paul's

(1967) injunction that the desiderata of professional engagements should be “What treatment, by whom, is most effective for this individual with that specific problem, and under which set of circumstances” (p. 111).

Studies have shown that the therapist, the therapeutic relationship, the treatment method, and the client all make critical contributions to the outcomes of professional engagements (APA Presidential Task Force on Evidence-Based Practice, 2006). Moreover, the individual psychologist is a key component of psychotherapy regardless of the nature of the treatment (Wampold, 2001). With the pre-eminence of personal and interpersonal factors and processes in counselling, what place does science have? Fundamentally, it is the means for really understanding problems of living, for specifying the numerous contributions to counselling outcomes, and for answering Paul’s question about what works for whom. In fact, scientific methods provide support at every step of the therapeutic process that is in addition to providing information about problems and effective practices. In assessment, a scientific approach facilitates an openness to data, it assists in the framing and testing of hypotheses, and it is helpful in systematising information. In interventions, it dictates a planful and experimental approach, and it is the means for evaluating whether, in any particular counselling relationship, there has been any change or effect. And with respect to evaluation, Kazdin (2006) says:

The stereotype of clinicians is that they enter clinical work in part because they care for people and are less interested in data and research. Let us hope this stereotype is a straw person. Clinicians want evaluation in clinical practice precisely because they care about the individual patient. (p. 174)

Evidence-based practice in psychology has been defined for the United State’s context as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences” (APA Presidential Task Force on Evidence-Based Practice,

2006, p. 273). This definition is clearly consistent with counselling psychology’s commitments to research, phenomenology, development, and ecology. In New Zealand, *The Incredible Years* parent group programme (<http://www.incredibleyears.com>) is an example of an evidence-based group intervention that accords with these values and that is currently being extensively utilised by health, education, and welfare agencies (<http://minedu.govt.nz>; <http://www.werrycentre.org.nz>). Significantly, for the development of culturally relevant services in this country, *Incredible Years* is celebrated by Māori as an opportunity for blending of tikanga with the programme’s principles of respect, collaboration, empowerment, and support (The Werry Centre, nd). Finally, local research shows that delivering an evidence-based programme can be an especially invigorating and satisfying work activity for practitioners and this is because of the dramatic changes that can be observed in clients (Hamilton, 2005).

Prevention

A serious awareness of ecology and development gives rise to a clear understanding of the potential for preventing problems of living. Conceptually, prevention and intervention strategies are related and they are placed on a continuum of supports. However, a basic shift in orientation is still required to relocate the proverbial ambulance from the bottom of the cliff and to move beyond sticking plaster responses. Nevertheless, these moves might be prompted by an awareness of relevant statistics; and of logistical, and economic considerations. It is a fact that this country has comparatively high incidences of social problems and an under-skilled professional workforce to respond to them (Stanley, 2011b; Stanley, Manthei, & Gibson, 2005). Moreover, it is simply impossible to deal to endless waiting lists and to attempt to solve psychosocial problems one case at a time (Albee, 1999). Practitioners who work within a casualty repair framework often prioritise their attention to the most needing circumstances but these situations typically return weaker therapeutic effects and outcomes (Walker & Sprague, 2002). Nonetheless, despite

the blatant and inherent limitations of reactive approaches, prevention is still a ‘hard sell’ to governments and agencies, and this is because it means the allocation of resources to emerging problems that are not yet demanding of attention. Equally, clients themselves may not see the need to seek help for issues which are no more than irritants at this time.

Intervening early in the life of the problem, and before the ecology has become modified to maintain it, makes good economic sense. For example, early childhood interventions, like the Perry Preschool Programme, can have benefit to cost ratios of over 8:1 (Heckman, 2006). These returns are much higher than are obtained from later investments in remedial education and in the criminal justice system. Church (2003) calculates that successful interventions for 5 year-olds cost \$5,000 compared with \$60,000 for a person who is 15 years of age. And overall, it has been estimated that the career of each antisocial individual costs our society \$3,000,000 (Scott, 2003, cited by Ministry of Social Development, 2007). The concept of ‘career’ is also useful in appreciating the costs in terms of individual and personal suffering that are associated with problems of living. There are periods and stages along the pathway to adult disability and disadvantage (e.g., starting school, adolescence, intimate relationships) and each of the transition points will typically have its own issues and distress for the individual and his or her family.

Arguably, most threats to personal wellbeing are preventable, and as professionals and as a society we probably do not take the opportunities that are available to us to enact the measures that we might. Kauffman (1999) contends that, in the area of emotional and behavioural challenges in children, it is actually the professionals who actively thwart prevention by using an array of gambits including preferring false negatives to false positives in surveying, by encouraging developmental optimism (e.g., “He’ll grow out of it”), and by promoting nonpositivist paradigms as morally superior. This writer suggests that, if we are serious about prevention for individual clients, we should seek

answers to the following questions in assessments: (i) Does the presenting behaviour increase the risk of negative outcomes? (ii) Is the behaviour and risk preventable? (iii) What are the costs and risks of prevention? (iv) Can we support other professionals who are taking preventive actions? (v) Are we able to effectively respond to those who argue against prevention? Counselling psychology contrasts with all other human services in the emphasis that it gives to prevention (Manthei, Stanley, & Gibson, 2004); and presumably it is a more worthy act to help people to avoid problems than it is to assist them to resolve them.

Conclusion

The purpose of this discussion has been to demonstrate both the meaning and the coherence of the official definition of counselling psychology. The discipline is committed to evidence-based interventions that are intimately connected to a careful assessment with the client of his or her beliefs, values, development, and ecology. This psychological specialty is also proactive in preventing problems of living and in supporting and enabling clients who are experiencing difficulties. Each of the components of the definition is logically and conceptually related to all of the others, and these components need to exist in a state of balance. Stanley and Manthei (2004) suggest that there is actually a risk of 'self-harm' to counselling psychology if any of the constituent parts becomes pre-eminent. For instance, if concerns with ecology or prevention came to dominate, the specialty may come to resemble a form of community work rather than counselling; and similarly, other distortions of the discipline would occur with the ascendancy of development, phenomenology, or empowerment.

The definition of counselling psychology is complete and sufficient, and it is untenable to add terminology like *diagnosis* and *mental health disorders* to such a detailed and cogent description of the specialty. Counselling psychologists can and do deal with severely challenging personal issues (Grant et al, 2008) but psychiatric interpretations of problems of living, as contained in the DSM-5 (American

Psychiatric Association, 2013), simply do not 'fit' with the accepted characterisation of the discipline. A number of justifications has already been given for a noncategorical approach to the work of the counselling psychologist and to these may be added other catalogues of critique (e.g., Stanley, 2006a; Stanley, 2006b; Wyatt & Midkiff, 2006). It needs to be appreciated that the route to professional identity and recognition for counselling psychology does demand a close analysis of its many points of divergence from the biomedical model; and this has been a critical journey for a number of other human service professions as well, including social work and midwifery (D'Cruz, Jacobs, & Shoo, 2009).

A crucial point of departure for counselling psychology from the clinical view is in how the therapeutic relationship is seen. Comment has already been made about the significance of this relationship, and about the importance of such qualities as empathy, openness, and collaboration, but the defining difference is probably in the active and personal participation of the therapist in counselling. In this regard, Acceptance and Commitment Therapy (ACT) provides us with a detailed formulation of the therapist's role, and of the demands that are to be made of him or her (Hayes, Strosahl, & Wilson, 2012; Luoma, Hayes, & Walser, 2007).

From the outset in ACT, it is understood that the therapist is actually in the same circumstances as the client; and they do not possess a vision of normalcy or health that the client or patient is expected to aspire to. Metaphor is a popular strategy in this therapeutic system, and the ideas of equality, sharing, genuineness, and compassion are exemplified in the Two Mountains allusion (Harris, 2009). In this metaphor, the therapist is described as climbing a mountain near the client, and as he or she is climbing upwards the therapist might see a foothold, or even an alternative pathway, from his or her mountain that is presently obscured to the client in the ascent of their mountain. The goal in ACT is for the client to have a richer and fuller life, and this means that the therapist has to be emotionally accessible to the client, and to show

that they are vulnerable to the same cognitive, emotional, and behavioural traps as everyone else.

It is an interesting fact that psychology, and counselling psychology in particular, now has much more to contribute to the advancement of medical practice than it could ever gain from a misappropriation of a physical medical model to psychological problems. For instance, Lawn and Battersby (2009) report on a major collaborative research project in Australia that has looked at the competencies that primary health care professionals need to have to provide effective support to the burgeoning numbers of individuals who are experiencing chronic health conditions. The relevant skills and knowledge have been determined as those that promote collaborative, person-centred practice; that acknowledge the social determinants of health; and that empower people to effectively manage their own lives. These competencies all involve psychosocial knowledge and processes, and they include rapport development and communication abilities, interviewing and needs-assessments, identifying consumers' strengths, goal-setting and advocacy, and developing culturally appropriate practice. It is interesting that these investigators found that there was currently a significant discrepancy between what health service providers believed that they were providing for their clients and what the service users actually experienced as recipients of health services.

In a sense, counselling psychology provides the ultimate generic scope of practice for the social services. On this question, I wrote a paper twenty years ago suggesting that there should be a common benchmark qualification in New Zealand for counselling, professional psychology, and social work (Stanley, 1993). The new degree that was proposed would integrate differing perspectives, develop new understandings, and promote professional standards. The practitioners from such a programme would be expected to have the capacity to offer ethical change programmes that have lasting effects and that "acknowledge the multidimensional nature of many personal difficulties and the complexities

of the environments in which these are generated" (p. 37). We now have a training programme in psychology-based counselling in this country, and we need to be constantly aware of a critical point: talking about having quality relationships, empowerment of clients, and acknowledging a client's preferences, development, and social circumstance is not the same as actually performing these professional functions. And without a commitment to research and evaluation a therapist cannot show, and may never know, that there is a difference between what is said and what is done.

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