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**Москва-Манчестер: направление подготовки - психологическое консультирование**

**Учебное пособие**

**Москва, ОАНО ВО «МВШСЭН» (Шанинка), 2018**

**Аннотация**

Всегда полезно сравнить практику и опыт обучения психологов в разных странах. Такая процедура позволяет посмотреть на привычные каждому студенту и преподавателю ключевые моменты образовательных программ с новой и, весьма вероятно, более эвристичной точки зрения. Данное учебное пособие представляет собой изложение впечатлений российских студентов и преподавателей факультета практической психологии ОАНО «МВШСЭН» (Шанинки) о том, как и чему обучают психологов-консультантов в Манчестерском университете. Наши коллеги побывали в Манчестере в 2016-2017 годах, поучаствовали в лекциях, семинарах и тренингах, поработали в библиотеке, подискутировали с британскими психологами.

Учебное пособие будет полезно студентам и преподавателям психологических факультетов, а также тем психологам, которые изучают английский язык. Ведь оно написано на английском языке и содержит профессиональную психологическую терминологию и списки полезной литературы.

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**Предисловие**

Факультет практической психологии ОАНО ВО «Московская высшая школа социальных и экономических наук» (МВШСЭН) на протяжении более чем двадцати лет готовит специалистов в области психосоциального, психологического и организационного консультирования. За прошедшие годы из наших стен вышли сотни консультантов высокого уровня, способных оказывать психологическую помощь как гражданам РФ, так и организациям. Одна из базовых идей нашей образовательной программы состоит в том, чтобы объединять лучшие стороны российской традиции в высшем образовании с дидактическими методами высшего образования в Великобритании. Поэтому на протяжении всех этих лет нашим партнером в научно-образовательной деятельности был Манчестерский университет, где сложилась собственная школа подготовки консультантов. Направления взаимодействия с коллегами из Манчестерского университета разнообразны. Они включают в себя координацию как методов, так и содержания учебных дисциплин, проведение научной коммуникации с британскими преподавателями, обмены студентами. Естественно, что поездки наших студентов в Манчестер и обучение в составе академических групп, состоящих из иностранных студентов, предполагает достаточно высокий уровень овладения нашими студентами английским языком.

Перед группами студентов, отправлявшимся на стажировки в 2016 и 2017 годах, мы поставили задачу - в ходе стажировки готовить совместные тексты о своих впечатлений от преподавания психологического консультирования в Манчестере, а также подкрепить свое мнение и аргументы на основе текстов, доступных в библиотеке Манчестерского университета и Московской школы социальных и экономических наук. В результате получился текст, который нашему мнению, может быть полезен как для использования в качестве учебного пособия при преподавании консультирования в российских вузах, так и для совершенствования компетенций российских студентов в профессиональном английском языке.

Кроме того, мы надеемся, что данное учебное пособие послужит высокой цели в координации принципов оказания консультативных услуг в Российской Федерации с аналогичными принципами, направляющими консультирование в развитых странах и, прежде всего, в Великобритании.

Особую роль в подготовке этого учебного пособия сыграли к.псх.н. Мария Новикова и наша магистрантка Наталия Ивлева, принявших на себя груз сбора и редактирования первой и второй глав этой книги.

Безмерную признательность мы выражаем руководителю программы подготовки докторантов в области консультирования в Манчестерском университете доктору Терри Хэнли, который сформировал учебно-научную программу стажировок наших магистрантов в Великобритании в 2016 и 2017 годах.

По всем вопросам, связанным с подготовкой психологов-консультантов в МВШСЭН, можно найти информацию на нашем сайте: www.msses.ru

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**Chapter 1.**

**Psychological counselling in Russia and in the UK: differences and similarities in education, approaches and provision of psychological assistance**

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Master program in Psychological counselling of Moscow School for Social and Economic Sciences (MSSES) is a uniq program which was created in a strong collaboration with the University of Manchester. This is the only program in Russia, where trainees get Master degree acknowledged both in British and Russian educational systems.

Being a trainee of this program means getting strong command in both research and practical skills, one of its main principles is "learning from doing". Meeting British standards of psychological counselling professional is impossible without deep understanding of functioning of psychological educational programs and counselling practice in Britain. In order to fulfill this requirement, Russian students visit University of Manchester where they take part in the study process of the Psychological counselling Doctorate program. As a result of this international practice students become able to make a comparative analysis of psychological practice in Russia and in Britain, underline strong features and weaknesses in both systems and make implications for their future study and career.

This paper contains several sections, following a certain logic. First, the differences and similarities in teaching counselling and providing psychological help for the citizens in Russia and Britain are discussed. Than some attention to the most popular therapeutic approaches in the two countries is paid, as well as to peculiarities of career support for students in the UK and opportunities which Russia can use in this field. One of Russian practitioners shares his experience of working with kids and adolescents in a municipal center for psychological help. Remaining sections are dedicated to discussing specific features of counselling process: role of critical thinking, assessment and formulation, and to the evaluation of effectiveness of one of the most widespread therapeutic approaches, as well as its application to treatment of complicated grief.

**Teaching psychological counselling and psychotherapy in Russia and in the United Kingdom: main differences and similarities**

Psychology as an academical discipline has a long history of teaching in Soviet and Russian higher education. Neurological, physiological, law and philosophical bases of psychology were developed in main Russian Universities since XVIII century. Department of psychology was founded on the faculty of Philosophy of Moscow State University in 1942 (with S.L. Rubinstein as a head of the Department), the faculty of psychology started its functioning in 1966 (with A.L. Leontiev as a dean of the faculty). Nevertheless practical application of psychological findings in public health, social work and education were significantly limited for a long period due to many political issues, including lack of possibilities for interaction with international psychological society, prohibition of testing in the system of school education, etc. End of 1980 was the beginning of the era of Russian psychological counselling: during that period of time Carl Rogers, Virginia Satir and Victor Frankl have visited Soviet Union with open lectures and demonstrational therapeutic sessions. First psychological service started its work on the faculty of psychology of Lomonosov Moscow State University, where some of today’s most successful Russian counselors started their professional path.

Officially certified educational programs where trainees could obtain knowledge and skills of psychological counselling started appearing almost ten years later - in 1990’s. Mostly that were programs of professional retraining, but later on master programs of psychological counselling and psychotherapy emerged. The goal of this paper is comparative analysis of two Master programs in psychological counselling (based on Moscow School for Social and Economic Sciences and Higher School of Economics) and Doctorate program in the University of Manchester. The following parameters will be reviewed:

* entry requirements;
* duration of the program and its major components;
* distribution of study hours between theory, research and practice;
* main therapeutic approaches taught;
* view on trainees’ personal development.

First, teaching psychological counselling in Russia is mostly based on Master programs, while in Great Britain to become a counselor or a psychotherapist one needs to complete a postgraduate Doctorate-level training and study. The entry requirements differ respectfully. For instance, to become a student of the programs of Psychological counselling (MSSES) or Family systems therapy (HSE) one needs to have the Bachelor degree (4 years of learning) no matter in which field of knowledge. Commonly students enter these programs after completing Bachelor degree in social sciences, psychology, healthcare, PR, etc. But cases when a bachelor in biology or applied mathematics wants to enter psychological counselling Master program are not that unique. University arranges additional entry requirements such as motivational essays or interviews and basing on the corresponding results makes a decision on accepting or declining the applicant. In the UK to enter a Doctorate-level program you must first gain a Degree in psychology which must be accredited by the British Psychological Society (BPS). Thus in the University of Manchester the Doctorate program is for those who attain in their academical background "2.1 honors degree in Psychology.  Candidates with a lower classification also require a Masters level qualification with a minimum grade B in the dissertation" [28]. Another notable difference is the obligable Criminal Convictions Check which must pass each applicant of the Doctorate program.

Second parameter to be discussed is the duration of the program. Master programs in Russia are designed to be passed in two years, both in HSE and in MSSES (diploma of British Master program can be attained in 1 year, though). The Doctorate program in the Manchester University lasts for 3 years and has several options of attendance: full-time and part-time learning, both of them available also in distance learning setting. The duration of the programs is conditioned by the set of courses it includes. British Doctorate program consists of three main parts, each to be paid equal time to: theory, research and practice. The "Research" block contains disciplines related to the bases of scientific reasoning in its application to counselling (like "Assessment and Formulation", "Critical thinking"). Also much attention is paid to teaching the students proper techniques and strategies of research (i.e. searching information, using web-based libraries, helpful software, academic writing, etc.) which turn out to be extremely useful when the student writes transitional essays or the final Research thesis. Russian Master programs also include a block dedicated to enhancement of research skills, but it refers more to the methodological bases of contemporary psychology, research design and statistical data handling.

Development of therapeutic practice skills is a major point of both Russian and British programs. In HSE Masters program, for instance, over 70% of study time is dedicated to practical work. There is a noticeable difference in the design of the programs: some masters programs (like the one in MSSES) suppose that students gain and work out practical experience during in-class work with their course mates and supervisors, then they start practicing in the field of healthcare or social work and share their experience during supervisions and intervisions. More or less same pattern is followed in the British Doctorate (450 hours of supervised therapeutic practice seem to be really impressive value, though). But in some Russian Master programs (like the Masters program in family systems therapy in HSE) students have a huge module of (1) observation of their teachers (all of them - psychologists-practitioners) performing sessions in real time mode (video - translation is used now instead of Gesell-mirror) and (2) performing sessions by themselves with real clients under the observation of their teachers [17]. This is an excellent chance to get an immediate supervision just in the course of session and get all the preferences of the group feedback.

It is important to mention the main therapy approaches which the students are taught in Russia and in the UK differ significantly. While Client-centered therapy remains "the golden standard" in both countries, in the UK CBT is the most widespread approach. Most likely it is explained by the fact that in the UK psychological help is (1) licensed and (2) included into the body of insurance healthcare system. So the methods with highest evidence-based capacity are the most popular, and CBT certainly is one of them. Apart from CBT Psychoanalytic therapy, Psychodynamic approach and Jungian psychoanalysis are widely used, as well as EMDR and Art therapy. Students of the Manchester Doctorate program spend their first year learning basic principles of and training in client-therapist interaction, based on Client-centered approach. Second year is dedicated to advanced mastering of CBT principles and techniques.

In Russia now among the most high sought approaches are Family systems therapy, Gestalt therapy, Narrative practices, Brief Solution-Focused Therapy and Strategic Approach. First two positions in this list are oriented towards long-time work, which decreases their competitive capacity in the cases when the number of sessions is initially limited. Psychological help mostly (still some exceptions exist) is not included into social insurance in Russia, but there are some State Centers of Psychological Help which provide population with free of charge attendance. Due to a heavy request on the professional psychological help psychologists in these centers are limited with 10 sessions a year with one client (this number can be extended but the client has to pay for the further sessions, though the tax is lower than the average-market). Different Master programs in Russia are focused on a vast range of approaches and have significant differences in the study plan. For instance the Master program of Higher School of Economics is entirely focused on Family systems approach, adding specific techniques from BFST, Short-term strategic approach and others to handle to the trainees instruments for particular client’s issues (like problems with decision making or eating behaviour disorders). MSSES Master program is mostly hinged on Client-centered therapy, at the same time paying some attention to Family counselling and several therapeutic approaches, but more in an introductory manner.

In British Doctorate program trainees must meet the requirement of working as a counselling psychologist minimum for 450 hours. They are required to complete therapeutic practice hours in a minimum of two modalities (e.g. individual therapy, group work, couple therapy, family therapy), with two different client groups (these may be defined and vary according to, for example, age group of the client or presenting issue), and in the two different therapeutic models taught on the program (i.e. person-centered counselling psychology and Cognitive-behavioural therapy informed counselling psychology). In Russian programs the volume of the counselling practice is, unfortunately, much shorter. However in Russia trainees are provided with the placement settings for their practice, while in the UK students have to find them by themselves, still the University having some strong links which might help the trainees.

Some differences appear in the final assessment procedure. In the British program trainees have to write 50,000 words Research thesis, which must contain a clear research plan, and mostly some empirical part as well. Mostly the trainees conduct a qualitative research connected to their therapeutic interests, though. In Russia the procedure is slightly different. Depending on a certain program, students need to present either a quantitive research (with a clear application of statistical data analysis and implication based on them), or a case study - a detailed description of their work with a certain client (or a family), fulfilled in a chosen therapeutic approach.

Much attention is paid to personal development of the students in the course of completing the programs, both in Russia and in the UK. Still there are some major differences. In Russia being in personal therapy while learning in the Master Program is strongly recommended, but still not obligatory. It means that it is not a requirement to gain your degree. In Manchester University Doctorate Program 40 hours of personal therapy are the minimum which allows the student to meet the requirements.

The following conclusions, underlining strengths and weaknesses of Psychological counselling Master and Doctorate programs in Russia and in the UK can be derived:

1. Both in the UK and in Russia programs aim to give the trainees strong command of research skills, basing on the idea of the researcher-practitioner. Still slightly different emphasis in the corresponding disciplines can be noticed: while in Russia more attention is paid to the modern state of psychological theory, methodological issues, research design and statistical data analysis, in the UK trainees focus on the core skills of working with information like critical thinking, as well as the skills of assessment the client’s state and formulation of therapeutic hypotheses. The skills of processing of information derived from the client seem to be extremely important and it seems to be useful to include them into Russian programs as well.
2. While in the UK personal therapy of the trainees with a certain minimum of sessions passed is obligatory for completing of the program, in Russia it is strongly recommended, but not inevitable. Main reason for this seems to be related to the absence of professional licensing in the field of psychological counselling and psychotherapy in Russia, which leads to the lack of integrated and consistent professional standards. Hopefully legislation in the field of psychological practice will be passed in Russia in foreseeable future and the minimum of personal therapy hours will become necessary to get degree in counselling. These personal development activities help to consolidate trainees’ integration of psychological understanding with personal learning, their understanding of how the scientist practitioner works alongside being a reflexive practitioner and in a "way of being" that proves congruent with personal values and allows appropriate navigation of professional roles.
3. Much time is paid to development of therapeutic skills of the trainees both Russian and British programs, including work under supervision, discussing therapeutic cases in groups and practicing different techniques in pair work with course mates. Still some Russian Master programs offer a unique way of practical skills exercise: working with clients while being watched by their supervisors and course-mates (informed agreement from the clients is obtained beforehand). The session is conducted in a separate office, the observation is accomplished via video camera. Each time a student feels some difficulties (s)he can get immediate help from the supervisor and the group. This form of work is extremely useful for all the trainees because of the possibility of real-time observation of therapeutic work and tracking of the progress and client-therapist interaction from the very first session.

**Provision of psychological help services in the systems of health care of Great Britain and Russia: similarities and differences**

Health care systems of Russia and Great Britain have one common trace: all services are free but the quality of service is rather low in comparison with private health care institutions.

British health care system is financed by taxpayers and is formally free (in each part of The United Kingdom it has its own special features and even a special name in Northern Ireland — Health and Social Care (HSC) instead of National Health Service (NHS)). This may be considered to be a trace of similarity between two national health care systems. At the same time in Russia one has no right to receive medical care services in public medical institutions without a certificate of compulsory medical insurance (OSAGO) while in Great Britain medical insurance exists only on a commercial basis.

In order to attain psychological health care in Great Britain one can not address a psychologist, psychiatrist or psychotherapist directly. A patient should at first address a General Practitioner (GP) who usually provides health care services in a nearby area and offers a free registry in case of relocation. General Practitioners usually act as “family doctors” providing primary medical consulting for almost every reason keeping track of each of his clients, having a full picture of his state of health. On one hand such approach looks reasonable but taking into account quantity of patients registered with one GP it is hard to provide each with high-quality comprehensive diagnosis. General Practitioner’s activities are funded by the State, (s)he receives a fixed payment for each patient and has a right to give prescriptions but his main function is to redirect patient to a specialized doctor if necessary. However, practice shows that the practical meaning of this "preliminary" stage is often to prevent the patient’s visit to a necessary specialist: an invitation to the doctor is mailed, then followed by an appointment the expectation of which owing to the queue can take several weeks. According to law the assistance must be provided in up to 18 weeks and for many patients after this term the intervention of the expert is unnecessary.

In Russia this preliminary stage does not exist: patients visit therapists for referral to a psychologist or psychiatrist in rare cases. Despite the fact that outpatient hospitals are provided with posts of psychologist or psychiatrist, but these posts are not filled and doctors providing psychological assistance usually practice in mental health dispensaries (PND) and a patient can address them directly.

In Russia, unlike the UK, exist government-funded institutions like "The Moscow service for psychological help" (MSPH) offering up to ten free consultations per year [20]. Number of sessions can be extended, but in that case the patient has to pay for the attendance. Still the tax is significantly lower than the market-average. Aside from individual and family consultations a vast range of different psychological activities are provided for the citizens. Among them are different trainings (consisting from two up to 20 meetings) dedicated to the most up-to-the-minute topics like child-parent interaction, psychological peculiarities of children of different ages, career consulting, etc. Also psychological rehabilitation is offered to the clients of MSPH - on the sessions they get relaxing massage (in a massage chair) and video stimulation, audio trainings and aromatherapy, art-therapy, etc. There is a number of psychiatrists working in MPSH; if a counsellor assesses client’s state as requiring medical help, (s)he redirects the client to the doctor. As far as MSPH is not a medical, but social help organization (working under the command of Ministry of Labour and Social Defense of Moscow) psychiatrists there do not have the permission to prescribe medicines to the clients. Their main goal is to assess client’s state and give recommendations on further treatment, including particular clinics where the client can get medical help. In the UK a similar multidisciplinary psychological service is either organized on a commercial basis (with the cost of consultations starting from £150 per hour) or requires referral from a GP.

Among other unique differences of Russia in the field of psychological assistance is the existence of a nationwide network of centers for psychological, medical and social support focused on assistance to children and adolescents at a free basis [19]. Also in Russia exist highly skilled mobile groups of psychologists within the structures of The Ministry of Russian Federation for Emergencies that provide immediate assistance in cases of disasters and terrorist attacks. Similar service is also organized in Great Britain but relates to the Police Office.

Psychological services provided on a commercial basis in Russia and Great Britain have one similarity - they are funded by the patient himself. While in the UK the launch of private practice requires many years of education confirmed with official diplomas, license and training with hundreds hours of practice and supervision and assumes permanent control of the trade unions and professional associations, in Russia psychological counselling refers to the sector of "consumer services", does not require certification, the quality of services up to date didn’t become the subject of legal proceedings. However today we witness gradual transformation in this field, changing the Russian system of psychological assistance closer to European patterns and in particular to British ones.

**Psychological counselling approaches most widely used in Russia and in the UK**

Psychological approach is a way of addressing the task of explaining behaviour. Each approach brings a unique perspective to ideas about treatment, psychopathology and specific interventions. There are many different approaches in contemporary psychology (some sources give an idea of existing of more than 400). Some of them are widely used while others are not and the reasons for higher abundance of particular approaches it is not always obvious.

In the 1980s several researches of the effectiveness of therapy were conducted [1], [27], [31]. The researches have shown that the effectiveness of therapy is not dependent on psychological approach. So it’s interesting to see what kind of therapy and for which reasons is more popular in certain country. This paper I’d like to address to distinguishing the most widely used approaches in the United Kingdom and in Russia.

One of the most popular approaches of therapy in the UK is Cognitive-behavioural therapy (CBT). CBT combines two separate schools of psychotherapeutic thought and works on the premise that thoughts, feelings, and behaviour are a connected loop. According to statistics of Talking Therapies for Mental Health Problems which was calculated in frame of the Improving Access to Psychological Therapies (IAPT) program in 2013/14 about 3 million treatment appointments (about 38% of all appointments) involved usage of Cognitive-behavioural therapy techniques.

Consequently in England CBT could be considered to be the most common form of talking therapy. Possible reason for this could be associated with growing popularity of evidence-based therapy. It means that numerous studies comparing treatment outcomes have shown that this form of therapy is the most effective for a wide variety of issues. Furthermore it can even be more effective than medication, particularly for the treatment of depression. In Russia Cognitive-behavioural therapy is not so widely used than in the UK.

Besides CBT in England such types of therapy as Humanistic and Psychoanalytical/Psychodynamic therapy are widely used. Humanistic therapy bases on the core beliefs about resourcefulness and trustworthiness of any individual, as well as individual’s capability for self-growth and self-understanding. The goal of Client-centered therapy is to help the individual attain a greater level of independence and integration between real and ideal Self.

Psychoanalytical and Psychodynamic therapy focus on individuals’ unconscious thoughts and perceptions that have developed throughout their childhood, and on the way they affect their current behaviour.

For a significant period of time in Russia Psychoanalytical and Psychodynamic therapy became more popular approaches than Humanistic and Existential therapies. The development of practical psychology in Russia in it’s field of counselling and therapy has some special features.

The development of psychology as a field of scientific knowledge in Russia was greatly influenced by accompanying historical events. 1930s could be characterized with prohibition of psychological diagnostics (particularly - intelligence tests) in the system of school education. Severe repressions were carried out not only in social and political life of the Soviet Union, but in science generally (and in psychology in particular). In this vein huge branches of psychological knowledge were declared to be "above the law" - that is what has happened with fruitful field of Cross-cultural research, provided by A.R. Luria and his colleagues in the republics of Central Asia. All of that lead to a strong delay of the development of practically applied psychology (one should mention, though, that psychological theory was developing, concentrated on the concept of ‘activity’ and it had some applications, for instance, in the field of Neuropsychology or Engineer psychology). The second half of XX century was associated with the rebirth of old psychological schools complicated with loss of communication with foreign colleagues. Today the widespread introduction of foreign psychological approaches in Russia is continuing.

Perhaps one of the most widely used psychological approach in Russia is Gestalt therapy. It is based on the belief that human response to experiences is summed up in a person's thoughts, feelings and actions. The goal of the therapy is enhancement of client’s self-awareness by analyzing behaviour and body language and giving expression to repressed feelings. The act of treatment in Gestalt often includes acting out scenarios and dream recall.

Another interesting feature of psychology in Russia is a factor of personal input. There is no legislative regulation of psychological assistance in Russia, so there is "governmental support" towards particular approaches. Most charismatic and well-advertised founders of new trends become more highly sought. For example, Psychodrama is now becoming a very popular approach in Russia. This is experiential form of therapy, allowing exploration of personal issues through action methods (dramatic actions). Psychodrama incorporates role playing and group dynamics to help people gain greater perspective on emotional concerns, conflicts, or other areas of difficulty in a safe, trusted environment.

Personal factor helps spreading such new trends in therapy as Eye movement desensitization and reprocessing (EMDR), Solution-focused brief therapy, Mindfulness etc. Interestingly these trends become more popular in the UK as well (according to Psychological Therapies: Annual report on the use of IAPT services’ in 2015/16).

"Integrative" or "Eclectic" therapy is one of the latest trends spreading more in England than in Russia. Integrative therapy blends specific types of techniques. In this way many counselors use one core theoretical model of counselling but draw on techniques, exercises and other features from other approaches when appropriate. Eclectic approach involves selecting the most suitable strategy and technique for the client from a range of theories, methods and practices. This type of therapy is based on the theory that there is no evidence of higher effectiveness of a certain approach for solution of certain kinds of problems.

So one can observe that two forces are acting at the same time in the field of development of psychological counselling and therapy: one of them is associated with movement towards integration (which might lead to creation of a ‘General psychology’ of which many notionalists have dreamt of [28]. Another is empowering emerging of new approaches and theories, each of those finding its followers and clients for whom this particular approach would be helpful.

**Student’s career support: University of Manchester Career Center experience**

In October 2016 I have attended a training course at Manchester University, where I was sent to by Moscow School of Social and Economic Sciences, where I am currently enrolled in two Master Programs in Psychological Counselling - Russian and British. The trip was very informative and helpful, both in the academic sense and in the sense of widening the horizons of my professional experience.

In addition to the differences in the educational system, I was impressed with the employment and vocational guidance for students and this is what this article is dedicated to. I am a student of Master program in individual and career counselling, so different types of career-building support interest me a lot.

University of Manchester has a unique Career Center, with lots of staff members who are willing to help and a plenty of informative brochures for all, as it seems, life occasions. I’ve picked up few brochures, read them carefully and was surprised to realize that what I was taught at the Career counselling program for almost a year, could be arranged in a tiny booklet which is easy and fun to read! It seems to me that if students act in accordance with these guidelines, they can really make the right decision on there career and professional life path. Most of all I was surprised with the easiness of the information’s presentation. In Russia we are used to facing difficulties on the way of searching not even for a job itself, but for any useful information on it.

Usually Russian universities focus only on the educational process, a couple of times a year organizing career fairs. However, to be honest, in Russia in the open labor market, employers do not favor students. Students are not experienced and can’t work full-time (the system of part-time job is not widely spread in Russia). And if a student with a technical background can find paid occupations which are indirectly connected with their specialization, for trainees of psychological counselling programs it is much harder. A paradoxical situation takes place: in order to find job you must have experience which you can not attain because the impossibility of getting a job, related to your specialization.

Search of organizations to start a career in Russia lies on students’ shoulders. The majority of students don’t think about a place they would like to work at when they enter University. Usually students get a job with the help of their parents or friends.

In which way is the experience of University of Manchester students drastically different, and what useful implications can Russian universities derive from it?

First, in the Career center they have a clear vision of a student - a young man for whom it is not only important to find a job, but also to navigate in the vast ocean of organizations, resumes, interviews, and to select the professional way of satisfying his or her needs, to make use of his or her strengths, so that job could not only bring money but fulfill the need for self-actualization and development. Therefore, the work is carried out with those who have not yet decided on their future career, or doubt on the correctness of the choice of specialty. For these “lost” students a brochure entitled “I do not know what I want to do!” is released. It might sound a bit surprising, but this is exactly the question the majority of students try to answer. From this brochure one gets to know that this condition is perfectly normal, so that reading itself is calming and anxiety declining. Specific and actionable recommendations that can replace a consultation with a career coach are given. “It’s like going to a supermarket. Some people have it all planned out, take a list of what they need and stick to it. Others go with no list but a fair idea of what they like? Then see what’s there, what’s on offer/ or new things they can try. Both approaches are OK.” The brochure advices to concentrate on the next step and ask yourself these questions: What do I enjoy? What am I good at? What things are important to me? It offers trying some options for temporary work, volunteering in various fields, in order to understand what kind of work is the most attractive. Various job opportunities for students are explained in detail: work at the university and public organizations, part-time, temporary work on some projects or in stores, restaurants, hotels in the busy season (Christmas, Easter, etc. ) internships, work holidays, work abroad, etc.

Second, in Manchester and all throughout the UK volunteer system is very well developed. It provides great career opportunities for students, new acquaintances and connections with people who might may have an impact on career in future, broadening of their horizons, language practice (for foreign students), development of teamwork skills, problem solving skills and finding solution in emergency situations, communication skills, new knowledge relating to education, culture, arts, sports. The experience of volunteering can be a plus for the future career, you can try yourself in different fields and choose what to do in future. There are many websites where you can find offers from organizations searching for volunteers. Volunteer movement gains momentum in Russia as well nowadays, but in comparison to what one can observe in Manchester it is really in its very beginning.

Third, a number of professional consultants works in the career center and can help students to create a resume, make there LinkedIn profile, give tips on how to prepare for an interview, to be tested in the assessment center, etc. The center has its pages in Facebook and Twitter, which is very convenient for students.

Separately I want to make a couple of notions on the features of building career in psychology. According to statistics, more than 80% of students who graduated from university with a Degree in Psychological Counselling never work in the specialty. A separate booklet describes in detail your actions, if you decide to become a professional psychologist. It also contains a lot of information about other fields of activity, in which psychological knowledge could be applicable. Among them there are education and medicine, police and justice, the public sector, sports, human resources, etc.

Thus, the Career Center of the University of Manchester - a great example for Russian institutions. Hopefully institutions of school and higher education in Russian will also be engaged in the system of career support of their students.

**Client's position of visitors of municipal center providing psychological services in the framework of the education system in the Russian Federation**

Functional duties of the psychologist in the municipal psychological center include:

1. counselling of all participants of the educational process (students, parents, representatives of educational institutions) on various issues;
2. individual counselling and group training;
3. prevention of social dysfunctions;
4. psychological diagnostics;

5) provision of emergency psychological assistance.

Besides there is a separate field of duties on the basis of educational institutions, when a specialist of the Center, responding to their request, performs different activities on their requirement. The main activities on the territory of an educational institution are psychological diagnostics provided in a group, social disadvantage preventive measures (information, training sessions) and developmental activities in a group form.

In fact a psychologist of a municipal center is a general-purpose specialist who knows different techniques of working with both children and adults and is able to work with different requests and in various situations.

Clients of a municipal psychological center generally can be divided into the following groups:

1. A parent (parents) attending the Center with child’s issues on their own initiative;
2. A family bringing the child to the counselor because of a recommendation of a teacher or a doctor;
3. A family coming to the counselor at the insistence of Commission on Juvenile Affairs;
4. Other participants in the educational process (teachers, social workers, administration of educational institutions).

A significant part of time and energy of a specialist working in municipal psychological center is spent on informing the clients (parents) and on clarifying the format of cooperation, concluding the contract. Since the major part of clients comes to the Centre basing on teacher’s or doctor’s advice, clients often have correspondent expectations for the meeting. Clients often think that the meeting with a psychologist will have similar features with that at doctor’s office, they expect that the specialist will eliminate the "defect" of child’s behaviour and response with the help of special technologies. This model means the parents don’t take part in that process. I used to hear the following comments from the parents: "Can I stay in the waiting room?" or "Dad's waiting for us in the car," I have no problems, that is my child who has the problem, do something with him», etc.

In addition, it is important to mention that the services in this center are free of charge for the clients, and it increases the range of possible clients: at the meeting you can meet representatives of different social groups, often marginalized ones. Frequently clients have no proper request for psychological assistance, sometimes exhibit aggressive attitude that does not imply collaboration. Sometimes so-called "consumer’s position" of the client interferes the process of interaction and disturbs a lot. For instance, those clients who have their social benefits and use them actively, in some cases aim to exert pressure on the professional’s work by insisting on strategies of work, meeting dates, etc.

Sadly, there was frequently no real interest in psychological work in the client’s position. However, in some cases we are able to come to an agreement about the form of cooperation and sign a contract with the help of special psychotherapeutic tools.

In general, there is a algorithm of work to define the forms of cooperation and set up a contract with the client within the Centre.

1. The initial stage - the key to cooperation. Already at the stage of acquaintance and questioning psychologist sets the tone of the conversation by directing the client to the fact that resources to solve the problem may lie in involvement of the family into the process of psychological counselling.

Therefore the entire family is invited to come to the meeting. In case if one of the family members cannot come, I use the “letter to an absent family member” – a technique widely practiced in family psychotherapy. In it I usually write about that request for psychological help the family showed, their common vision of the situation and invite the absent member of the family to come to the next meeting as an "expert" in this issue, and asked for his help to construct a more complete picture of the situation. In most cases, this technique works, and the family comes all together at least to one appointment.

In the process of clarification of the clients request and building an image of a desired future the psychologist helps the adults to focus on the idea that desired achievements and progress of the child can be supported by their actions. Those questions are helpful with this issue: "How can you help him to develop that skill?" or "What would you do to support it?" or "What ways do you see to do it?". Thus, the initial phase of the work is associated with the vision on a family as a team in order to achieve preferred goals [2], [14].

2. The next stage in achieving collaborating behaviour is a proposal to all family members to try small steps, simple to perform. This stage is based on methodology of strategic approach in psychotherapy and its techniques. According to this methodology, action is something that causes changes, because any action enhances the prospects and possibilities of the subject. The subject gets an experience of change within the action. Thanks to the actions it is possible to break the behavioural cycles of dysfunctional interaction. Technically that idea is realized in encouraging the client to act in a new way.

3. The third step in achieving collaborating behaviour - support and reinforce the changes - is the most insignificant. In this stage I usually use the techniques of narrative therapy and solution focused approach – an emotional support of a change by the psychologist, building connections of the new experience with the subject’s activity, scaling, prompting the following actions and next steps [6].

**Importance of critical thinking skills as a part of counselling process**

Critical thinking, known as a "good" way of thinking [10], according to D. Halpern is a kind of judgment system that allows you to make informed interpretations, to apply correctly the acquired knowledge of the situation [10]. The main feature of critical thinking is the necessity of constantly "working it out" and "training it". Despite the fact that the basic logic of the statements and inferences remains indissoluble from Ancient times, changing times in the world "threaten" the human ideology and, according to some scientists, that leads humanity to progress.

American psychologist and researcher Diane Halpern, who was a leader of the American Psychological Association in 2004, continues the concept of "knowledge", which was invented by Max Wertheimer. Wertheimer believed that knowledge about the relationship between objects, which we can obtain from the outside, is different from the one obtained through object’s self-awareness and self-discovery [10]. This "live personal knowledge" was described by D. Halpern, who was calling for building education programs based on age, socio-cultural and educational differences [10].

Training, establishment and development of "critical thinking" becomes the basis for the future work of counselling psychologists, though Halpern writes that "critical thinking" is "creative thinking" [27]. She does not say ultimatum-like if this kind of a knowledge could be acquired once and for all, and in her textbook "Psychology of critical thinking" we find far different opinion [11]. Learning is never too late and stopping the process of learning and developing the world also is not an option!

Why is it so important to "think critically" for a counselling psychologist? It is impossible to give an unambiguous answer to this question. If we look at sociological statistics, related to the level of knowledge of an average American, we can see that in the late 1990s more than 20% of Americans from 21 to 35 years old thought that the Sun revolves around the Earth and the Earth itself is flat [10]! Even now there are people who agree with this statement, even though scientific community has established long ago that the Sun is the center of the solar system and by using its huge magnetic forces it pulls and repels other space objects including Earth.

Counselling psychologist is a representative of a “helping” profession, who combines in his/her work not only theoretical knowledge of psychology, but also practical skills. In Russian psychology there is a difference between the profession of counselling psychologist and psychotherapist, and abroad there is a separate specialty "counselling psychologist", which could be put between the two Russian analogues based on their rights and obligations.

Counselling psychologist is an expert not only in counselling, but also in psychology, and with such skills like psycho-diagnostics and therapeutic techniques they are able to work with different ages using current information of the semantic field of the client. And since the clients may vary, a psychologist who works in the field of counselling should know a little about their background and life spheres.

The content of the previous paragraph can not be strictly called scientific, due to the absence of its statistical confirmation. Rather, we are talking about numerous cases of renowned psychologists and therapists, in which the key to the disease (neurosis) of their client was discovered by looking at some far from academic psychology issues [4], [11], [30].

Absence or "underdevelopment" of this type of thinking can lead to the fact that the psychologist will cease to consider the client's situation from different points of view, what will narrow the possibilities of their assistance to the client and put into question their therapeutic steps.

In the Soviet Union on the basis of psychological studies of conformity and critical thinking a documentary titled «Me and the others" was filmed; it is still relevant in the training of psychology students. The examples that were shown, for example, a person who ceases to be separated from someone else's opinion and is not able to substantiate it or falls under the influence of some other person (researcher, scientist), are reminiscent of the famous experiments done by Milgram and Ash [27]. Could we say that if the subjects had a more developed "critical thinking" they would react to the proposed situation otherwise? Not at all. Critical thinking and conformity, according to D. Halpern, are different things, but the link between the two phenomena cannot be denied [10].

"Critical thinking" training can start at preschool age, because in this age motivational sphere is leading in the development of personality (according to Elkonin’s periodization of child development) and memory is the leading brain function, so it will be easier to remember how to make logical reasoning. However, more experts talk about high school age, which is more sensitive for "critical thinking" training [7]. Adolescence crisis is stepping back and a worldview begins to form, for a teenager discussion of his point of view not only with people around, but also with himself becomes possible and important. With the development of skills of application "critical thinking" to everyday situations, according to D. Halpern, a person is able to navigate better in the scientific and non-scientific knowledge, to create, to continue self-development.

Psychology students or working professionals are in a constant state of "schoolboy" because meta-knowledge and interdisciplinarity needed in teaching psychology do not allow them to stop studying. The counselling process without reference to the client's position is not possible, but it is not always possible to stay in the "client’s field" [7]. By following the client psychologist risks to lose a clear and logical structure of the psychotherapeutic alliance, thereby reducing the efficiency of counselling / therapy. One also needs to remember that a person faces new experience every day, affective reactions may vary and even the same situation can be perceived in different ways. The ability to conduct logic of treatment on the stage of "psychotherapeutic contact" formulation is also an important task of the psychologist, which is not possible with high conformity, low empathy, and in the absence of "critical thinking” [4].

Thus, we can say that it is important to have "critical thinking" for the psychologist and not only in the consultation process. It allows them to work constructively with the client, to maintain proper environmental psychotherapy or counselling process for all participants. Burnout and professional deformation prevention is also possible according to D. Halpern [10], which gives hope that a separate course, related to the development of critical thinking, will appear in the psychological institutes around the world. Today this practice exists only at the level of PhD or doctor program in European and American universities and in other countries separate courses and workshops are available, but there are not complete courses during the training period. Following the line of thought of Halpern, it would be good to emphasize that critical thinking requires a long and thorough study and for the psychologist possessing such knowledge it is necessary to begin the learning process on the earlier stages of education, for example, at the graduate level or even at the undergraduate level.

**Assessment and formulation as a part of counselling process**

Assessment is an important part of counselling process, often referred to as gathering some specific data about client’s life and personal experience. Assessment usually includes collecting facts of the client’s past, his present complaints and factors led to them, and client’s limits and resources. Commonly, assessment takes place at the initial session, but sometimes it may take two or three sessions. Sometimes counselor can get some information about the client before the session, this happens in case of referral or during a phone call which comes before the initial session. Some counselors say that the whole course of counselling of one certain client is the assessment itself, during which different conditions are assessed: first, when a counselor is looking for a starting point, and then when they try to evaluate the progress and outcomes of the counselling.

Assessment serves several important purposes in counselling process [18]. First of all, collecting information helps both counselor and client to understand and clarify client’s complaints and problems and their connection to the other fields of client’s life. Also assessment helps the counselor to find out client’s expectations related to the therapy. Collecting standardized data using scaled questionnaires is another aim of assessment. As counselling is moving towards evidence-based practices nowadays such data may later help counselor to compare the initial state of the client and his subsequent progress, and to show the effectiveness of counselling. Assessment allows counselor to evaluate client’s motivation and to consider client’s readiness for changes. It seems to be an important part because of its influence on the outcomes and the effectiveness of counselling. Like in the previous case, counselor may use standardized questionnaires here too.

One of the main results of the initial assessment is a two-way decision of two people for the further collaboration. Both counselor and client decide at the end of the assessment process whether they fit each other and both can benefit from the further work. Counselors may ask themselves whether they can help the client and stay safe. Clients usually consider the warmth and safety as the precursors of a good therapeutic alliance. Also counselors may exclude some types of clients that don’t fit well for the counselling approach they follow, for instance psychotic clients in the recrudescence of their state, those who are not engaged in the counselling process and those who are not ready for changes. Besides that, counselor may conclude to redirect the client to a colleague. When both counselor and client decide to collaborate the contracting succeeds.

The process of initial assessment and contracting may lead to the next step in the course of counselling. This process is called formulation which is referred to as a client’s story recorded in details including deep understanding of the client’s life facts, core conditions and factors related to the client’s complaints. But there is a warning regarding the fact whose story is written down after a session – client’s story or counselor’s one. The point is that a counselor needs to be aware of their personal limits and the limits of the theoretical approaches. While a counselor is writing down the client’s story, obviously, the main question should be “Am I putting down the client’s view or mine?” It is the formulation to be clear of labeling and searching for one and only “truth”. Different theoretical approaches can help here pursue different points of view. But it has nothing in common with the counselor’s potential fear not to bring their ideas to the session at all. Milner and O’Byrne argues that counselor’s thoughts may offer a new look at the situation and can help discover new sides [18].

Theory can sometimes function as a lens, which helps counselor to look at the human’s nature and categorize the phenomena. Thus, counselor may notice some certain things and ignore the others, just as like as the theory does. Being totally unbiased in the process of assessment is probably unachievable and is not always necessary [8]. Milner and O’Byrne advice counselors to start with “open minds” and to be more narrative in helping clients building their stories [18]. Besides that, the useful skill here is to clarify counselor’s ideas together with the client asking them if something was understood right or wrong by counselor.

Assessment also plays an important role in choosing the type of intervention that would be appropriate for a certain client. As it provides a valuable data about client’s personal experience it affords counselor to be sensitive and attentive to each client’s needs and to use different techniques or theoretical approaches. Besides, initial interview helps counselor to decide whether the client needs individual counselling, or the engagement of the partner (the spouse) or the extended family is preferable.

Counselors may assess some particular aspects other than client’s personal experience at the initial session. These are assessment for ending and risk assessment [18]. The former includes negotiations and ideas considering where the process of counselling should stop. The latter consists of defining patterns that need some special attention like suicidal thoughts, self-harm and severe depression. Counselor may use different approaches and questionnaires to assess these issues.

Different theoretic approaches offer different views on human nature and what shapes people’s lives. Theories also differ in their attitudes towards assessment. While assessment is a necessary practice for Psychoanalytic approaches, it is seen as labeling in Client-centered theory. Anyway, even if a theory considers assessment as a biased practice, it still implies some related procedures, in one ore another way. Some of the theories just pay more attention to the people’s past, others would explore people’s thoughts and attitudes; the rest can be interested in what is going on with the human at the moment without considering their early childhood. Thereby, defining a starting point is a common practice in any theoretical tradition.

Assessment is truly challenging for counselors for several reasons. Firstly, if counselors turn the initial interview into interrogation they are likely to “lose” both the client and the potential alliance with them, as some clients would like to answer a lot of questions only when the rapport is established. Being too distant or on the contrary over involved into client’s problem may lead to the same non-productive result. There is a balance between following a manual or a structure at the initial session and making this interview look like a friendly conversation. Also, the process of gathering the information needs a lot of counselor’s attention, as information comes different ways. People send each other over 70 percent information via non-verbal communication, thus, counselor should pay attention to such signs and be able to interpret them. Finally, counselor’s personal therapy plays a significant role as well. If a counselor knows his (hers) personal limits, (s)he would be able to clearly determine whether work with this particular client is possible for him (her).

Thus, assessment is an essential process and an important part of the counselling course. It affords both client and counselor to decide whether they fit each other and can benefit from their collaboration. Not every theoretical approach considers assessment as highly important part in each case, but each theory does assessment in its own way. As for the counselors, the art of assessing and evaluating client’s personal experience is a valuable skill which can help doing their job in a best way. Obviously, it comes both from experience and intuitive feeling of each unique case.

**How to measure effectiveness of a therapy session?**

**Evaluating the core competencies in CBT practice**

Cognitive Behavioural Therapy (CBT) is one of the most popular and common types of psychotherapy in the UK. The main reason of such state of affairs is that CBT perfectly fits British Mental Health Service structure. Mental health services are free for the UK citizens on the NHS (National Health Services) so government is the customer of psychological services. Government agencies need to control the professional level of the services rendered, thus standards of psychological care, therapist’s assessment and system of measuring effectiveness are required. CBT due to its composition as a psychotherapeutic practice can be measured and estimated, so it meets above-mentioned standards. Numerous studies and clinical trials confirm CBT as an evidence-based practice.

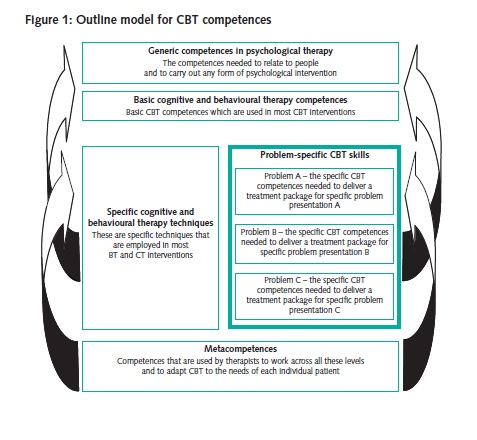
CBT is described as a diverse set of problem-specific interventions which draw upon a common base of behavioural and cognitive models of psychological disorders and utilize a set of overlapping techniques. CBT is also considered as a gold standard in the psychotherapeutic treatment of depression and anxiety, which are seem to be the most frequently reported mental problems nowadays.

Practitioners, trainers and commissioners of mental health services need to have clear and universal understanding of the knowledge and skills required for effective therapy performed in a competent manner. Consequently comprehensive key competences structure is needed. A key driver for the development of this clear structure of competences has come from commissioners of psychological treatment services in the NHS. It centered on the development of Improving Access to Psychological Therapies (IAPT) program launched at 2007. This program focuses on delivering psychological therapy for people with common mental health problems, with particular emphasis on depression and anxiety disorders and on the use of CBT as the most common intervention method.

Anthony D. Roth and Stephen Pilling from Department of Health began to develop model of core competences [24]. When faced with the question of how to distinguish those competences that are central to the tasks of therapy from those that are peripheral or even irrelevant, Roth and Pilling identified that a filtering procedure which was both reliable and valid was required. They decided to constrain competences to those that form part of treatment packages that have shown evidence of efficacy in clinical trials.

Consequently developed competency model consists of 5 components:

General competencies, which encompass activities needed in all therapies; Basic behavioural and cognitive therapy competencies which establish the structure of the intervention; Specific behavioural and cognitive therapy techniques comprising of core technical interventions employed in most CBT applications; Problem specific competencies providing treatment for specific disorders; Metacompetencies guide practice across all levels of the model (see Figure 1).



Cognitive Therapy Rating Scale (CTS-R) was designed for assessment of core CBT competences in practice. This tool allows to measure therapist competency and can highlight a therapist's specific strengths and weaknesses in a therapy session [13].

CTS-R was developed by I.A. James, I.-M. Blackburn and F.K. Reichelt at Newcastle Cognitive and Behavioural Therapies Center and The University of Newcastle. It contains 12 items: Agenda Setting and Adherence, Feedback, Collaboration, Pacing and Efficient Use of Time, Interpersonal Effectiveness, Eliciting Appropriate Emotional Expression, Eliciting Key Cognitions, Eliciting and Planning Behaviours, Guided Discovery, Conceptual Integration, Application of Change Methods and Homework Setting. First 5 items of CTS-R belong to general therapeutic competences and remaining 7 discover specific CBT activities [24], [25].

Key features of each item are summarized below.

1. Agenda Setting and Adherence.

The main goal is to address adequately topics that have been agreed and set in an appropriate way. This procedure involves the setting of discrete and realistic targets collaboratively. The format of agenda setting may vary according to the stage of therapy.

2. Feedback.

The patient's and therapist's understanding of key issues should be helped through the use of two-way feedback. The two major forms of feeding back information are through general summary and chunking of important units of information. The use of appropriate feedback helps both therapist to understand the patient's situation, and patient to synthesize material enabling him to gain major insight and make therapeutic shifts. It also helps to keep the client focused.

3. Collaboration.

The client should be encouraged to be active in the session. There must be clear evidence of productive teamwork, with the therapist skillfully encouraging the patient to participate fully and take responsibility. However, the therapist must not allow the patient to ramble in an unstructured way.

4. Pacing and Efficient Use of Time.

The session should be well time managed in relation to the agenda, with the session flowing smoothly through discrete start, middle and concluding phases. The work must be paced well relatively patient's needs, and while important issues need to be followed, unproductive digressions should be dealt with smoothly. The session should not go over time, without important reason.

5. Interpersonal Effectiveness.

The patient is put at ease by the therapist's verbal and non-verbal behaviour. The client should feel that core conditions (as warmth, empathy and genuineness) are present. However, it is important to keep professional boundaries.

6. Eliciting Appropriate Emotional Expression.

The therapist facilitates the processing of appropriate levels of emotion by the patient. Emotional levels that are too high or too law are likely to interfere with therapy. The therapist must also be able to deal effectively with emotional issues which interfere with effective change (e.g. hostility, anxiety, excessive anger).

7. Eliciting Key Cognitions.

The therapist should help the patient to gain access to his thoughts, assumptions and beliefs and understand the relationship between these and their distressing emotions. This can be done through the use of questioning, diaries and monitoring procedures.

8. Eliciting and Planning Behaviours.

The key feature here is to help the patient gain insight into effect of his behaviours and planned behaviours with respect to the problem. This item helps ensure that the therapy is fully integrated with the patient's environment.

9. Guided Discovery.

The patient should be helped to develop hypotheses regarding his current situation and to generate potential solutions for himself. The therapist helps to create a range of perspectives regarding patient's experience. Effective guided discovery will create doubt where previously there was certainty, thus providing the opportunity for re-evaluation and new learning to occur.

10. Conceptual Integration.

The therapist should help patient to obtain an appreciation of the history, triggers and maintaining features of his problem in order to bring about change in the present and future. The patient needs to have a clear understanding of how his perceptions and interpretations, beliefs, attitudes and rules relate to his problem. A good conceptualization will examine previous cognitions and coping strategies as well as current ones. This theory-based understanding should be well integrated and used to guide the therapy forward.

11. Application of Change Methods.

The therapist skillfully uses, and helps the patient to use appropriately cognitive and behavioural techniques. Cognitive methods include change dairies, distancing, pros-cons, evaluating alternatives, responsibility charts, imagery restructuring, determining meanings etc. Role play, behavioural tests, graded tasks, modeling, relaxation, response preventions belong to behavioural techniques.

12. Homework Setting.

This aspect concerns the setting of an appropriate homework task, one with clear and precise goals. Therapist must ensure the patient understand the rational for undertaking the task and he is ready to test out ideas, try new experiences, predict and deal with potential obstacles and experiment with new ways of responding.

During applying CTS-R each aspect is estimated from 0 to 6. Zero points means highly inappropriate performance; 1 point - inappropriate performance, with major problems evident; 2 points – evidence of competence, but numerous problems and luck of consistency; 3 points – competent, but some inconsistencies; 4 points – good features; 5 points – very good features with minor problems; 6 points – excellent performance. Maximum score on the scale is 72 (12 x 6). Newcastle Cognitive Therapy Center set a minimum competence standard of 36, which would be an average of 3 marks per item.

CTS-R holds a focus largely on aspects of treatment that are common to most forms of CBT and, of necessity, ones that are expected to be present in most treatment sessions. Although identifying problem specific competencies they do not assess the disorder-specific strategies and procedures that are viewed as being central to the mode of action of most evidence-based forms of CBT. Thus they could be considered to be more measures of the CBT style of conducting treatment than measures of any specific form of CBT.

**Grief and bereavement.**

**Cognitive-behavioural strategies in grief therapy**

Grief or grieving is a natural response to loss. It is personal and highly individual process of experiencing the psychological, social, physical, and spiritual reactions to perception of loss [12]. It affects feelings, thoughts, and attitudes; behaviour with others and even health and body symptoms. Bereavement is the most painful experiences an individual ever face and it increased the mortality ~50 % among woman and ~ 40% among man [16].

Grief is a part of everyone’s life and not only the death of a loved one can cause it, but any loss (personal, interpersonal, material, or symbolic). It could be: loss of a cherished dream, loss of a friendship, losing job, loss of health, a relationship breakup, a loved one’s serious illness, loss of financial stability, death of pet etc. [16].

The more significant is the loss, the more intense the grief is. People’s coping with grief depends on several factors: belonging the a certain social group (for instance to a family with some characteristics of higher vulnerability); genetic makeup; age and health; spiritual and cultural identity; support and recourses; the nature of relationship; circumstances of the loss and its past experiences. The reactions and feelings experienced by someone differ considerably in intensity and length. Grief may appear immediately or some time later: in hours, days, weeks and even months after a traumatic event.

According to Elisabeth Kubler-Ross there are 5 stages of grief which grieving person goes through:

1. Denial: shock, disbelief, thoughts of practical changes;
2. Anger: misplaced anger / envy, projection;
3. Bargaining: regret, fear, life changes, praying etc;
4. Depression: loneliness; isolation; crying; silence; disconnection from love of others/support;
5. Acceptance: coming to terms with mortality, making peace with others [15].

In psychological science the grief could be distinguished between uncomplicated and complicated grief. In normal course of grief, the recovery comes after individual period of time, when all the stages have been passed and the loss becomes integrated into autobiographical memory, when the memories and thoughts are no longer preoccupying or disabling [32]. Most people do not need medication or counselling for managing uncomplicated grief. They should simply be supported to go through their own process of grieving. Some people can find it helpful to engage in counselling.

If the person stagnate on one of the stages for a long period and becomes socially maladjusted it could lead to expansion of complicated grief. Complicated grief can be explained as unresolved or traumatic, prolonged and intense grief followed by deterioration in health and social functioning [3]. There are three main forms of it:

1. Absent, delayed or inhibited grief;
2. Distorted grief (1+ exaggerated grief reactions);
3. Chronic grief.

In case of complicated grief, bereaved can go interminably and can provoke psychiatric complications and also increase such risks as:

* high blood pressure & functional impairment, accompanied by reduced use of health services [23];
* affect immune function & gene expression [22];
* alcohol and drug use;
* suicidality;
* high intensity grief in early stage can predict cancer & heart attacks [5].

The complicated grief can be identified using such diagnostic tools as: The Inventory of Complicated Grief (ICG), which contains indicators of pathological grief: anger, disbelief, hallucinations etc.; Modified Inventory of Complicated Grief-Revised, changed to look for bereavement-related thoughts & behaviours (19 items - “Never” to “Always.”); The Grief and Meaning Reconstruction Inventory (GMRI), measuring continuing bonds, personal growth, sense of peace, emptiness and meaninglessness, and valuing life [9].

Professional support is drastically important for coping with complicated grief. Psychotherapy can support people in re-connecting with painful feelings and memories. The therapy also helps people to find strategies for relaxation, challenging negative thoughts. In some cases it is necessary to include pharmaceutic support for alleviating depression and grieving process.

Cognitive-Behavioural Grief Therapy

A professional psychologist can help the bereaved to adapt their loss and continue to live a meaningful life. The CBT (Cognitive-behaviour therapy) model provides a useful framework according which it becomes easier for psychologist to understand bereaved people’s experiences, to identify barriers that grieving may faced with and offer strategies that will allow increasing sense of control. It can easily be modified for short or long-term therapy and also has great potential for group work. A CBT approach focuses on the thoughts and behaviour, not only about the loss itself, but also about building a new life without the deceased.

There are three major components of grief: loss, change and control. When somebody dies people naturally focus on the person who died. But with any death comes the loss of many other things. These other losses can range from actual practical roles, to the person who represented the hopes and dreams for the future. The first step is to help grieving person to identify what he/she has lost because each loss needs to be addressed as a part of the mourning process.

Every loss is attended by changes and the amount of these changes depends on the functions that were correlated with the person who died. It takes time and strain for learning to adapt to these changes as it intends the grieving to try new things. According to the concept of control, it is important to understand it as a central in the cognitive explanation of grief. When people faced with loss they have a lack of control over the circumstances surrounding the death. They do not know what to do and feel themselves exposed, alone and overwhelmed by their grief.

In accordance with Morris it is necessary to use following CBT strategies for successful coping with grief [21].

First, it is important to establish a simple routine (have regular meal and bed time). Increased pleasant events and promote self-care activities (including regular medical check-ups; daily exercise and limited consumption of alcohol). Second, the person must be informed about what the grief is and what changes might be expected in his future behaviour and emotions. Third step is to grade the worries (list the things that are worrying; create a ‘to-do’ list, prioritize and tick off items as they are completed; use different coloured document cases for the paperwork that needs to be definitively establish). The fourth step is to get ready to confront with new or difficult situation (graded exposure to situations that are difficult or avoided; plan for the ‘firsts’ such as the first anniversary of the death – How do you want it to be acknowledged? Who do you want to share it with?; adopt a ‘trial and error’ approach; be prepared to try things more than once). Step five: challenging of unhelpful thinking (encourage identification of thoughts leading to feelings of guilt and anger; gently ask the following questions – What would your loved one tell you to do if they were here now? What are the alternatives to what you thought? Where is the evidence for what you thought?). The last step is to provide a structured decision-making framework to deal with difficult decisions (base decisions on evidence, not emotions; avoid making major, irreversible decisions for 12 months to prevent decisions being based on emotions; identify the problem and possible solutions; list the positives and negatives for each potential solution; determine the consequences of each solution – can they be lived with?).

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**Chapter 2.**

**Second contact with Counselling in the U.K.**

**Introduction**

In October 2017, a group of Master’s Degree students from the Moscow School of Social and Economic Sciences attended a series of lectures and seminars of Professional Doctorate in Counselling at the University of Manchester as part of the annual exchange programme between the two higher education institutions.

In the UK psychological counselling is part of the National Health Service, a nationwide public healthcare scheme. Thus, future counsellors are trained to work within the NHS system rather than become private practitioners. The psychological approach widely accepted by the NHS is Cognitive Behavioral Therapy as it is seen as evidence based short-term therapy. During our stay in Manchester we focused on such issues as research design and assessment in CBT. Besides, we were interested in how psychological counselling is integrated in the system of higher education. Students at British universities are able to seek psychological help in crisis situations. This practice has yet to be developed in Russia. Finally, our participation in the seminars with our British and international colleagues enabled us to gain an insight into how the educational process is run. We discovered that there are good reasons, for example, why Critical Thinking is an essential part of the university curriculum in general and in the psychological curriculum in particular.

This paper outlines a few of the issues that were the focus of discussion during our stay in Manchester.

The four parts of the paper were contributed by N.Rasulova and I.Kovrizhnyh (Part 1. Assessment in CBT), A.Bobrova and A.Kushnirskaya (Part 2. Research Methods in Evidence-based Therapy), B.Кuznetsov (Part 3. Psychological Counseling Services in the Universities of Russia and the West), N.Ivleva and I.Kim (Part 4. Critical Thinking in the PhD programme on counseling psychology at University of Manchester: a short overview).

**Assessment in CBT: functional analysis and the five-aspect model**

Cognitive Behavioral Therapy is one of the major branches of modern psychotherapy in the developed world. Like any other form of therapy, CBT has is worked out its own algorithm enabling the prompt and efficient diagnosis of the client’s problem. The initial stage of the therapeutic process, when diagnostics are carried out, is critical for the success of the therapy. “It is only through carrying out detailed functional analysis that hypotheses for the maintenance of client problems can be developed, and individualized client-centered cognitive and behavioral techniques be tailored to individual need on the basis of full and systematically developed formulation”. (Grant A.&others, 2008).

In CBT, it is assumed that human behavior is a consequence of their strictly individual learning history and the manifestation of more or less communal range of behavioral stereotypes, which is also substantially mediated by the conditions of the social situation around the person. Thus, the collection of data in the therapy process is aimed to identify the links between the most important variables of the environment and human cognition (expectations, beliefs, assessments and plans) and features of external (verbal and nonverbal) behavior. Functional analysis represents the part of the therapy process that

* identifies the elements of the problem (how it manifests itself, in what situations it occurs, what is the frequency and intensity of these situations);
* determines how the system built by the client around their problem (scenarios that support this system) works.

Besides, functional analysis serves the purposes of organizing and controlling a therapeutic intervention. Since the client is actively involved in the process, the therapist does not make any secret of this process and willingly explains its meaning and principles. He helps the client to determine which of his beliefs are irrational and represent a problem. At this stage, it becomes clear what situations, feelings and thoughts lead to a non-adaptive behavior.

The practice of functional analysis stands for:

* focusing on ‘here and now’ of the client’s identified areas of experience and difficulties;
* following the contextualization of earlier formative events which have influenced the client’s belief systems, emotions and behaviors;
* accepting assessment process as a collaborative process of joint discovery. (Sanders D., Wills F., 2005).

The consistency and depth of the questions within functional analysis make fundamental importance and can help to identify certain information that becomes significant to the client, once it has been understood by him. This kind of information may be directly relevant to the problem, but out of the client’s current focus. Questions asked by the therapist direct the client from the private to the general, so that they can eventually use the new information to either subject their previous conclusion to a revision or build a new vision about the problem. In general, it is advisable to start with specific questions that help to clearly understand the client's problem or ask for specific examples of the problem. The concretization of the problem makes it possible to make sure that both the therapist and the client talk about the same thing.

Key questions of functional analysis cover the following areas:

* what/where/when/why/with whom the problem occurs;
* frequency/intensity/number/duration of problem episodes;
* antecedents/behavior/consequences (triggers, cognitive content, coping strategies/skills);
* development of the problem: onset, formative events, fluctuations;
* goals and expectations from the therapy;
* medication and substance use: side effects, alcohol intake, caffeine intake, smoking, non-prescription drugs;
* assets and strengths;
* impact of the problem on the client’s life;
* mental status: appearance, speech, mood, appetite, sleep, libido, anhedonia, irritability, self-worth and self-image, hopelessness, risk/self-harm/suicide, psychosis concentration, orientation, memory;
* medical history;
* ethical and legal;
* personal history: accommodation, work, leisure, personality, relationships;
* family history: parents, siblings;
* developmental history: childhood & adolescence, education.

Further case formulation based on the tenets of CBT would involve employing a generic model of case formulation, such as the five-aspect model (Greenberger & Padesky, 1995), to initially develop an understanding of the client’s difficulties. It is useful at a proximal level of assessment in relation to ‘specific episodes’ of the problem. This model shows how the different aspects of client’s life influence each other and consists of 5 blocks: environment, cognitions, physical state, feelings and behavior.

The first session is devoted to obtaining full information about the client, including his or her patterns of interpersonal relationships, what use he or she makes of available resources (and why is unable to identify new ones), what prevents him or her from achieving their goals. This assessment stage also involves gathering information about the client’s social environment and the client’s life story. The counselor should aim at better understanding of the client’s personality, awareness of his or her outlook and individual world picture, all of which helps to select relevant therapeutic tools and decide on the sequence of interventions.

Apart from the diagnostic interview, it is crucial to use other diagnostic methods, such as psychometric tests, observation and clinical interviews. Obviously, not every case requires the whole spectrum of diagnostic methods and decisions on which of them to apply are always taken by the counselor.

Thus, the use of psychometric tests is required to identify the client’s problem zone (if this has not been done before). Sometimes a single test will be enough, while on some occasions a whole range of tests should be applied. As a result, the outlines of the area demanding correction emerge more clearly. However, tests alone cannot provide a full and objective picture of the client’s problems.

On some occasions the therapist can apply nomothetic and ideographic diagnostic methods. The former focuses on examining human trends in the client and comparing them to the normal, while the latter deals with the client’s individual traits and peculiarities. In other words, the nomothetic approach investigates in what way the client is similar to other people, whereas the ideographic approach answers the question of why and how the client is different from others. The ideographic approach differs from the nomothetic one in that it focuses on researching individual emotions, behaviors, values and experiences. As a result, a psychogram (or the client’s psychological portrait) emerges. The idiographic approach, in spite of its obvious advantages, often comes in under criticism for being prone to subjective interpretations on the part of the therapist of what is behind a particular symptom. There is a lot of room for the therapist’s intuition instead of evidence-based conclusions. “Among the benefits of idiographic approach are the depth, vividness, uniqueness and versatility of the assessment of the client. However, there are disadvantages, e.g. lack of precision and systematicity of data, as well as subjectivity of interpretation”. (Kopets L.V., 2010)

It is essential that counselors avoid a skew towards either approach as the best results are achieved through systematic approach. When preferring idiographic approach, the counselor risks facing the following problems:

* Personalized attitude to the client may take over concentration on the correction of the client’s problems;
* Focus on the client’s vicious circle;
* Use of behavioral strategies only;
* Use of cognitive strategies only;
* Choice of interventions which are of no use to the client’s life.

Nomothetic and idiographic approaches differ in their preferred methods: standardized methods versus projective and more creative ones. If one of the approaches is favored at the expense of the other, there are increased risks of distortions in the assessment. Therefore, counselors are advised to

make up a detailed description of the client’s problems including their environment, thoughts, behavior, emotions and physiological reactions;

investigate the factors contributing to the development of the client’s problems;

investigate the factors contributing to the persistence of the client’s problems;

identify the client’s strengths (resource)

educate the client about the method which is going to be used in the therapeutic process;

discuss mutual expectations from the therapeutic process.

A lot of emphasis is placed on the last two points, which means establishing a rapport with the client, receiving their feedback, the therapist’s openness with regard to the methods used, discussion of the results of the process. Openness and cooperation in therapy are especially valued in the western approach to therapy. This results in the client’s trust and confidence in the therapist, which leads to the client’s greater involvement, responsiveness and willingness to do their homework and change their behavioral patterns.

**Research methods in evidence-based therapy**

The history of evidence based medicine goes back centuries. However, the two main modern preconditions which have given rise to this concept are the invention of randomized controlled trials (RCT) and their adoption in science. A wave of thorough research and discussion of RCT began in the sixties. British epidemiologist Archie Cochrane is considered the ideologist behind RCT. In 1972, in his book «Effectiveness and Efficiency: Random Reflections on Health Services» he emphasized economic arguments in favour of the use of RCT. Resources will always be limited, in his opinion, so it is necessary to allocate them equitably and wisely, i.e. we can spend resources only on evidence-based medical methods, whose effectiveness has been proved by RCT (Cochrane, 1972). The definition of evidence-based medicine was first given 15 years after Cochrane’s book was published. This definition is fully consistent with Cochrane’s ideas. (Eddy, 1987).

Cochrane Collaboration was established in 1993 in his honor. The main goal of this organization is to support the growth of evidence based medicine worldwide. The organization conducts yearly reviews of RCT in many health-related fields of study. The results of these reviews are published in The Cochrane Library. It’s a very helpful resource for students, scientists and practitioners around the world. The Cochrane Library consists of 53 review groups that are based in different countries, including Russia.

In the 1990s, it became possible for scientists to take psychotherapy to the next level largely due to Cochrane Collaboration and extension of evidence based medicine. British scientists were leaders in this field, their article ‘What works for whom: A critical review of psychotherapy’ was the first attempt to provide an overview of effectiveness of psychotherapy for The National Health Service (Roth & Fonagy, 1996).

The emergence of evidence-based psychotherapy has affected the standards of service offered to clients. The transition to evidence-based medicine standards has inevitably led to drafting guidelines governing the choice of a particular psychotherapy intervention for each individual's diagnosis and case. That means every psychotherapist could not only rely on her or his own opinion and experience, but also on evidence-based guidelines in their work. Thus, clients are guaranteed to receive the most effective psychological care.

Studies of the best psychotherapeutic methods and techniques have helped to make psychological help more affordable. For example, if in the 1950s clients with eating disorders needed a long treatment in the psychoanalytic approach for several years, while now there are some evidence-based protocols for treatment of eating disorders that take about 6 months to bring benefits. (Murphy, Straebler, Fairburn, 2010). This has made it possible for different people to afford a course of psychological care, and for government to include this help in different state medical and social programmes.

Changes brought about by the concept of evidence based psychotherapy have also affected the educational field. University curricula have been revised: emphasis in training counselors has been placed on evidence-based psychotherapy approaches. For example, in British Universities priority in the preparation of psychotherapists is given to cognitive-behavior therapy, which is one of the most effective therapies according to studies. But most importantly, concept of evidence based medicine and practices have changed ideas about education on the whole, because this concept implies a need for constant professional development, including through reading modern scientific papers.

There is an opinion, that although the idea of evidence based psychotherapy is good and promising itself, the problem concerns randomized controlled trials (RCT) underlying this idea. Indeed, as said before, evidence-based psychotherapy has grown from evidence-based medicine and borrowed its basic understanding of research and quality assessment framework of their results. Thus, results of RCT have the greatest weight in the concept of evidence-based psychotherapy. But psychotherapy differs significantly from classical medical interventions. It can therefore be assumed that qualitative research might be more appropriate while studying the effectiveness of psychotherapy. The biggest part of psychotherapeutic methods hasn’t been researched by RCT principals yet. However, the history of cognitive-behavior therapy (CBT) is inextricably linked to RCT. This raises assumption that CBT approaches have advantage over others psychotherapy’s methods in testing them by RCT, it isn’t very fair and biases the results (Bohart et al, 1998).

A great value in evidence-based psychology is attached to research as psychological practice, work and correction have to be based on scientific research. In the UK, it is commonly recognized that any psychological intervention in an individual’s life has to be evidence-based.

In regard to how psychological research is conducted in the UK, the following is worthy of interest: an initial hypothesis is not obligatory when carrying out research. It is considered that the pre-formulated hypothesis can affect the results of research, of which the researcher may be unaware.

The UK’s psychologists use both quantitative and qualitative methods. Quantitative data allows researchers to estimate and interpret the research object in figures (for example, numbers, coefficients, percentages etc.). Quantitative methods of data acquisition are, as a rule, connected with application of the structured research procedures (for example, polls, in which answers are coded) allowing researchers to obtain data for statistical analysis.

Qualitative data describes the researched object by means of words (documentary observations, descriptions of representative cases, opinions, estimated judgments, etc.), and methods of obtaining such data are, as a rule, connected with application semi-structured methods (for example, observations and polls) for achieving a deeper insight into people’s existing installations, beliefs, motives and behavior. These methods require a higher level of involvement and reflexivity on part of research participants. The most widespread methods of carrying out research are as follows:

1. A group interview or focus of group. The point of this procedure consists in researchers conducting a group discussion of an aspect in question by some stakeholders. It can be carried out with the participation of experts, students, professors. Information obtained by this method generally is qualitative, however sometimes it is possible to receive also quantitative characteristics (for example, by drawing up group ratings or when performing group exercises);

2. The second most popular method of collecting information is a poll, which means interviewing respondents of a number of questions which have a few possible answers and a unified character. This type of polls allows researchers to obtain a large number of data in a short time and provides a possibility of holding the poll remotely (by phone, on the Internet), which saves time and financial resources;

3. The semi-structured interview – this type of interview involves a guideline designating the main questions with the presence of some closed questions. On the one hand, thanks to partial formalization of the interview, the data obtained as a result is subjected to classification and statistical processing. On the other hand, this type of interview is flexible enough "to grab" the specifics of the analysed situation;

4. Observation: a technique which was used for the first time by anthropologists; it requires that the researcher spends a considerable time (days) with the studied group and interacts with the group as a member of the community;

Many researchers believe that quantitative data is more reliable and evidence-based than qualitative. Certainly, qualitative data is not an exact measurement of the research object, and possibilities of generalization and comparison of such data are extremely limited. However, qualitative research allows psychologists to explain the reason of certain phenomena, as well as people’s attitudes towards him. Therefore the optimal solution for psychological research is the combined approach based on the use of the advantages of both methods.

**Psychological Counseling Services in the Universities of Russia and the West (Борис)**

Psychological counseling in higher education is closely connected both with the specific character of the educational system and with the cultural, historical, national and political features of a particular country.

The psychological counseling services became widely spread in the 1970s. To date, most US universities are able to provide support to a student experiencing psychological difficulties (Shcherbaneva, 2003).

It is impossible to identify a single general therapeutic model used by counseling psychologists in different higher educational institutions. The great variety of existing theories generates different approaches to satisfying students’ needs. In the practice of psychological counseling in foreign higher educational institutions, various modifications of the psychoanalytic method, cognitive behavioral therapy and family therapy can be found. It is rather the range of problems professionals encounter that serves as a unifying factor. For example, use of alcohol or psychoactive substances, anorexia nervosa, bulimia and others (Shcherbaneva, 2003).

Psychological counseling in foreign universities is focused on short-term therapy. This is largely due to a great workload of every counseling psychologist and lack of funding, which prevents hiring more professionals. The specific nature of the student’s educational process also acts as a restrictor in the psychologist’s choice of psychological work. Over the course of five-year learning the student faces numerous stressors. This sometimes may result in failing to see the psychologist on a regular basis. On the other hand, some unexpected psychological problems may require prompt resolution under the supervision of a qualified counselor.

Students’ irregular visiting of the counseling psychologist is viewed as a completely natural behavior: they are accustomed to missing classes. In addition, their crisis may unexpectedly resolve itself. This behavior causes difficulties for the counselors operating under the scenario of traditional therapy. The quality of the established relationship, the therapeutic alliance, becomes worse (Shcherbaneva, 2003).

Psychological counseling is part of the organizational structure of many universities in the developed countries. It is implemented within the framework of the service of counseling and psychological assistance (CAPS - counseling & psychological service). Its main activity is aimed at correcting mental health disorders of students, faculty and university staff (Annual survey of counseling in further and higher education, 2005).

According to foreign publications, the issues of students’ mental health deserve special attention. Establishing psychological counseling in university helps strengthen the mental health of future professionals of industry, business and politics, ensuring the future of the whole country (Brown et al., 2006).

At the turn of XX-XXI centuries in foreign countries there is an increase in the number of the requests for psychological services. With the increased number of university students, the latter have to wait a month for an appointment at a counseling center; meanwhile the staff size of psychological services remains the same. Researchers observe a tendency to deterioration in students’ mental health; this is partially reflected in the report of the Board of the Royal College of Psychiatrists (2003). A number of studies note an increase in the number of students using alcohol and psychoactive substances, the spread of anorexia nervosa and bulimia, symptoms of depression, distress, and manifestations of suicidal propensity (Pickard et al., 2000; Webb et al., 1996). Similar problems are reflected in the report of the National Institute for Health Assessment (ACHA, USA) for 2012.

In the current situation, in foreign countries at the level of higher educational institutions various measures are taken to address the problems related to students’ mental health. For example, in the UK, Committee for the Promotion of Mental Wellbeing in Higher Education has been founded, principles of strengthening students’ and faculty’s mental health have been established and documented. Instructions for university staff were introduced to ensure the safety of students’ mental health. In fact, the responsibility for the development of a mentally healthy student rests not only with a separate structural unit, but the entire staff of a higher educational institution (Royal College of Psychiatrists, 2003). Yet in the teaching-learning process the teacher is the closest to the student; in this regard, the requirements for his/her competence in the field of psychological health are increasing. Another important element of psychological counseling in university is a tutor (mentor), who, functioning as a “dispatcher”, can find out a problem in a timely manner and help the student turn to a relevant professional.

In the University of Toronto psychological counseling is carried out through a corresponding service which is part of the organizational structure of the educational institution. The scope of the services provided and their forms are in many respects similar to the University Consulting Service in Cambridge. Psychological counseling is provided free of charge, which is typical of most foreign universities, but in case of missing a session without notifying the counselor a fine of $ 30 is imposed. As in many foreign universities, only a short-term therapy is provided, which enables responding to more requests. However, if necessary, a stuff member or a student can get an in-depth psychological assistance in the psychological center.

In many foreign countries the organized psychological service is comparatively young. The average number of counselors in one university in the USA and the UK is about 30 professionals. In Germany, Czech Republic and Estonia the number of psychological service professionals is about five. The specific character of the activities of these services is largely determined by their place in the organizational structure of a particular institution.

Foreign universities, try to place psychological counseling services outside the educational institution in order to preserve the confidentiality of a student or an employee seeking psychological help. In addition, foreign universities are actively developing the use of information technology for psychological counseling. In particular, online counseling is being implemented, which makes the access to a psychologist’s help easier and more convenient for young people. Although this approach allows clients to keep the anonymity, it cannot substitute for a face-to-face session and is only an addition to the traditional counseling.

To date, psychological counseling as a component of the psychological service exists in some Russian Universities of Moscow, St. Petersburg, Nizhny Novgorod, Tver, Kazan, Rostov, Astrakhan, Arkhangelsk, Kursk, Tomsk, and others. However, it is most often the result of the initiative taken by the faculty of humanities. The general model describing goals, tasks and methods of counseling has not been formed yet. Despite this, it is possible to distinguish similar areas of activity and common methods of work that are to a great extent based on the experience of secondary school psychological services (Kolosov, 2010).

Psychological counseling in university can be implemented in two lines: actual and prospecting. The actual one addresses students’ difficulties directly related to learning, development, deviant behavior, and communication problems. The aims of the prospecting line are the development of students’ professional features, providing assistance in self-determination and strengthening students’ mental health (Zeer, 2003).

It is evident that the problem of introducing psychological counseling into Russian universities is recognized and its solution depends largely on creating a psychological service within the university structure. The general objectives of this structural unit in general terms are outlined, but this is not enough. It is possible to identify a number of interconnected factors hindering the development of psychological counseling in the university structure.

Psychological services are quite a young structural unit in a number of Russian universities, existing for 10-15 years. The difficulties they encounter are quite typical: lack of regulatory framework for the activities; poor material and technical equipment; professional resources; weak integration into the educational environment.

In order to provide psychological services with professional resources, it is important to determine the number of counseling psychologists necessary for solving the tasks. For the Russian higher educational institutions the standards of workload for a psychologist have not been developed. These standards are developed for secondary education institutions; however, as practice shows, they do not correspond to a psychologist’s actual capabilities and require revision.

In addition, factors related to the adaptation of freshmen to the new educational process should be mentioned: dissatisfaction with training, inability to withstand a new pace of life, unpreparedness for new ways of perceiving and processing of information, student anxiety, inability to systematize knowledge, physical fatigue, lack of self-presentation skills in a group, unpreparedness for self-expression in learning activity.

From this it follows that the work of the psychological counseling services should be aimed at making the adaptation period of first-year students easier. It is not always that the students can independently adjust to new requirements; and in case of failure, the risk of the negative impact of disadaptation on the development of personality characteristics is higher.

It is also important to mark the main lines of the counseling psychologist’s work in the Russian university structure. First, it is individual and group counseling aimed at personality and professional self-determination of students. Today one can often see a fourth year student who cannot imagine himself/herself working in the profession for which he/she has acquired competencies. Second, an important line of psychological services is counseling for the university teachers. Focusing on educational activities, the counseling work can be aimed at developing competent communication, reflexive activity culture, orientation to dialogical communication with students and avoiding an authoritarian model.

The functional contents of psychological counseling services in Russian and foreign universities are different. Their views of professional resources necessary for valid functioning of the services also differ. However, the ideas about the main goals and lines are similar.

Particular attention in the foreign university psychological counseling is given to the student's mental health and methods for its strengthening, as well as to the preventive control of disorders caused by the use of alcohol and psychoactive substances.

The work of a psychological counselor in foreign universities is legally regulated, which provides legal protection to the counselor and the client. In its turn, the lack of legal basis and regulation of activities at the federal level is one of the main problems hindering the introduction of psychological counseling services in the organizational structure of Russian universities.

The number of professional psychologists in psychological counseling service in foreign universities is greater than in the Russian ones. In the UK universities, the current standards of the workload of a counseling psychologist working all day long are 3,500 students per counselor. For the Russian universities the workload standards have not been worked out yet, although the actual load is sometimes more than 3500 students per counselor in some universities.

Establishing psychological service in Russian universities depends largely on the social and economic situation in the country. However, the key problems are absence of a legal and regulatory framework for psychological counseling, residual material support for the existing services, and an insufficient level of professional resources.

In many developed countries psychological counseling is recognized as a necessary component of the organizational structure of the university. In some foreign countries this process is going on quite intensively and is supported by the state by providing the services with the necessary material and technical means. In Russia, one can observe formation and development of full psychological services in the internal structure of university.

**Critical Thinking in the PhD program of counseling psychology of UoM – short overview. (Кеша +я)**

The term Critical Thinking originated in the mid-20th century. However, the concept of Critical Thinking is based on a long-standing philosophical tradition dating back to Socrates. Socratic questioning, a system of structured and disciplined questions asked to evaluate ideas, systematize and compare facts, uncover the truth and draw conclusions from evidence, is part and parcel of Critical Thinking. Following Socrates, Plato developed critical philosophy in his dialogues, and Aristotle, in his turn, approached Plato’s concepts with critique. Even medieval scholars, whose thought was dominated by the presumption of the existence of God, were engaged in finding proofs of their theological postulates. Thomas Aquinas formulated five proofs of the existence of God and was also interested in the nature of cognition. Although he believed that knowledge and cognition are inferior to faith, he, nevertheless, differentiated between passive intellect, capable of receiving sense impressions, and active intellect, which includes such abilities as abstracting, reasoning, judgement and generalization.

In the modern times K.Popper, the founder of Critical Rationalism, stated that any scientific theory should be rationally criticized and tested. According to him, knowledge can be falsifiable and, consequently, empirical, or non-falsifiable and thus non-empirical.

Rene Decartes developed Cartesian, or Methodological, Skepticism, by which he understood the necessity of doubting any belief to determine those undoubtedly true.

In the 20th century Critical Thinking became an academic subject taught at schools and universities in the UK, the USA and Europe. Such scholars as John Dewey and Richard W. Paul, who founded the Center and Foundation for Critical Thinking in the USA, advocated the inclusion of Critical Thinking in the academic curriculum.

M. Scriven and R. Paul (1987) define Critical Thinking as “the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action” (Scriven & Paul, 1987)

In the UK Critical Thinking is a subject offered to students preparing for their GSCE or A-level examinations. Critical Thinking has replaced General Studies, a subject introduced in 1959 and intended to give students sufficient knowledge in political, social and religion studies, as well as arts and ethics. General Studies are no longer available as an examination subject in British schools as the discipline was considered to be too lightweight and superficial. However, Critical Thinking is often seen as sharing the drawbacks of its predecessor.

On one hand, schools encourage students to take Critical Thinking as the subject is more likely to bring high scores in comparison to more fundamental mathematics or science. High scores boost schools’ positions in the national rating. On the other hand, the problem is that examination results are converted into UCAS points, used by universities to compare applicants and take admission decisions. Most universities do not offer UCAS points for A-leves in Critical Thinkings, as the subject is still regarded as not serious enough. This is especially true for the UK’s leading educational institutions, e.g. Oxford and Cambridge. The paradox is that universities expect their future students to think critically, but do not recognize their achievements in the relevant subject. As a result, a vicious circle is born. While school leavers are more and more reluctant to take A-levels in Critical Thinking, universities want to see critical thinking skills in their applicants and then introduce Critical Thinking courses in their Baccalaureate, Masters and Doctorate programmes.

However, there is evidence that taking Critical Thinking as an A-level subject has a positive impact on students’ academic results in other subjects. Research at Cambridge Assessment compared two groups of A-level graduates (2000 people in each). Both groups had similar GCSE results, but while the students in the first group did Critical Thinking as part of their A-studies, the students in the second group did not take this subject. The average score of the CT-group was higher in such subjects as Biology, Chemistry, Physics, Mathematics etc.

The Cambridge Assessment Research lists benefits of Critical Thinking for students and teachers alike and concludes that “a key matter for the future success of Critical Thinking AS level is for it to gain greater acceptance with universities” (Cambridge Assesment, 2000)

Another widely discussed issue is alleged lack of critical thinking skills among international students at the UK universities (at the University of Manchester, for example, the group of doctorate students was truly multicultural). Universities place a lot of emphasis on adapting international students to a new academic culture, considering that they may come from cultures where criticizing work of other scholars or arguing academic authorities is uncommon. This results in international students receiving lower grades for their essays, which is not due to the fact that they have to write in a non-native language, but because their fail to produce critical analysis and solid argument to support their own point of view.

N. Shaheen (2013) links international students’ inefficiency in critical thinking to G. Hofstede’s cultural dimensions, e.g. power distance (students may not feel free to criticize established theories) or uncertainty avoidance (it may be difficult to admit that there are contradicting views on particular problems) (Shaheen, 2013).

Critical Thinking is essential for counselors due to the very nature of psychological knowledge and a lot of subjectivity involved in human interaction which, in essence, is counselling. Without critical thinking skills counsellors will be unable to separate his or her own or the client’s emotional responses or interpretations of events from facts, to conceptualize the client’s problem and choose the best approach, be it person-centred approach, CBT or anything else.

The course of critical thinking in the PhD program of counseling psychology was conducted by C. Feltam, Professor in Critical Counseling Studies, the author of numerous publications on psychology and anthropology. The further presentation will be based on the materials of his studies, including our personal interpretation and conclusions based on the overviewed material.

Before proceeding to discuss the content of the lesson, it is necessary to outline the lesson’s methodology. While sometimes the methodology is not immediately revealed in the teaching process, in critical thinking it is always transparent because critical thinking rests on “itself”. In other words, it is not possible to study critical thinking without using that kind of thinking. Using analogies, this process can be represented in two forms:

a) as a repetitive circle consisting of the following elements: from the formulation of a problem to the discussion in a small group or in a whole class, then a brief summary of the results and the formulation of the next issue.

b) as an arrow, leading from the issue to the solution. According to Professor Feltham, the issue is formulated as a “starting point” for discussion and reflection, and the answer (solution) is always incomplete, which allows moving on from one issue to another.

The content of lecture can be divided into several topics:

* A critical look at critical thinking.
* Critical view of the psychological science, individual psychological theories and approaches.
* Critical view of psychological counseling: training, practice, efficiency.

First, Prof. Feltham emphasized the need to use critical thinking, both in research and in therapy. Because counseling psychology can rely on heuristic effect, theories and practices need constant updating, and the passive use of the theory by the therapist impoverishes knowledge. In addition, no theory covers all client cases and life situations as there may always be the influence of other factors such as deception, lies, exaggeration, and others. Therefore, critical thinking allows us to find the hidden layers of arguments and expand understanding, enhance intellectual baggage and find new ideas and methods.

He also noted that in some cases critical thinking can cause discomfort, trigger cognitive dissonance, influence morality, undermine the current worldview, and threaten livelihoods. Therefore, not all people tend to think critically. In addition, critical thinking is not always useful and necessary, for example, it may interfere with the adoption of a consensual decision in the team, can lead to super-analysis and nihilism, and also does not fit all individuals and cultural orientations.

* To develop critical thinking, the following methods were suggested:
* avoiding evaluation of your own thoughts as wrong (or correct), read carefully and think analytically and widely.
* willingness to look for poor arguments, mistakes, a call to emotions, faith, power, the shortcomings of evidence, the use of linguistic techniques, etc.
* attention should be paid to costs, cognitive dissonance, blind spots, smoothed narratives, to consider inconsistencies between authors and their own points of view and generally accepted meanings.
* when formulating and expressing an opinion, express your own feelings, use brainstorming methods and other techniques to find and structure ideas, and not to assume that critical thinking is inherent only in the academic field.

After this part of the lecture, we looked at the critical angle applied to the psychological science in general. For example, it can be found that in practical psychology most therapeutic directions are theorized by white male Europeans (for example, Z. Freud, C. Jung, E. Bern, C. Rogers, A. Beck, and others). Most models have limitations caused by minimizing evolutionary and sociopolitical factors. For instance, Beck's cognitive therapy does not pay enough attention to emotions and the patient's history, Freud's psychoanalysis neglects social aspects, etc. (Patterson & Watkins, 2003). Some of the models are not part of the scientific paradigm, and focus on various aspects, such as the therapeutic relationships or the toolkit. The existence of more than 400 theoretical models prevents us from giving a universal answer to the questions of their equal effectiveness. Additionally, there is often no "bridge" between these models and practice: in practice, therapists often create individual therapeutic approaches, which often differ from what they were taught and rarely follow the models in their pure form (Feltham, 1999).

One of the approaches discussed in class was a client-centric approach. In a critical examination we can find that this approach does not fully explain individual psychological problems, does not function as an independent model in the field of psychological health, and the relevance and significance of concepts (for example, the tendency to self-actualization) raises some questions. Also this approach does not have a focused therapeutic model, which leads to difficulties such as testing for efficiency, development and the ways to teach (Kahn, 1999; Kensit, 2000; Eremie & Ubulom, 2016)

In the last part, some issues of psychological education in general and the counseling program in particular were considered. For example, it remains unclear whether it is really necessary for all practitioners to have a high level of preparation, including knowledge of theories, skills, experience in personal therapy and supervision; can people who do not have similar experience to be effective therapists; do the values ​​of counseling distort the university discourse and ethical norms: could non-academic norms be better; which therapeutic approach should be chosen for personal therapy; what is the role of self-learning, self-analysis and whether it is possible to learn by yourself; whether the values ​​of the poor and the middle class are taken into account, given the cost of education and the cost of therapy; whether the double cost of therapy for a doctoral student guarantees a better result than that of a consultant; whether having a doctor's degree improves the clinical quality of therapy and many others.

Professor Feltam suggested that for the development of psychological science (both the theoretical and practical field and the field of education) it is necessary to take into account the epidemic of world depression and emerging problems, continue the spread of therapy and professionals, use both the results obtained in research and reservations, take clients' complaints and feedback into account, and improve or change supervisions.

Thus, despite the shortcomings of critical thinking, it is necessary in all areas of counseling: science, education, training practical consultants and their work. This makes it essential to develop not only critical thinking, but also the process of teaching this kind of thinking. The program of the University of Manchester shows one of the possible ways of teaching such Crtitical Thinking, which, in our opinion, can be considered quite successful.

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