Core Counselling Skills

THE TALKING THERAPIES UK PRACTITIONER SERIES



Core Counselling Skills

Listening that changes things: Rogers' conditions and the foundational skills every helping conversation stands on.

Foundation level · 6 hours of continuing professional development

TALKING THERAPIES UK

First edition · 2026

Published by Talking Therapies UK, talkingtherapies.co.uk.

Copyright © 2026 Talking Therapies UK. All rights reserved.

The moral right of the author has been asserted. No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the publisher, except for brief quotations in a review, and except that a purchaser of the accompanying course may print a single copy for their own study.

First edition, 2026.

This manual accompanies the Core Counselling Skills course in the Talking Therapies UK Digital Classroom, from which its content is drawn and against which it is kept current.

Revision 4. This printing was set on 10 November 2026 from the course as it stood that day.

A note on the clinical material. Every case in this book is a fictional composite written for teaching. No real person appears in it, however disguised. Nothing here constitutes clinical supervision, and nothing in it replaces the judgement of a qualified practitioner working within their competence, their professional body's code and their local governance. Where guidance is cited it was current at the date of this edition; readers must check the standing of any guidance before relying on it.

Set in Poppins and Roboto, the Talking Therapies UK typefaces. Figures drawn by the Talking Therapies UK teaching-diagram engine.

Contents

How to use this manual 1

Part 1 The person-centred foundation 3

1. The actualising tendency and the core conditions 4
2. Empathy as discipline, not warmth 11

How to use this manual

Every effective helping conversation, in therapy, healthcare, education or management, stands on the same foundations: the capacity to attend fully, to hear accurately, and to respond in a way that moves things. This course teaches those foundations properly, for trainees beginning a counselling journey and for any professional whose work depends on conversations that matter.

You will begin with the person-centred tradition and Rogers' quietly radical claim: that people possess an actualising tendency, and that empathy, unconditional positive regard and congruence are not pleasantries but the active conditions of change. You will learn to treat empathy as a discipline rather than a temperament, something practised, checked and refined. The second module turns to the skills in action: attending and the deliberate use of silence, reflection that proves you have heard, questions that open rather than interrogate, and the summaries that give a helping conversation its shape and direction.

Each of the nine written lessons pairs teaching with key points and a practice task you can apply in real conversations immediately, and a built-in study tutor lets you test your understanding as you go. Six hours of CPD, around six months of access, a final assessment, and a personalised certificate on passing.

This manual is the written form of a course taught in the Talking Therapies UK Digital Classroom. It is set at foundation level and carries 6 hours of continuing professional development for practitioners who complete the accompanying course and its assessment.

It is written to be read in order. Each part opens with what it is for; each chapter teaches one idea to a working depth and closes with the points worth keeping and a practice task that converts reading into something you do. The tasks are the part most often skipped and the part that most reliably changes practice, and several of them are designed to be taken to supervision rather than completed alone.

The figures are teaching diagrams rather than decoration. Each is the conventional form of a model you will meet in the literature and in supervision, drawn in one visual language across the whole series so that the shape of an idea is recognisable wherever it reappears.

Where a chapter draws on published work, the reference is named in the text and gathered in the further reading at the back. Terms of art are defined in the glossary, which is worth reading straight through once before you begin.

What this manual will leave you able to do

- Describe the core conditions of person-centred practice and why Rogers held them to be necessary and sufficient
- Demonstrate attending, active listening, reflection and paraphrase that deepen rather than steer the client's exploration
- Use questions, silence and summarising with intention rather than habit
- Recognise the difference between empathy and sympathy, and between the client's frame of reference and your own
- Hold appropriate boundaries around the work, including openings, endings and confidentiality
- Reflect on your own listening blocks and habitual responses as a developing practitioner

PART 1

The person-centred foundation

Rogers' radical claim and the three conditions that carry it.

CHAPTER 1

The actualising tendency and the core conditions

Carl Rogers, the founder of person-centred psychotherapy, advanced a claim that continues to provoke both admiration and resistance within the helping professions: every human being possesses an innate actualising tendency, a self-directed movement towards growth, healing and fuller functioning. This tendency is not a vague philosophical notion but a concrete, empirically supported hypothesis about human motivation. Rogers argued that the actualising tendency flourishes when a person experiences a relational environment that is characterised by three core conditions – empathy, unconditional positive regard and congruence – and that it becomes distorted when those conditions are absent or when the person perceives that they are missing. The centrality of perception is a subtle but decisive point: the therapist must not merely feel empathic understanding, but must convey it in a way that the client recognises as such. If the client does not perceive the therapist's empathy, the therapist's internal stance has no therapeutic impact.

The actualising tendency can be understood as an organismic drive towards the realisation of one's potential, a concept that Rogers articulated in terms of "the tendency to maintain and enhance the self". He contrasted this with a mechanistic view of the person as a passive recipient of external forces. In Rogers' formulation, the client is not a broken object awaiting repair; rather, the client is an active agent whose inner resources are already oriented towards health. Distress, then, is not a malfunction that must be fixed by the therapist, but a signal that the client's experience of self has become fragmented or concealed because the relational conditions have been hostile or conditional. When the therapist offers a relationship free of conditions of worth, the client can re-engage with the parts of experience that have been denied, allowing the actualising tendency to resume its natural trajectory.

The three core conditions are described with a precision that belies their apparent simplicity. Empathic understanding, or what Rogers termed

"accurate empathic reflection", involves the therapist's capacity to enter the client's phenomenological world, to grasp the client's feelings, meanings and frames of reference as if from the inside, and to communicate that understanding back to the client. This is more than paraphrasing; it is an attuned resonance with the client's internal experience, conveyed in language that the client recognises as reflecting their inner state. Unconditional positive regard refers to a consistent, non-judgmental valuing of the person, irrespective of what the client says, does or feels. It is a stance of acceptance that does not fluctuate with the client's behaviour or disclosures. Congruence, sometimes called genuineness or authenticity, requires the therapist to be fully aware of, and to openly express, their own internal experience in the therapeutic encounter, rather than adopting a professional façade. The therapist's inner experience and outward behaviour must be aligned, so that the client perceives the therapist as a real, trustworthy human being.

The final clause – that the client must perceive these conditions – is perhaps the most critical. Empathy that remains hidden, regard that is not communicated, or congruence that is masked by professional detachment, does not contribute to therapeutic change. The client's subjective experience is the ultimate arbiter of whether the relational environment is conducive to growth. This emphasis on perception aligns with the broader common-factors literature, which consistently demonstrates that the quality of the therapeutic relationship predicts outcome across a wide range of modalities. Meta-analyses find a moderate association between the therapeutic alliance and outcome, a correlation of about .28 across 295 studies (Flückiger et al., 2018), which corresponds to roughly 8 per cent of the variance in outcomes and is larger than the share attributed to the specific techniques of most schools (Wampold and Imel, 2015). Similarly, Bordin's tripartite model of the alliance – goals, tasks and bond – underscores the centrality of the relational bond, which is essentially the lived experience of the core conditions.

Research on the actualising tendency itself has been bolstered by studies of self-determination theory (Deci and Ryan) and of intrinsic motivation, which reveal that individuals thrive when their basic psychological needs for autonomy, competence and relatedness are satisfied. These needs map neatly onto Rogers' conditions: empathy supports autonomy by validating the client's internal frame; unconditional positive regard nurtures relatedness

by offering acceptance; and congruence fosters competence by modelling authentic self-expression. Neurobiological accounts propose that secure, supportive relationships engage systems involved in social bonding and emotional regulation, although this has not been shown for the core conditions themselves.

To illustrate how the actualising tendency operates in practice, consider the following worked example. Sarah, a 34-year-old accountant, presents with chronic low mood and a pervasive sense of inadequacy that she attributes to a series of childhood criticisms about her “lack of ambition”. In her first session, she adopts a defensive posture, listing achievements and rationalising her feelings with cognitive-behavioural style arguments: “I’m successful at work, so I must be fine”. The therapist, aware of the core conditions, refrains from challenging Sarah’s rationalisations. Instead, the therapist reflects back the underlying affect: “It sounds as if beneath the list of accomplishments there is a feeling of not being good enough, a sense that the praise you receive never quite reaches you”. This empathic reflection is delivered with a tone of gentle curiosity, signalling that the therapist has entered Sarah’s inner world.

In the second session, the therapist maintains unconditional positive regard, explicitly stating, “Whatever you bring here, I accept you as you are, without judgment”. When Sarah mentions a recent argument with her mother, the therapist does not evaluate the mother’s behaviour but simply acknowledges the pain: “You feel hurt that your mother’s words still echo in you”. By consistently communicating acceptance, the therapist creates a safe container for Sarah to explore the parts of herself that have been hidden.

By the fourth session, Sarah begins to notice a shift in her internal experience. She says, “I realise I have been trying to prove I’m worthy by working harder, but it never feels enough”. The therapist, being congruent, shares a brief personal note: “I hear you, and I notice that I too sometimes feel I have to keep proving myself, and that can be exhausting”. This authentic self-disclosure, modest and relevant, signals to Sarah that the therapist is not a distant expert but a fellow human being, thereby deepening the bond.

As the therapeutic relationship deepens, Sarah’s perception of the therapist’s empathy, regard and authenticity becomes increasingly vivid. She reports feeling “seen” for the first time since childhood. This perception unlocks her

actualising tendency: she begins to experiment with new ways of relating to herself, such as allowing herself to rest after a long day without feeling guilty. Over the course of several months, her depressive symptoms abate, not because the therapist taught her a new skill, but because the relational environment allowed her innate drive towards growth to re-emerge.

The example demonstrates several key mechanisms. First, the therapist's empathic reflections gave Sarah a language for feelings that had previously been unarticulated, thereby reducing experiential avoidance. Second, unconditional positive regard removed the fear of rejection that had underpinned her perfectionistic striving. Third, congruence modelled authentic self-expression, encouraging Sarah to lower her own defences. Finally, Sarah's perception of these conditions was the decisive factor; without her sense of being understood and accepted, the therapist's internal stance would have remained inert.

The empirical support for the primacy of the therapeutic relationship is extensive. In a meta-analysis of more than 200 research reports, Horvath, Del Re, Flückiger and Symonds (2011) reported an overall correlation of .275 between the alliance and outcome. Their findings echo the earlier work of Luborsky, Singer and Luborsky (1975), who explained the similar outcomes of different psychotherapies by the components they share, especially the helping relationship with a therapist. Therapist empathy in particular is associated with outcome: a meta-analysis of 57 studies found a correlation of .31 between therapist empathy and outcome (Elliott et al., 2011). These findings are consistent with Rogers' contention that the relational conditions are central to therapeutic change.

It is worth noting that the core conditions are not merely abstract ideals but skills that can be cultivated and assessed. Empathy can be operationalised through micro-analytic studies of therapist utterances, revealing patterns of reflective listening, paraphrasing and affect mirroring. Unconditional positive regard can be measured by client-rated scales such as the Working Alliance Inventory's bond subscale, which captures the client's sense of being valued without preconditions. Congruence can be examined through therapist self-report instruments like the Therapist Authenticity Scale, as well as through third-party observations of therapist non-verbal congruence. Training programmes that incorporate role-play, video feedback and supervised practice have demonstrated measurable improvements in these

competencies, suggesting that the core conditions are learnable, not merely innate traits.

The implications for clinical practice are profound. When a therapist adopts a stance that assumes the client is the expert on their own life, the therapist's role shifts from that of an authority to that of a facilitator. The therapist no longer seeks to "fix" the client but to create a relational environment in which the client's own actualising tendency can operate unhindered. This perspective challenges the traditional medical model, which positions the therapist as a diagnostician and the client as a passive recipient of treatment. Instead, the person-centred view aligns with contemporary recovery-oriented frameworks, which emphasise empowerment, self-determination and collaborative partnership.

In training contexts, the core conditions must be introduced not as a warm-up for later techniques but as the foundational substrate upon which all subsequent skills are built. Novice counsellors often mistake empathy for simple paraphrasing, or confuse unconditional positive regard with superficial friendliness. Supervision should therefore focus on the therapist's internal experience, encouraging trainees to explore their own feelings of judgment, anxiety or impatience, and to bring those into the therapeutic space with honesty. Congruence, in particular, demands a high degree of self-awareness; therapists must monitor their own emotional responses and decide whether to disclose them in a way that serves the client's growth rather than satisfying the therapist's need for self-protection.

The actualising tendency also offers a lens through which to understand therapeutic resistance. When a client appears stuck, it may be that the relational conditions have not been sufficiently perceived, leading the client to retreat into defensive strategies. By revisiting the core conditions—checking whether empathy is being communicated, whether regard is truly unconditional, and whether the therapist is being authentic—the therapist can often dissolve the impasse without resorting to confrontational techniques.

Finally, the person-centred foundation does not preclude the integration of other modalities. Many contemporary integrative approaches, such as Acceptance and Commitment Therapy (ACT) and Compassion-Focused Therapy (CFT), explicitly incorporate Rogers' core conditions as a therapeutic stance. In ACT, the therapist's willingness to be present with the

client's experience mirrors empathy; the therapist's acceptance of the client's values reflects unconditional positive regard; and the therapist's openness about their own experiential learning exemplifies congruence. Thus, the core conditions serve as a universal language of therapeutic humanity, bridging divergent theoretical traditions.

In sum, the actualising tendency is a robust, evidence-based hypothesis about human motivation that asserts growth is an inherent capacity, contingent on relational conditions that the client perceives as empathic, accepting and authentic. Decades of common-factors research suggest that these relational qualities are associated with outcome across many therapeutic modalities. For the practising counsellor, mastering the core conditions is not a peripheral nicety but the essential work of creating the environment in which the client's innate drive towards health can be realised. By attending to the client's perception of empathy, unconditional positive regard and congruence, the therapist becomes the catalyst that allows the actualising tendency to unfold, leading to lasting change that is generated from within the client rather than imposed from without.

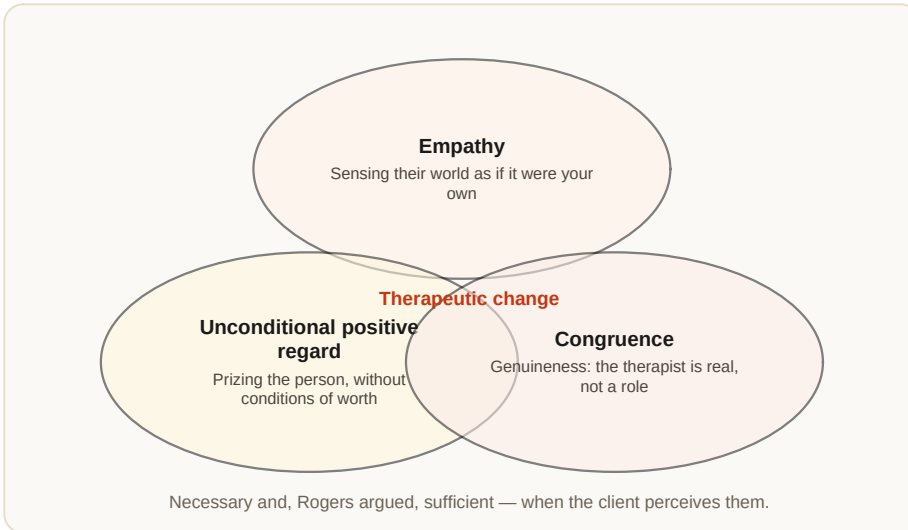


FIGURE 1.1 Rogers' core conditions

Person-centred therapy holds that when the therapist offers empathy, unconditional positive regard and congruence, and the client perceives them, the conditions for constructive personality change are present. They are ways of being, not techniques to perform.

Points worth keeping

- The actualising tendency: growth under the right relational conditions
- Core conditions: empathy, unconditional positive regard, congruence, perceived by the client
- Common-factors research: the relationship carries outcome across all modalities

PRACTICE TASK

Recall a person with whom you feel most able to think freely. Which of the three conditions do they offer you most strongly?

CHAPTER 2

Empathy as discipline, not warmth

Empathy, as it is understood in the person-centred tradition, is not a vague personality trait that some counsellors simply possess and others lack. It is a disciplined, learnable skill that demands a precise, ongoing attunement to the client's frame of reference. The core of the discipline is the ability to enter, as if, the client's experiential world, to hold that entry in a provisional stance, and to test the accuracy of one's understanding by making it audible to the client. Only when the client recognises that the counsellor has captured their experience does the act count as empathy delivered. This definition contains three essential components – entry, as-if stance, and verification – each of which must be cultivated deliberately.

The first component, entering the client's frame of reference, requires the counsellor to perceive the situation through the client's own meanings, values and affective tone. It is not a matter of imposing an external, therapist-centred interpretation, nor is it a simple act of sympathy that observes distress from a distance. Carl Rogers (1957) described empathy as sensing the client's private world as if it were one's own, without ever losing the "as if" quality. The counsellor must listen for the client's metaphors, the cadence of their speech, and the subtle shifts in affect that signal how the client is organising their experience.

The second component, the as-if quality, is the professional safeguard that prevents empathy from collapsing into identification. Identification occurs when the counsellor's own feelings merge with the client's, leading to a loss of perspective and, often, to counter-transference that clouds the therapeutic space. This dual awareness allows the counsellor to feel the emotional texture of the client's world without becoming submerged in it. It also preserves the therapeutic boundary that enables the counsellor to remain a reliable conduit rather than a participant.

The third component, verification, transforms private understanding into a relational event. It is achieved by articulating the perceived meaning aloud, using tentative language such as "It sounds as if…", "I wonder whether…", or "Perhaps you are feeling…". The wording must be provisional, inviting the

client to confirm, modify, or reject the formulation. This process is the only way to know whether the counsellor's internal resonance has been correctly translated into the client's experience. As Barrett-Lennard (1981) articulated, empathy operates as a three-stage cycle: resonance, expression, and reception. Resonance is the internal registration of the client's affect; expression is the tentative verbalisation; reception is the client's response, which signals whether the empathy has been successful.

It is crucial to be explicit about what empathy is not. Empathy is not agreement. A counsellor can accurately grasp a client's belief or feeling without endorsing it. For example, a client may hold the conviction that they are "unlovable"; the counsellor can reflect this belief faithfully while remaining neutral about its truth value. Empathy is not reassurance. Reassurance typically involves the counsellor stepping out of the client's frame to offer a comforting alternative, such as "I'm sure they didn't mean it." This act abandons the client at the very moment they are most vulnerable, violating the as-if stance. Empathy is not sympathy, which is an outward expression of pity that maintains a distance between self and other. Finally, empathy is not the mere recitation of feeling-words; a list of labels without the nuanced, client-specific context fails the verification test.

Barrett-Lennard's model provides a practical anatomy for practising empathy. In the resonance phase, the counsellor attends with such precision that the client's emotional tone registers internally. This is not a passive hearing but an active, embodied listening that may involve noticing a tightening in the chest, a tremor in the voice, or a shift in posture. In the expression phase, the counsellor translates this internal resonance into language, always using tentative qualifiers. The final phase, reception, is where the client either experiences themselves as understood – often accompanied by a physical relaxation or a sense of relief – or signals a mismatch, prompting the counsellor to adjust the formulation. The cycle repeats, each iteration sharpening the accuracy of the empathic attunement.

A concrete worked example illustrates how the cycle operates in real time. Consider a client, Maya, who says, "Every time I go to the family dinner, I feel like a fraud. I smile, but inside I'm just counting the minutes until I can leave." The counsellor, having resonated with the tension in Maya's voice and the clenched hands that accompany the statement, might respond, "It sounds as if you are putting on a performance for your family, while inside you are

feeling a growing sense of being out of place and perhaps fearing exposure." Maya pauses, then replies, "I'm not just out of place, I'm terrified that they'll see I'm a liar about how much I love them." The counsellor notes the shift from a generic feeling of being a fraud to a specific fear of being discovered as a liar. The next expression, therefore, is, "So the underlying fear is that your family will discover that the affection you show is not genuine, and that this discovery would betray a part of you you feel ashamed of." Maya's shoulders relax, and she says, "Yes, that's exactly it. I've been carrying that secret for years." In this exchange, the counsellor's first formulation was close but incomplete; the client's correction guided a more precise second formulation, and the client's physical and verbal affirmation signalled successful reception. The therapeutic impact is evident in Maya's relaxation and the sense that she has been truly heard.

The discipline of empathy also demands humility of aim. Rather than striving to deliver comforting platitudes, the counsellor's primary goal is to be accurate, and to make that accuracy audible. This humility is reflected in the language used: tentative markers, open-ended invitations for clarification, and a readiness to be corrected. The counsellor must adopt a stance of curiosity, treating each client's narrative as a puzzle to be assembled together, not a story to be solved unilaterally.

Research supports the centrality of empathic accuracy to therapeutic outcomes. A meta-analysis of 57 studies found a correlation of .31 between therapist empathy and outcome (Elliott et al., 2011), and an update found much the same (Elliott et al., 2018). The third interdivisional task force on evidence-based relationships judged empathy demonstrably effective (Norcross and Lambert, 2018). These findings suggest that empathy, practised as a disciplined skill, is an important ingredient of change rather than a peripheral nicety.

Developing the discipline requires systematic practice. One effective exercise is the "mirroring and checking" drill, where trainees work in pairs. One partner shares a brief personal narrative while the other listens, then offers a tentative reflection, and finally asks, "Did I get that right?" The partner confirms, corrects, or expands, allowing the listener to experience the cycle of resonance, expression, and reception. Over time, this drill cultivates the habit of checking, which can feel counter-intuitive in a culture that values therapist authority.

Another important consideration is cultural humility. Empathy must be attuned not only to the individual's personal frame but also to the sociocultural context that shapes meaning. When a client from a collectivist background speaks about family obligations, the counsellor must recognise the cultural weight of filial duty, rather than interpreting it through an individualistic lens. This cultural attunement is part of the disciplined accuracy that prevents the therapist from imposing a default worldview.

In summary, empathy in the person-centred foundation is a disciplined practice of entering the client's frame of reference, maintaining an as-if stance, and verifying understanding through tentative expression. It is distinct from agreement, reassurance, sympathy, or mere feeling-word recitation. The Barrett-Lennard cycle provides a concrete structure for operationalising empathy, and the worked example of Maya illustrates how the cycle unfolds in a therapeutic conversation. The evidence links empathy to therapeutic change, and systematic practice, humility of aim, and cultural sensitivity are essential ingredients for mastering this discipline. By committing to the ongoing practice of accurate, checkable empathy, counsellors honour the client's lived experience and create the relational space in which healing can genuinely begin.

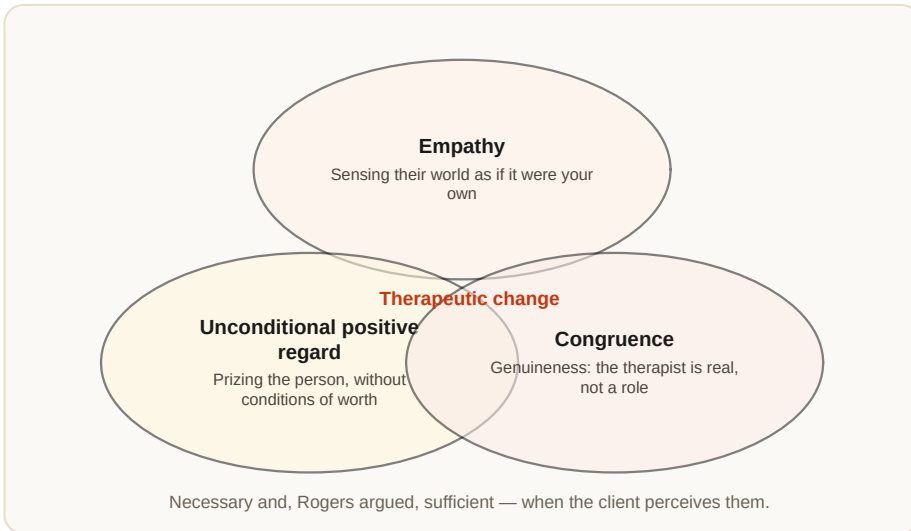


FIGURE 2.1 Rogers' core conditions

Person-centred therapy holds that when the therapist offers empathy, unconditional positive regard and congruence, and the client perceives them, the conditions for constructive personality change are present. They are ways of being, not techniques to perform.

Points worth keeping

- Empathy is disciplined accuracy about another's frame of reference
- It is not agreement or reassurance, and it keeps the as-if quality
- Only empathy received by the client counts as empathy delivered

PRACTICE TASK

In your next ordinary conversation, reflect back one feeling and one meaning, and notice what the other person does next.