

Counselling and Psychological Therapy

Patient Information Leaflet

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Therapies and Support: Understanding the Differences

People are often told they are being “referred for counselling” or that they are “having counselling”. This phrase can be misleading, because it groups together a wide range of very different approaches.

Some therapies focus on thoughts and behaviour, some on past experiences, some on the body, and others on building solutions for the future. Even within the same named approach, different therapists may work in quite different ways.

When thinking about therapy, it can help to ask:

- What is this approach trying to do?
- What does it focus on most?
- How does it aim to help?

For example, is it mainly aiming to:

- change patterns of thinking or behaviour?
- process and reduce the emotional impact of past experiences?
- calm the body and nervous system?
- focus on strengths and build practical solutions?
- provide space to talk, reflect, and feel understood?

No single therapy works for everyone. What matters most is finding an approach that feels safe, makes sense to you, and fits your current capacity.

Different Approaches

Below are some of the more common therapies people may be offered. This is not a complete list, and the way each approach is practised can vary.

Person-Centred (Humanistic) Counselling

Person-centred counselling describes a broad group of approaches focused on providing a warm, empathic, non-judgemental relationship. The therapist does not direct the session or give techniques, but offers understanding, acceptance, and space to talk.

This is the most commonly offered form of counselling in primary care and NHS settings. Many people find it helpful, particularly when distress is linked to current life difficulties, relationship strain, or feeling unheard.

For some people — especially when emotional intensity is very high or trauma is present — talking in depth about painful experiences can increase distress if there are no additional ways to reduce the emotional impact that arises. NHS counsellors are trained to work carefully and supportively to reduce this risk.

Cognitive Behavioural Therapy (CBT)

CBT focuses on the links between thoughts, feelings, and behaviour. It often involves noticing unhelpful thinking patterns and experimenting with different ways of thinking or acting.

Many people find CBT practical and structured. Others find it harder to engage with when their threat or stress system is highly activated, as intense physical anxiety can make it difficult to think clearly or challenge thoughts.

CBT is widely available within NHS services. Its prominence reflects long-standing investment in training and research, rather than it necessarily being the best fit for everyone.

Dialectical Behaviour Therapy (DBT)

DBT was originally developed for people who experience very intense emotions or self-harm. It combines elements of CBT with skills for emotional regulation, distress tolerance, and mindfulness.

DBT is often used when emotional reactions feel overwhelming and difficult to manage. In the NHS it is usually offered through specialist or secondary care services.

Psychodynamic Counselling and Therapy

Psychodynamic approaches focus on how past experiences — particularly early relationships — may influence current patterns of feeling, thinking, and relating.

Some people find this deeply meaningful and helpful, especially when they have the capacity to reflect and tolerate emotional intensity.

For others, particularly when trauma is present or emotional regulation is limited, revisiting the past can increase distress if it is not combined with ways of calming the nervous system or reducing emotional intensity.

EMDR and Other Memory-Focused Approaches

EMDR (Eye Movement Desensitisation and Reprocessing) aims to reduce the emotional impact of distressing memories using rhythmic stimulation such as side-to-side eye movements.

There are also other approaches that work with traumatic memories through processes such as memory reconsolidation, aiming to soften the emotional charge of memories rather than repeatedly revisiting them in a highly distressed state.

These approaches can be very helpful when past experiences are strongly driving current symptoms. Many NHS therapists have additional training in these techniques.

Solution-Focused Therapy

Solution-Focused Brief Therapy (SFBT) focuses on what people want to be different and on existing strengths, resources, and past successes. Rather than exploring difficulties in depth, it uses carefully structured questions to help people notice what is already helping and identify small, meaningful steps forward.

SFBT has an evidence base comparable to other commonly used therapies, including cognitive behavioural therapy, across a range of difficulties. It has been used in a variety of settings, including with people experiencing significant distress.

Many people find SFBT helpful because it does not require detailed exploration of past experiences unless they wish to do so, and because the focus on competence and progress can leave sessions feeling constructive and containing.

Acceptance- and Compassion-Based Approaches

Some therapies focus less on changing thoughts and more on changing how people relate to their inner experience.

Acceptance-based approaches (such as Acceptance and Commitment Therapy) emphasise responding differently to difficult thoughts and feelings while acting in line with personal values.

Compassion-focused approaches aim to reduce shame and self-criticism and strengthen a sense of safety and self-support.

Needs-Based and Practical Therapies

Some approaches focus on identifying unmet emotional needs — such as security, connection, autonomy, or purpose — and finding practical ways to meet them, alongside techniques to help calm the nervous system.

These approaches tend to be pragmatic and present-focused.

Body- and Breath-Based Approaches

These approaches use breathing, movement, posture, or awareness practices to help calm the body and reduce physical tension and rumination.

They can be particularly helpful when stress or anxiety feels very physical, or when talking alone feels difficult. Body-based elements are often integrated into other therapies rather than offered as standalone treatment.

Trauma-Informed Care

You may hear the term *trauma-informed* used across different therapies.

This usually means working in a way that prioritises safety, stabilisation, and choice, helping people feel more settled before exploring painful memories or experiences in depth.

A trauma-informed approach can be relevant across many types of therapy.

What the Evidence Shows

Research consistently shows that one of the most important factors in therapy is not the specific model used, but whether you feel safe, respected, and understood by the therapist. This is often referred to as *common factors* research.

Fit is also influenced by practical factors such as:

- session frequency
- length of therapy
- emotional impact between sessions
- how therapy fits with work, family, and health

If therapy does not feel helpful, this does not mean you have failed. It may be the wrong approach, the wrong timing, or not the right fit with that therapist.

What to Expect if You're Referred for NHS Counselling

If you are referred for counselling through the NHS, it is usually time-limited and structured, with a focus on common difficulties such as anxiety, low mood, or stress. Sessions are typically offered for a set number of weeks and follow an agreed approach based on national guidance.

Many people find this helpful. However, because services must meet high demand, there may be limits on session length, total number of sessions, and flexibility. These limits reflect capacity and fairness, not the seriousness or validity of your difficulties.

People can sometimes be re-referred in the future if needed. Specialist or secondary care services may offer other therapies for specific difficulties.

Summary

Therapy is not a single thing. It is a broad set of approaches, delivered by individual human beings, in different ways.

Finding something that fits you may take time. Asking questions, noticing how therapy feels, and adjusting approach if needed are sensible parts of the process.