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|  | PC-L5 - Example answers to external assessment case review |

Please make sure that you also read the *Guidance to writing external assessment Case Review – PC-L5* which is on the CPCAB website.

# CONTEXT AND BOUNDARIES OF WORK

* + ***Describe the context in which you work showing understanding of the boundaries and ethical framework for independent practice.***

I work at a Community Health centre which offers a range of mind and body therapies including counselling and psychotherapy. All the practitioners there are self-employed and responsible for their own practice but the benefit of working in the centre is that there are suitable rooms and shared facilities eg waiting room, toilet etc and a full-time receptionist who also takes bookings. I also sometimes get referrals from some of the other practitioners and vice versa. It is a voluntary not-for-profit charitable organisation. Although it would be better if my clients did not have to run the risk of bumping into people they might know at the centre, the benefits of having somewhere safe and contained to work outweigh the disadvantages. I have a contract with the centre for 12 hours client work a week and I pay a fixed rate for use of the room. We are all covered by the centre’s public liability insurance for health and safety and I have my own insurance for my clinical work. I could not work from my own home for a variety of reasons. I also feel more secure in myself that at the centre there are always other people around. Safety and containment are important aspects of working within an ethical framework as an independent practitioner.

I have arranged my own supervision with T, an experienced supervisor. I have supervision every fortnight but T is happy to fit in extra sessions (sometimes on the telephone) if anything urgent comes up between sessions. Clients come to the centre through self-referral and also through referrals by Social Services, the courts and local GP practices. This is why it is important that I can carry out an assessment process both to ensure that I work within my competence and for the protection of the client. I publish my charges for counselling sessions on my information sheet which also tells clients about my background and training, my supervision arrangements, cancellation policy and a general statement about confidentiality. I offer reduced rates for the unwaged and for OAPs but I cannot afford to work for nothing and I don’t think this would be a good basis for a therapeutic relationship when I incur costs in running my practice. Clients can choose whether to work within an agreed fixed number of sessions or to work in an open-ended contract with regular reviews. I discuss all these details as well as time boundaries and the complaints procedure, with each client as part of the initial assessment session and as part of reaching a verbal contract for the work. However, I do ask for the client’s name, address, telephone number and emergency contact number which I keep in a locked cabinet with my session notes. I also ask for the details of their GP and explain that as an independent practitioner this would be my first recourse if for any reason I needed to refer them for other kinds of help.

In my first session with John (not his real name) I went through all the issues above being careful to explain that I am a member of BACP and work to the principles set out in the BACP Ethical Framework for Good Practice. Regarding the limits of confidentiality - I explained to him that I would have to breach confidentiality in certain situations eg information regarding acts of terrorism, child abuse, risk of self-harm or harm to others or if subpoenaed to a court of law.

After listening to this John appeared a little disconcerted and uncomfortable, but when I added ‘Wherever possible, I would talk to you first before doing anything about it’ he seemed to settle into a sense of ease. I noted the way in which he could quickly move in and out of feeling states.

I sensed he was overwhelmed by this. I noticed his fingers tapping on the arm of the chair. I realised that I had given him a huge amount of information to take on board. I told him that he could raise any concerns at any time and we would discuss things again. I stressed the importance of respect for human rights and my personal belief and commitment to working with integrity towards alleviating distress and suffering.

**Word count 708**

***FEEDBACK: This answer gained 2 ½ marks.***

*Lengthy but a good answer. The candidate has shown consideration for the important aspects of safe practice and how this translates into the contracting process. It would have been helpful to get more of a sense of how the agreement was established with John rather than general comments but one does get a sense of a safe and thoughtful framework for independent practice. Although assessment is only touched on this is more likely to be covered in the next section.*

**2. ASSESSMENT / DIAGNOSIS**

* + ***Use a coherent framework to arrive at an initial assessment of your client.***

In the initial session John appeared to be well-motivated. It wasn’t until the second and subsequent sessions that I felt a rather angry man revealed himself; a man who was in denial about his abusive behaviour towards his partners. For example, I noticed the tension in his face, the closed fists and the raised voice. I felt this indicated how painful John found the whole process; that he was feeling trapped and that he was signalling his signs of confusion and, probably, anger. It was as if staying with any intense feeling internally was difficult. John’s expression was often signalled non-verbally.

I empathised with him and in that moment felt I could offer him warmth and acceptance. Having read his early story, I knew he had never experienced helpful or good parenting. He had few positive role models and had been allowed to do as he wished as he grew up, in a home with a single mother. School had been characterised by fighting with other children. After seeing teachers and then the headmaster on a daily basis, finally he was expelled. He was only 10 at the time. He was known to the police and was a constant disruptive influence at home.

At the age of eleven and a half he was sent to live with his father, because his mother could no longer cope with him. When I read those details, I felt the impact of the hurt that this rejection must have created for him. His father had been compelled to take him in and there was no strong emotional contact there. When I sat and pondered that, it struck me how difficult it would be for John to trust or depend on others. The lack of sensitive responding by both his parents to his boyhood needs invariably had meant that he was unable to form and, indeed, sustain secure attachments, both as a child and in later life. I didn’t feel that he knew what good firm holding was. In Winnicottian terms he had far too loose holding.

I sensed that his loneliness and grief in adulthood was linked to his insecure childhood. By the time he was 17; he had numerous girlfriends and had, in fact, fathered four children by three different mothers. My sense was he was continually recreating those early childhood experiences and, indeed, continually recreating scenarios that had bad endings. All of this simply confirmed his failure in relating.

As we sat in the room, I felt the past was truly present. There is a lot of evidence to suggest that men’s anger and rage and subsequent violence to women has its roots in early childhood. He described a number of his girlfriends telling him that he was looking for a mother figure and, indeed, beyond the angry man I could see an insecure abandoned child. I felt like holding him. I sensed that I would need to be present for him and use simple active listening skills like paraphrasing and demonstrating empathy and realness, to help build a therapeutic relationship. Despite his challenging behaviour, I sensed I would need to hold the space like an unbelievably good father.

# Word count 528

***FEEDBACK: This answer gained 1 ½ marks.***

*The candidate has a good idea of the client’s needs and links this to patterns of relating grounded in attachment theory. However, it is not clear what the core model is although there are indications of person-centred underpinned by attachment theory – nor is there a clear sense of whether there is a match between the client’s service level needs and the counsellor’s ability and whether this was considered in the assessment process. A coherent framework would include both firm grounding in relation to both service level and theoretical approach.*

**3. AWARENESS OF DIVERSITY ISSUES**

* + ***Work with awareness of diversity issues.***

I was aware that until a good working alliance was established I wouldn’t be able to deal with the negative transference, because of my age and my Yorkshire background, which would no doubt remind John of his northern father. Interestingly, John reminded me of my young nephew. I recognised that this was one of the reasons for his challenging behaviour in the sessions. In his eyes I represented his father.

To work with this negative transference, I felt I suddenly had to hold him and remain focused on him John responded well to my demonstrating advanced empathy and very gently began to describe the pain he had about not having a ‘normal’ mum and dad, like his friends.

I listened carefully to his memories about school and the painful feelings at home. When he described how his mum and dad had never attended a school event or watched him play football, I saw his incredible vulnerability. There were times when we had long silences and I could feel a tenderness in my own heart. I sensed his powerlessness and inability to both make and sustain close relationships. Silences were difficult for him and he would often fill the space with a nervous shuffle and I noticed a slight habit he had of brushing his hair to one side. I imagined him sitting on a sofa by himself, bereft of dreams of feeling loved. The past hurt feelings became present and alive in the room. I sensed that John could understand and make a connection to the events of those early years. Indeed, his voice at times had a childlike quality to it, often speaking quietly and using childish expressions. At those times I tried to encourage him more, and lowered my voice as if I was speaking to a hurt child.

I felt I was able to give him a very different experience from the painful experience he had of his father and mother. He was able to express his vulnerability and latent aggression without being punched. Our work, in that sense, was reparative.

It seemed to me that my core model of work, which seeks to integrate a person-centred and psychodynamic approach, was helpful. For example I tried to offer John the core conditions whilst helping him to bring his past experience into the presence of the room, here and now. We were able to look at his early attachment difficulties and gently work through the negative transference he had with his father.

**Word count 414**

***FEEDBACK: This answer gained 2 marks.***

*This shows some understanding of diversity issues in the relationship. The candidate refers to implicit processes and gives examples of how he worked with these. It is not entirely clear though whether the counsellor worked in an overtly psychodynamic way (explicit interpretations to bring the past into the room) in his interactions with the client or whether he was applying psychodynamic understanding to the client while working in a more person-centred way. His sense of the reparative nature of the relationship is accurate and important.*

1. **DEVELOPMENT OF THE THERAPEUTIC RELATIONSHIP** 
   * ***Show how you work with implicit aspects of the therapeutic relationship and the therapeutic process.***

As the sessions went on, John appeared as a chaotic and confused child, both in and also outside the sessions. For example, he’d ring up to let me know he would be late and then simply didn’t turn up. Sometimes he would arrive late and insist that the session be extended. It was clear John had a wilful disregard for boundaries.

I challenged him on this and he began to come on time. So I felt empathy for John and that helped me feel the pain of rejection that he’d lived with all these years. He was lost, abandoned and never had an opportunity to form a secure attachment. That pattern was repeated with the birth of his own children, when he was never given access to them. I asked him in one session to describe his mother. He described her as ‘perfect. We get on really well.’ However, his body language said something completely different. He had a huge frown, his fists began to clench and at one point he placed his thumb in his mouth. It felt intensely painful and I sensed that this was a core wound for John and that at this moment he needed gentle holding. This happened several times and it was not easy to challenge the incongruence of what he was saying and what his body language seemed to be conveying. I found that it was helpful to use relational immediacy by inviting him to look at what was going on in the moment (by sharing my observations) with an invitation to reflect on whether there were any links in our relationship. I wondered for example whether the fact that sometimes he was very complimentary about me and at other times quite hostile was a reflection of similar ambivalence. I am not sure that I did this very effectively.

I imagined that John’s mother would have felt intense pressures herself and no doubt John had felt a need to deeply protect her and yet also internalised some of her pain and distress. It felt vital to the therapeutic process that we revisited the past and brought events present into the room. Very gently he became able to accept my interpretation of events, but it was important to offer them slowly. I was reminded of Jung, who said ‘never know better and never know first’.

**Word count 391**

***FEEDBACK: This answer gained 2 ½ marks.***

*A good answer which shows insight about the client’s process and the ability to make links to therapeutic need and the therapeutic relationship. Although this section is quite brief in itself the case review as a whole shows a good understanding of therapeutic process - hence good marks. There could have been some exploration of the tension between the person-centred belief that given the right conditions a client can find their own answers and the counsellor’s clear desire for the client to accept his interpretation of events, particularly as this is a good example of the inherent tension when integrating two very different approaches.*

1. **USE OF SELF AWARENESS**
   * ***Reflect on how your self awareness impacted on the therapeutic work.***

John’s early childhood touched into something of my own childhood. I remembered my own upbringing. My father had struggled for years with an alcohol problem and mum was a cold and strict mother. I could sense those feelings of being alone in a world that was quite empty and cold. Those were part of the feelings I dealt with in my own personal work and therapy and it felt important that I deal with them in supervision. It was important that I bracket them out and didn’t allow them to seep into our work unduly. The notion of the wounded healer comes to mind, and my heart went out to John because I had an understanding of his pain.

I think this allowed me to understand some of his somewhat erratic behaviour. For example, if I was getting too close he had a habit of looking at his watch, or he would find a way or an excuse for attempting to leave early. On two occasions he had to go to the toilet in mid-session. In my supervision I discussed how important it was to hold the boundaries for him. I did this by reminding him of our contract; that we would work for 60 minutes and he would settle back down. It might have been helpful to work more explicitly with this pattern rather than keeping it to myself. Sometimes it is not possible to see the patterns until after the event e.g. in supervision or even when writing up process notes and then the moment can already be missed. Having said that it does seem that if a pattern is persistent there will be other opportunities for the therapist to address them perhaps in a later session. It does, however, highlight the importance of taking time to reflect on client work which is difficult in a busy schedule.

Sometimes he would praise me, or compliment me, and I would get drawn close to him. At other times he would rubbish me, saying this wasn’t really helping – more evidence of the ambivalence mentioned above. However, I understood that all of this was about testing the boundaries and that it was my role to hold them to create a safe containment for the therapeutic work.

**Word count 375**

***FEEDBACK: This answer gained 2 marks.***

*This shows a good understanding of how the candidate used his own self-awareness of his issues to understand his client and work with him reparatively. He also flags up the need to work on himself and take things to supervision in order to be available to the client. The sense of how the relationship developed over time is not quite so clear and a stronger answer would have demonstrated an understanding of this change in the shift in relationship – underpinned by theory.*

1. **THEORY UNDERPINNING SKILLS**
   * ***Work at depth within a coherent framework of theory and skills.***

I work in an integrative way, drawing on person-centred and psychodynamic (particularly object relations and attachment theory) approaches. Using the core conditions helped to settle John and enabled me to deal with what I saw was his shame and guilt, in an empathic manner. The person-centred approach, with its emphasis on the need for the therapist/counsellor to be genuine, accepting and empathic is core to my own philosophy. Here, the need for the therapist to be non-judgmental of the client’s behaviour and violence is important.

The early case-taking sessions unearthed the stages of loss and attachment issues that John had come across in his short life. The Triangle of Insight was a particularly useful tool for me in enabling John to bring those attachment issues into the here and now of the therapy room and begin the process of understanding of how they were impacting on his current present behaviour. His mother’s indifference towards him left him feeling confused, unloved, vulnerable and wounded. Sadly, his mother’s indifference continues. I was mindful of the research that has shown that many men who are prone to violence and anger were insecurely attached infants, with aggression, intimidation and/or abusive behaviour to exert power and control over others (particularly those who are intimate) emerging later in life. Also, those children who witness such violence are more likely to become aggressive in their relationships. At no time did I feel that there was any threat to me.

Erickson’s 8 Stages of Psychosocial Development helped me to understand that John had grown up mistrusting everyone, feeling shame and doubt, lacking in initiative and carrying a sense of failure and low self-esteem. He was unhappy with the direction of his life and had a strong sense of isolation.

The trust that we had developed enabled John to feel safe to talk about this violence, first towards his mother and then subsequently his girlfriends. It opened up rich material about how he felt before he became violent. He talked about the incidents that would precede these feelings. He talked about the power and energy building up in his body; the rush of blood to the head, a sense of excitement as he felt hugely powerful and then, how the release of his energy emerged when he struck his partner. Always, he would immediately feel ashamed, with a churning in his stomach and sometimes feeling sick. Together, as we explored the build-up to the outbursts, we identified the triggers and in the process allowed him to notice that he was not powerless and that he could prevent his need to control and intimidate by using the coping strategies which were outlined in a safety plan.

I felt that by working together we had achieved a huge breakthrough in enabling him to gain valuable insights into the reasons and background for his controlling, abusive behaviour. I was able to survive those outbursts and I felt that I had become the good enough father. I contemplated how the process may have unfolded with an empathic and strong female therapist who might be able to enable John to work with his issues with his mother. Perhaps someone who might also allow him to feel the grief that I felt was present for his own lost children. There are clearly a number of issues to be addressed – in the time and place that is appropriate for the work.

**Word count 565**

***FEEDBACK: This answer gained 3 marks.***

*The candidate is able to integrate two theoretical approaches in a coherent way and his understanding is grounded in concrete examples from the therapeutic work with his client. Furthermore, he gives a clear sense of how this informed his therapeutic responses. The full 3 marks are awarded because this is consistent throughout the whole case review.*

1. **USE OF SUPERVISION**
   * ***Critically reflect on your use of supervision.***

I have worked with T, a supervisor for almost 2 years. I have one individual session every two weeks with T and it is my responsibility to prepare for supervision and to come with an agenda for the session although we can, and often do, stray into areas that I had not anticipated. This is part of the contract. At first I was very apprehensive in supervision because although T is supportive he is also quite challenging and I was cautious about showing up my weak areas despite the fact that I know that for supervision to be effective in protecting the interests of the client I must be open. I am now wondering whether this sense of fear was a part of a transference response rather than a real one. T’s area of expertise includes body psychotherapy. I have noticed that when tension has arisen in the sessions, T sensitively invites me to work with it. An example happened earlier on. As T guided me to notice my body felt sense it was clear that there was a parallel process happening. I was bringing in to our sessions the tension with John. T gave me confidence to name some of John’s physical movements, e.g. his thumb sucking when we talked about his mother.

A couple of times I felt that T was trying to come to a conclusion about John far too quickly. It was helpful to talk this through. Again, I think I was transferentially holding the powerful dynamic of John being able to stand up against his father safely, whilst also being valued and heard. I brought that encounter into my work and worked gently but firmly with John. I think this transference issue could be explored further in future sessions but it has helped me understand my client.

**Word count 196**

***FEEDBACK: This answer gained 2 marks.***

*Quite a brief account but the examples are relevant and focussed especially his insight into the reparative aspect of the parallel process of the supervisory relationship when he stands up to John. This is quite a sophisticated understanding appropriate to level 5.*

**Total word count 3,376**

***Overall assessment of this candidate’s submission:***

*This candidate would be Proficient in the external assessment with 15 ½ marks out of 21. There is an imbalance in the word count across the section yet he has given some good answers showing a sophisticated level of understanding and practice at both an explicit and implicit level. Most importantly there is a strong sense of coherence and integration in his work throughout the case review. He has not said much about the person-centred approach beyond his understanding of the core conditions; this could have been expanded in the context of this client to include conditions of worth, organismic self versus self-concept, actualising tendency etc. There were also opportunities to explore the tensions between the two approaches being integrated which were not taken despite the fact that he had more words in hand. He has not addressed the service level issue in relation to assessment.*

**Please note:** Only single line-spacing has been used for this example, not double spacing as required for the actual case review. This is to save your printing costs.