

Access to Higher Education Unit

This unit forms part of an Access to HE Diploma. If delivering the graded version of this unit, please refer to the Provider Handbook for details on grading descriptors and the application of these across units within your programme.

Unit Title: Introduction to Counselling Theory

Graded Unit Reference Number: GA36COU02

Ungraded Unit Reference Number: UA36COU02

Module: Counselling

Level: Three [3]

Credit Value: Six [6]

Minimum Guided Learning Hours: 60

Learning Outcome (The Learner will):	Assessment Criterion (The Learner can):
1. Understand key counselling theories and their underlying principles	1.1 Explain the core assumptions and principles of <i>two</i> major counselling theories.
	1.2 Compare and contrast how these theories explain the development of psychological or emotional difficulties.
	1.3 Discuss the strengths and limitations of each theory.
2. Understand the methods and techniques used in different counselling theories	2.1 Describe the key methods and techniques used in <i>two</i> counselling theories.
	2.2 Explain how the methods relate to the underpinning theoretical principles.
	2.3 Discuss how ethical and cultural considerations influence the use of these techniques.
3. Understand the role of the therapeutic relationship within counselling	3.1 Explain the importance of the therapeutic relationship in counselling practice.
	3.2 Compare how two theoretical theories conceptualise the therapeutic relationship.

- 3.3 Discuss evidence-based factors (e.g., common factors theory) that influence the quality of the therapeutic relationship.

Indicative Content	
Learners could cover the following: (The information below is provided for guidance only and is not mandatory)	
LO1	AC1.1 – 1.3 Key Counselling Theories: Core Principles and Assumptions Humanistic / Person-Centred: • Belief in innate potential for growth and self-actualisation. • Emphasis on subjective experience and internal frame of reference. • Psychological difficulties arising from incongruence between self-concept and experience. Psychodynamic (e.g., Freud, Bowlby/Ainsworth – Attachment): • Influence of the unconscious, early relationships and developmental experiences. • Defence mechanisms and insight-oriented work. • Internal working models formed in early attachment relationships. Cognitive Behavioural (e.g., Ellis, Beck): • Relationship between thoughts, feelings and behaviours. • Maladaptive cognitions contributing to distress. • Focus on present-focused change and collaborative empiricism. Explanations of Psychological/Emotional Difficulties How each theory conceptualises: • Origin of problems (past vs present, cognitive patterns, relational patterns). • Maintenance of problems (reinforcement cycles, cognitive distortions, unconscious conflict). Strengths and Limitations • Accessibility, clarity, time-bound nature (e.g., CBT). • Depth, exploration of unconscious processes (e.g., psychodynamic). • Emphasis on autonomy and relationship quality (e.g., person-centred). • General limitations: cultural applicability, suitability for different client needs, level of structure.
LO2	AC2.1 – 2.3 Methods and Techniques in Counselling Theories Person-Centred Techniques: • Use of core conditions (empathy, congruence, unconditional positive regard). • Active listening, reflective responding, minimal encouragers. • Focus on client-led exploration within a non-directive framework. Psychodynamic Techniques: • Use of interpretation, exploring patterns, themes and symbolism. • Transference and counter-transference awareness. • Exploring defences, relational dynamics and early experiences. Cognitive Behavioural Techniques:

	• Thought diaries, identifying cognitive distortions. • Agenda setting, behavioural experiments, homework tasks. • Collaborative problem-solving and goal-setting. Linking Theory to Technique • How methods arise from each theory's assumptions. • Why techniques differ across theories (structured vs exploratory). Ethical and Cultural Considerations • Importance of sensitivity to background, identity and culture. • Adapting communication style and examples appropriately. • Awareness of power dynamics and informed consent in technique use.
LO3	AC3.1 – 3.3 The Therapeutic Relationship Importance: • Relationship as a key factor influencing outcomes (common factors). • Trust, safety, empathy and collaboration as foundational components. Different Theoretical Views: • Person-Centred: Relationship as primary healing factor. • Psychodynamic: Relationship as a window to unconscious processes; importance of transference. • CBT: Relationship as collaborative partnership supporting structured work. Evidence-Based Factors Influencing Relationship Quality • Empathic attunement, warmth, responsiveness. • Rupture-repair processes in therapeutic conversations. • Research on therapeutic alliance and its predictive power for outcomes.