Understanding Preferences in Counselling (U-PIC)
Therapist Guide

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Introduction

The **U-PIC** is a brief, shared decision-making form designed to facilitate structured conversations with young people (11-18 years old) about their strong preferences in individual counselling or psychotherapy. Research demonstrates that aligning therapy with a clients' preferences improves outcomes and reduces dropout. The 14-item U-PIC is not a diagnostic measure, but rather an instrument to initiate clinical dialogue.

Developed by an international team of psychologists, researchers, and young people, led by the University of Roehampton, the U-PIC is grounded in psychotherapy research, refined by psychometric analysis, and validated in UK youth populations. A team of young people from the McPin Foundation helped to design, test, and validate the measure.

Purposes

The U-PIC is intended to:

- Facilitate conversations with young people about their preferences for therapy.
- Empower young people in the counselling process.
- Support collaborative planning of therapy.
- Identify mismatches between therapist style and a young person's desires.
- Assist therapist case formulation and treatment planning.

The U-PIC can be used:

- At assessment or intake
- During routine review points (e.g., Session 5 or 10)
- In later sessions—as young clients' preferences may change as they gain experience and confidence in therapy
- To inform supervision or training.

Structure

The young person is invited to express their strong preferences for therapy or counselling by rating 14 items on a 5-point, Likert-type response format. The 14 items are scored on four scales:

1. **Creative Activities—Mainly Talking (CA–MT)**: the extent to which the young person prefers to use creative activity and arts materials in their therapy vs. prefers to mainly talk
2. **Therapist to Lead—Therapist Not to Lead (TL–NTL)**: the extent to which the young person wants the therapist to lead and focus the therapy vs. wants to lead the therapy themselves

3. **Emotional Intensity—Emotional Reserve (EI–ER)**: the extent to which the young person prefers to work on their emotions vs. prefers not to work on emotions in the therapy
4. **Therapist to Challenge—Therapist Not to Challenge (TC–NTC)**: the extent to which the young person likes to be challenged and encouraged to change vs. wants to be supported and accepted as things are.

These four dimensions were developed through conversations with young people, interviews with therapists working with young people, survey responses from over 300 young people, sophisticated statistical analysis, and then subsequent validation through an additional sample of young people.

Relative and *Absolute* Preferences

A strength of the U-PIC is that it indicates young people's preferences in two ways (see Scoring Instructions, below):

- *Relative preferences*: How the young person's scores compare against other young people in their country. These have been calculated through analysis of data from hundreds of young people, and are specific to particular nations.
- *Absolute preferences*: Where the young person's scores sit on the dimension, irrespective of other young people's preferences.

For instance, if a young person scores 4 towards Emotional Intensity (of a maximum of 6), this would indicate, in **absolute terms, a strong preference** towards Emotional Intensity. However, as many other young people exhibit a preference in this direction, this would not meet criteria for a relative strong preference.

Therapists can draw on indicators of both relative and absolute preferences to initiate conversations with clients about their strong preferences for therapy. Absolute preferences may be of more meaning to the clients, themselves, whereas relative preferences may give therapists an indication of how to adjust their style relative to other young clients.

Of course, the U-PIC does not dictate "right" or "better" preferences (or lack of preferences), whether relative or absolute.

Additional Preference Question

The final, open-ended question on the U-PIC, "Is there anything that you really want or don't want in therapy?" gives the young person an opportunity to verbalise, in their own words, anything else about how they want their therapy personalised.

In addition to the four scales and the open-ended question, there are a number of client preferences that you may want to enquire into, depending on the context and nature of your therapy service and offer. These include preferences on:

- **Therapist characteristics (e.g., gender, sexual orientation, ethnicity)**
- **Session frequency**

- **Duration of therapy**
- **Format or modality of therapy (e.g., individual, group, family)**
- **Parental or other support and involvement**
- **Activity options, other than art**
- **Outdoor work or options for the therapy room, such as seating options**
- **Specific dislikes or concerns from previous experience of therapy**

Administration Guidelines

Formats

- **Paper**: U-PIC is available as a downloadable PDF, which can be manually scored by the therapist.
- **Online**: Young people and therapists can complete the form at www.talkingpreferences.org. The site auto-scores and generates a brief report.

Timing

- Completion of the 14-item U-PIC takes approximately **5 to 10 minutes**. However, conversations around what strong preference entails will extend this time.

Introducing the U-PIC

- Here are several ways to introduce the U-PIC to a young person in counselling/psychotherapy:
    - "I want to make sure therapy works well for ***you***. This short form helps us understand what you like and what's most helpful."
    - "Research studies show that therapy works better when it is personalized to you. Would you be okay filling out a quick form to start us working together?"
    - "To personalize counselling to you, I use a brief measure to identify your strong likes and dislikes. Please complete it and then we'll discuss together how best to proceed."
- Encourage young people to complete all of the items.
- If young people ask about the shaded scoring scales at the bottom of each item, tell them they do not need to complete anything there.

Scoring Instructions for Manual Completion

- Once the items are complete, scores on each of the four dimensions can be calculated to indicate strong (relative) preferences in either direction.
- All items are scored, left to right, as +2, +1, 0, -1, -2
    - 'a lot' (left hand side) = 2
    - 'a little' (left hand side) = 1
    - 'Don't mind/want both' = 0
    - 'a little' (right hand side) = -1
    - 'a lot' (right hand side) = -2

- Total the scores separately for each of the four dimensions. You can then write that number in the margins by the scoring scale for that dimension.
- Circle the chevron that corresponds to that number. For instance, if the total score is +4, circle the fourth chevron to the left. If the total score is -6, circle the sixth chevron to the right.
- Chevrons touching or within the darker sections further to the edges of the scoring bar indicate a strong preference in that direction.
- Strong preferences are an indication of that young person's preference *relative* to other young people in their country. It indicates that, nationally, they are in the strongest 20% of the preference expressed on that side of dimension.
    - For example, a score at the diamond/midpoint of the "Emotional Intensity—Emotional Reserve" dimension indicates a strong preference, relative to other young people, for Emotional Reserve. That means that the young person would prefer more emotional reserve than 80% of young people, even though their absolute preference indicates "don't mind or want both".
- In discussing the scoring with a young person, you may want to consider, and feed back on, such *absolute* positioning, as well as the relative position. For example, in the instance above, you might say, "I can see here that you're not so keen to focus on emotions, can you tell me more about that…" rather than, "I can see you have a strong preference not to focus on emotions."

Alternative Scoring Instructions for Manual Completion (Using Visual Chevrons)

- Scoring can also be completed without requiring addition or subtractions.
- Place your finger on the zero point (diamond) in the scoring bar of each dimension.
- Keeping your finger on the page, move your finger along the bar in accordance with the direction and number of arrows indicated for each response to each item.
    - **Note:** the zero point (diamond / mid-point) counts as a position marker, so it takes a move of two positions (>>) to get from '1 Left' to '1 Right'.
- The position of your finger after the movement for the last item on the dimension indicates the extent of the preference.

Interpreting and Discussing Results

Core Principle

Scale scores are **starting points** for collaborative dialogue with young people. They are not definitive indicators of what young people need and should not be interpreted as such. The collaborative dialogue will likely facilitate the alliance, enhance goal setting, decrease premature dropouts, empower the young person, and improve outcomes.

Discussion Prompts

Use open, exploratory questions:

- "It seems like you want to explore your emotions in therapy. Can you tell me what that means for you?"
- "You like to set therapy goals for yourself. What do these look like for you?"

- "You marked that you want to creatively express yourself, rather than only talk. How might we do so during our sessions?"

You may explore the **origins** of preferences:

- "I see you strongly prefer to have your thoughts challenged. How did you come to that preference?"
- "You mentioned earlier that you were in counselling before. Is that related to the strong preferences you indicated here?"

Consider discussing **mismatches** or **dislikes**:

- "You wrote in the open-ended section that you would like some outdoor therapy. That's not how I usually work, but let's explore together what that could look like."
- You indicated a strong dislike of female counsellors on the form you completed. But we have only women therapists here, including me. Let's talk about that…."

Although the scale scores indicating strong preferences are relative to other young people, it is probably not helpful to explicate this in the conversation (e.g., "You seem to prefer creative activities more than most young people"). Some young people may experience this as demanding, critical, or shaming.

Integrating U-PIC into Clinical Work

Clinically, the U-PIC can be used to:

- Personalize session structure (e.g., using art activities)
- Adjust therapist stance (e.g., directive vs. exploratory)
- Guide method choice (e.g., the therapist or client setting goals)
- Clarify expectations
- Address mismatches between therapist's routine practice and client's preferences

A young person's preferences may change over time, and they may decide that a preference no longer works for them. Re-administer the U-PIC at key intervals or after significant points in therapy. For example, it may be that the young person is ready to be challenged, or that they begin to feel overwhelmed as they discuss trauma and they would prefer to draw while talking. Perhaps they would like to set their own therapy goals.

Incorporating the U-PIC in Supervision

Bring the young person's U-PIC results into supervision to:

- Inform treatment planning
- Explore the therapeutic alliance
- Reflect on therapist reactions to the young person's preferences
- Identify tensions between therapist approach and the young person's desires.

Frequently Asked Questions

Q: Do I have to follow what the young person prefers?

A: No. U-PIC is a conversational tool—not a contract. When preferences differ, discuss them transparently.

Q: What if there are no strong preferences?
A: That's common, especially with young people. No strong preferences can have multiple meanings, starting with positive explanations of the youth's flexibility, openness, and balance. Perhaps they are feeling anxious about making a strong decision with an adult, or perhaps they are not used to making decisions for themselves. You might ask neutrally, "You did not choose preferences using the 'a lot' box. Does that feel right to you?"

Q: Will a young person's strong preferences change as therapy progresses?
A: Our research with adults suggests that about half of the preferences a client have change over time. This is where reintroducing U-PIC in later sessions may grow confidence in a young person's decision-making or learn about themselves and their preferences.

Q: Just because a young person says that they want something, it doesn't mean that's best for them. Right?
A: Of course. That's why the U-PIC is to prompt collaboration and dialogue. When you believe that a client's preferences are not in their best interests, that will be discussed. For instance, if a client who wants to stop being so compliant indicates a strong preference for therapist direction, you might explore with them whether learning to take more of a lead themselves in therapy may prove most effective, even if it will feel more challenging at first.

Q: What if the young person doesn't know what they want?
A: That's fine, too. Please discuss that overtly with the youth, validating their not knowing yet. It may be useful for the young person to hear how you react and would rate some preferences on the U-PIC. Similarly, it may be important to revisit the measure in later sessions. This was discussed by our young team of U-PIC developers. Some young people will want to experiment with different preferences and will become clearer after experiencing a few sessions.

Q: What if a young person says they want both ends of a dimension?
A: The U-PIC instructs them to select "don't mind/want them both" if they are equally comfortable with both options and if they would like to try both.

Q: Can't I just use my clinical intuition?
A: Research shows therapists often misjudge what clients want in therapy. The U-PIC brings transparency, clarity, collaboration, and can help to overcome projection and bias. Intuition is a great thing, and can often provide deep insights, but the research suggests it should not be relied upon, alone.

Q: What if my young person resists completing the U-PIC form?
A: Offer it gently. Emphasize that it's optional and brief. For some young people, particularly those with trauma or shame histories, art expression may feel safer than verbal, for example.

If a young person really doesn't want to complete it, that's totally fine. In fact, some practitioners congratulate the resisting young person for honestly expressing their first strong preference in therapy!

Q: Why doesn't U-PIC ask the young people about practices like empathy or being accepted?

A: Because, as the research indicates, the vast majority of young people want these qualities, and most therapists are trained to provide them. The U-PIC focuses on preferences that meaningfully vary and could influence how therapy is delivered.

Psychometric Validity

The U-PIC has been developed through, and subjected to, rigorous statistical testing. The measure demonstrates good psychometric properties (see References below for details). That includes adequate "internal reliability" for all scales. The U-PIC prioritizes clinical utility and therapist-client dialogue over strict psychometric precision.

References/Further Reading

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Supplemental Material

Benchmark Norms for Strong Preferences

	CA-MT		**TL-TNL**		**EI-ER**		**TC-NTC**	
	CA	MT	TL	NTL	EI	ER	TC	NTC
UK	4	-3	5	-1	5	0	5	-2