Nonverbal Behaviour in UK Counselling and Psychotherapy Curricula: A Systematic Audit of 223 Accredited Programmes

Daniel Greeves[1]
[1]*Daniel Greeves, Researcher, School of Behavioural Science, Evidentia University, Kissimmee, United States*
Corresponding Author: info@nonverbalaces.com

***Abstract*: Nonverbal behaviour (NVB)—including facial expression, gesture, posture, gaze, proxemics, touch and paralinguistic features—plays a central role in psychotherapeutic communication, therapeutic alliance, empathic attunement and affect regulation. Despite this clinical relevance, the extent to which NVB is explicitly represented within UK counselling and psychotherapy curricula has not been systematically examined. This research presents a cross-sectional, curriculum audit of 223 accredited and validated UK counselling and psychotherapy programmes, assessing the presence, depth and structure of NVB content in publicly available provider-authored materials, including institutional webpages, programme handbooks, module lists and brochures. Programmes were coded using a pre-specified rubric based on a two-tier lexicon: Tier 1 captured direct NVB terminology; Tier 2 captured indirect vocabulary, subdivided into body/NVB-adjacent terms and generic relational-pedagogical language. Each programme was assigned a five-level classification reflecting evidential depth of 207 analysable programmes, only two (<1%) met Category A criteria, indicating a dedicated NVB module of at least 10 training hours. In contrast, 112 programmes (54.1% of analysable programmes; 67.1% of the adjudicable subset) fell into Category D, where neither direct NVB terminology nor body/NVB-adjacent vocabulary appeared in the published curriculum. Overall, Any-NVB presence was identified in 55/207 programmes (26.6%), rising to 55/167 (32.9%) within the adjudicable subset. Institution-level sensitivity analysis produced only negligible changes in the observed rates. Findings indicate a substantial gap between the empirical importance of NVB in therapeutic practice and its explicit curricular representation. Implications for training design, practitioner competence and future outcome-linked research are discussed.**

***Keywords*: counselling, mental health, lexical analysis nonverbal behaviour, nonverbal communication, psychotherapy, therapy.**

1. Introduction

A. Background

Nonverbal behaviour (NVB) — the channel-based ensemble of facial expression, gesture, posture, gaze, proxemics, touch and paralinguistic features such as tone of voice — operates as a central conduit of communication in therapeutic practice (Burgoon et al., 2016). A substantial empirical literature, drawn from affective science, social psychology and psychotherapy research, has accumulated over recent decades on the role of nonverbal signals in the formation and rupture of the therapeutic alliance, in empathic attunement and in the moment-to-moment regulation of affect between therapist and client (Foley & Gentile, 2010; Schore, 2003; Porges, 2011). Foundational work by Ekman and Friesen (1969) on the categories, origins and coding of nonverbal behaviour established a vocabulary that subsequent reviews have extended into psychotherapeutic and clinical contexts (Knapp, Hall & Horgan, 2014; Greeves, 2025). Taken together, this body of work suggests that what passes between therapist and client through nonverbal channels is not ancillary to the work but integral to it.

The UK counselling and psychotherapy sector, in turn, is regulated through accreditation and voluntary registration by bodies including the British Association for Counselling and Psychotherapy (BACP), the UK Council for Psychotherapy (UKCP) and the National Counselling and Psychotherapy Society (NCPS) — formerly the National Counselling Society (NCS) — each of which sets curricular expectations for the programmes it accredits or recognises. It is therefore reasonable, and arguably overdue, to examine whether these curricula — as published to prospective students and to the wider profession — incorporate structured nonverbal behaviour training at a level commensurate with the clinical importance the empirical literature implies.

B. Aims and Objectives

The present audit aims to establish whether published, structured nonverbal behaviour content is present across UK counselling and psychotherapy programmes accredited or validated by BACP, UKCP, NCPS and related bodies. The audit's primary objective is to quantify the depth and structure of NVB content within provider-authored curricula, using the Tier 1/Tier 2 lexicon described in Section 2.

C. Scope

The audit is confined to publicly available, provider-authored materials, including institutional websites, programme pages, handbooks, module descriptors and brochures. It does not examine delivered teaching, tutor notes, clinical supervision or other forms of informal curricular content. This boundary

reflects a deliberate focus on what prospective students, regulators and the wider profession can inspect. The present audit is therefore built on the published curricular surface, not on the unobserved content of taught classrooms.

2. Methodology

A. Design

The study employed a cross-sectional systematic audit design to examine published curriculum materials from UK counselling and psychotherapy programmes. Each programme was treated as the unit of analysis and coded against a pre-specified rubric using a structured lexicon and a five-level classification schema.

B. Sampling Frame

The sampling frame comprised programmes listed in the public accreditation directories of BACP, UKCP, NCPS and equivalent validating bodies, together with university-validated programmes in counselling, psychotherapy and psychotherapeutic counselling. The final dataset contains 223 programmes across England, Scotland, Wales and Northern Ireland; the analysable subset of 207 programmes is distributed across 175 unique institutions. A pre-specified institution-level sensitivity analysis, intended to test the influence of this clustering structure on the primary estimates is reported in Section 3.F and discussed in Section 4.A.

C. Evidence Standard

Only provider-authored materials were accepted as data. Third-party descriptions, student reviews and non-provider summaries were excluded throughout. For each programme, provider-authored materials were retrieved in the following priority order: (1) the official provider-authored programme prospectus; (2) the programme page on the provider's own domain; (3) the module list, module descriptions or module specifications, where linked from the programme page; (4) the programme handbook or course guide, where published as a downloadable document; and (5) the marketing brochure extract, where no handbook was available. Retrieval was concluded once either a handbook or a module specification had been obtained. When a provider's internal search returned a relevant document not linked from the programme page, that document was retrieved and added to the evidence record. Programmes for which steps 1–5 yielded only a short marketing summary, with no module-level detail, were coded as insufficient data.

D. Classification Rubric

To qualify as a 'Category A' NVB training provider, the published curriculum was required to include an explicit module title containing NVB-related terminology and a stated duration of at least 10 training hours. The 10-hour threshold was selected as a conservative operational marker of substantive curricular provision, rather than brief awareness-raising or incidental inclusion. It is not treated here as a universal regulatory standard; rather, it is consistent with the lower end of time-based CPD requirements reported across UK healthcare regulators and with adjacent professional-register requirements in which 10 hours is used as a minimum annual benchmark for directly relevant professional learning (Karas et al., 2020; CNHC, n.d.). This threshold also aligns with wider evidence that structured educational meetings and CPD interventions can influence professional practice, although effects vary by intervention design, context and outcome level (Forsetlund et al., 2021; Samuel et al., 2021). In this schema, the categories move from clear evidence of structured, dedicated NVB teaching to progressively weaker forms of published evidence, ending with either apparent absence or insufficient data. Programmes were assigned one of five mutually exclusive codes, summarised in Table 1.

Table 1
The five-level classification schema (A–E) used to code each programme and the criteria for inclusion

Code	Label	Criteria
A	Dedicated NVB module	An explicit module title including NVB-related terminology AND a stated duration of ≥10 training hours within provider-authored materials.
B	Substantive NVB content	Clear NVB-specific content (Tier 1 terminology) embedded within broader modules or intensive workshops, without meeting the ≥10-hour dedicated-module threshold.
C	Tier 2a only	Body / NVB-adjacent vocabulary (embodiment, somatic, attunement, therapeutic presence, felt sense, body awareness) present in provider materials, with no Tier 1 NVB terminology.
D	Absence in published curriculum	No Tier 1 or Tier 2a terminology detected in accessible provider-authored materials that are themselves sufficient to assess curricular content. Codes what the provider has chosen to publish, not what is delivered in teaching.
E	Insufficient data	Accessible provider-authored materials are too limited to adjudicate presence or absence; no positive or negative finding is claimed.

E. Lexicon

Two tiers of search terms were applied to provider-authored data. Where spelling varied across the published corpus, search strings are reported below using both closed and hyphenated forms.

Tier 1 (direct NVB terminology): "nonverbal" and "non-verbal" variants, "non-verbal communication", "non-verbal behaviour", "non-verbal cues", "non-verbal signals", "non-verbal skills", "paralinguistic", "behaviour analysis", "facial expression", "tone of voice", "gesture", "posture", "touch" / "use of touch".

Tier 1 vocabulary was deliberately restricted to direct NVB terminology that UK counselling or psychotherapy programmes would reasonably be expected to use in provider-facing materials. More technical NVB terms — such as proxemics, kinesics and microexpressions etc — were excluded on the basis that, where direct NVB terminology was absent, the presence of more specialised research vocabulary was unlikely. The audit's concern was therefore to test whether accessible, everyday NVB language appeared in published curricula at all, rather than whether specialist terminology had entered counselling and psychotherapy training.

Tier 2a (body / NVB-adjacent): embodied, embodiment, attunement, attuned, somatic, body awareness, therapeutic presence, felt sense.

Tier 2a vocabulary were selected as the language most frequently used in counselling and psychotherapy programmes to refer, indirectly, to bodily and relational phenomena that are nonverbal in character without invoking nonverbal terminology directly. Embodied / embodiment captures references to the body as a site of experience and meaning. Attunement / attuned signals therapist tracking of the client's moment-to-moment state, a process empirically grounded in nonverbal channels. Somatic and body awareness denote attention to bodily sensation in the clinical encounter. Therapeutic presence refers to the relational quality made up, in large part, of nonverbal cues. Felt sense is included as a Gendlin-derived marker of body-referenced inquiry. Collectively, the Tier 2a set is intended to capture programmes that orient students towards the nonverbal dimension of clinical practice without using the lexicon a structured NVB module would require.

Tier 2b (generic relational-pedagogical): therapeutic relationship, skills practice, empathy / empathic, transference, counter-transference, attachment, reflective practice / practitioner, reflexive / reflexivity, video / videotape, congruence, pluralistic, therapeutic alliance, core conditions, unconditional positive regard, relational depth, projective identification.

Tier 2b vocabulary is reported separately as a relational-vocabulary coverage metric. It is not treated as evidence of NVB adjacency and does not contribute to the primary Any-NVB estimate (A+B+C). This separation was intended to prevent generic relational language from inflating estimates of specific NVB presence. Although such language may be valuable in its own right, it does not necessarily indicate structured engagement with nonverbal channels in clinical work.

F. Coding Procedure

Each programme record was populated with the following fields: institution; programme name; qualification level; accrediting / validating bodies; delivery mode; country; programme URL(s); curriculum document URL where available; a list of Tier 1 terms found; a list of Tier 2a terms found; a list of Tier 2b terms found; modules containing NVB; estimated NVB hours; a dedicated-module flag; a direct curriculum quote where available; a classification; and a free-text rationale.

Lexical matches were interpreted in context, first in relation to the surrounding sentence and, where ambiguity remained, the surrounding paragraph, before being recorded as positive instances of NVB terminology. Specific non-NVB senses were excluded at this stage: "gesture" used as a rhetorical metaphor; "touch" used in the sense of physical-contact safeguarding or topic-change ("touch on"); "posture" used to denote professional stance; and "empathy" or "video" used to describe generic pedagogy rather than NVB observation, were not coded as Tier 1 presence. Where ambiguity persisted after in-context reading, the lower code was taken.

The initial lexical search and term extraction were assisted by AI-based text analysis software. AI assistance was used to identify potential matches across provider-authored materials. All positive lexical matches, exclusions and final programme classifications were reviewed by the author against the surrounding curriculum context before inclusion in the master dataset.

G. Data Management

All data were held in a secure master dataset file, with the rubric, lexicon, decision-log and per-programme rationales preserved alongside the coding decisions for the purposes of independent verification.

3. Findings

A. Nonverbal Vocabulary Distribution

The classification distribution across the 207 analysable programmes is presented in Table 2. Two denominators are reported throughout: the all-analysable denominator (n=207), which retains every programme that could be assessed at all, and the adjudicable denominator (n=167), which excludes the 40 Category E programmes whose data was too limited to permit a positive or negative finding.

Table 2
Distribution of the 207 analysable programmes across the five classification codes (A–E), with percentages reported on both the all-analysable denominator (n=207) and the adjudicable subset (n=167, Category E excluded)

Code	Label	n	% of analysable	% of adjudicable
A	Dedicated NVB module	2	0.97%	—
B	Substantive NVB content	26	12.6%	—
C	Tier 2a only	27	13.0%	—
D	Absence in published curriculum	112	54.1%	67.1%
E	Insufficient data	40	19.3%	—
Total	Analysable	207	100.0%	Any-NVB 32.9%

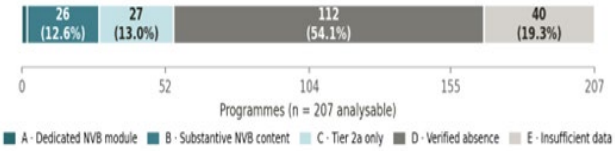

Fig. 1. Stacked horizontal bar showing the distribution of the 207 analysable programmes across classifications A–E

Of the 223 programmes in the sampling frame, 16 were non-analysable: 9 had been closed or withdrawn at the point of audit, 7 were not applicable on scope grounds (e.g. specialised infant training).

B. Segmentation by Accrediting Body

Table 3. Distribution of analysable programmes by primary accrediting bodies. † marks strata with fewer than 20 programmes; percentages for these strata are reported for completeness only and are not used for programme comparisons.

Table 3
Distribution of analysable programmes by primary accrediting bodies. † marks strata with fewer than 20 programmes; percentages for these strata are reported for completeness only and are not used for programme comparisons

Body	n	A	B	C	D	E	Any-NVB %	Any-NVB (adj.) %
BACP	118	1	5	9	72	31	12.7%	17.2%
UKCP	55	1	14	16	18	6	56.4%	63.3%
Other / Unspecified	23	0	6	1	15	1	30.4%	31.8%
NCPS/NCS†	11	0	1	1	7	2	18.2%†	22.2%†

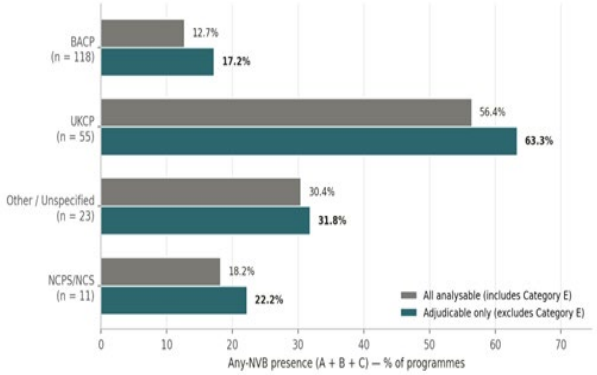

Fig. 2. Grouped horizontal bar chart showing Any-NVB (A+B+C) presence by accrediting body on two denominators: all analysable programmes (grey) and the adjudicable subset excluding Category E (teal)

C. Segmentation by Qualification Level

Table 4. Distribution of analysable programmes by qualification level. † marks strata with fewer than 20 programmes; percentages for these strata are illustrative only.

Table 4
Distribution of analysable programmes by qualification level. † marks strata with fewer than 20 programmes; percentages for these strata are illustrative only

Level	n	A	B	C	D	E	Any-NVB %	Any-NVB (adj.) %
Level 7 / Masters / PG Dip	95	2	17	20	47	9	41.1%	45.3%
Level 4 / Diploma	70	0	3	4	36	27	10.0%	16.3%
Level 5 / Advanced Diploma†	18	0	1	0	15	2	5.6%†	6.2%†
BA / BSc (Level 6)†	15	0	2	3	8	2	33.3%†	38.5%†
Doctoral†	9	0	3	0	6	0	33.3%†	33.3%†

D. Segmentation by Country

Table 5
Distribution of analysable programmes by UK nation. † marks nations with fewer than 20 programmes; percentages for these strata are reported for completeness only

Country	n	A	B	C	D	E	Any-NVB %	Any-NVB (adj.) %
England	184	2	24	23	103	32	26.6%	32.2%
Scotland†	13	0	2	2	3	6	30.8%†	57.1%†
Wales†	8	0	0	2	5	1	25.0%†	28.6%†
Northern Ireland†	2	0	0	0	1	1	0.0%†	0.0%†

The dataset is dominated by England (n=184); Scotland (n=13), Wales (n=8) and Northern Ireland (n=2) each fall well below the n<20 threshold, and the Northern Ireland figure in particular rests on a single adjudicable programme. Percentages for Scotland, Wales and Northern Ireland are reported here for completeness, but are not used to support interpretive claims about national-level provision; no between-nation comparison is drawn from these data in the discussion that follows.

E. Institution-Level Sensitivity Analysis

The 207 analysable programmes in the primary dataset are distributed across 175 unique institutions, with seven institutions contributing two or more programmes each. A pre-specified institution-level collapse was therefore performed to test whether the comparative rates are sensitive to this clustering. The collapse rule was fixed in advance: for each institution, retain the programme with the highest qualification level; break any remaining ties by largest stated NVB hours.

On the resulting 175-institution dataset, Any-NVB on the adjudicable denominator moves from 32.9% (programme-level) to 33.3% (institution-level) — a shift of less than one percentage point. Category D on the adjudicable denominator moves from 67.1% to 66.7%; BACP adjudicable Any-NVB from 17.2% to 18.1%; UKCP adjudicable Any-NVB from 63.3% to 65.7%. Rank order across accrediting bodies, qualification levels and countries is preserved.

Table 6
Primary estimates at programme level and after the pre-specified collapse to one programme per institution (Δ reports the absolute change in percentage points)

Measure	Programme-level (n=207 / 167)	Institution-level (n=175 / 142)	Δ
Any-NVB, adjudicable	32.9%	33.3%	+0.4 pp
Category D, adjudicable	67.1%	66.7%	−0.4 pp
BACP Any-NVB, adjudicable	17.2%	18.1%	+0.9 pp
UKCP Any-NVB, adjudicable	63.3%	65.7%	+2.4 pp

F. Tier 1: Direct NVB Terminology

Tier 1 terms constitute the most direct published signal of structured NVB content. Their presence or absence in provider-authored materials is an indicator of whether a programme publicly describes NVB as part of its taught curriculum. Only two programmes met the Category A threshold: P074, the Psychosynthesis Trust's PG Diploma in Psychosynthesis Counselling; and P101, Cambridge Body Psychotherapy Centre's Diploma in Body Psychotherapy.

G. Tier 1: Direct NVB Terminology

Of the 207 analysable programmes, the Tier 1 terms that did appear were concentrated in a small set: "nonverbal communication" in 11 programmes, "touch" in 9, "facial expression" in 4, "tone of voice" in 4 and "gesture" in 3; the remaining terms each appeared in three or fewer programmes. These terms typically appeared as one-line mentions within skills modules — for instance, a single bullet noting attention to "tone of voice and body language" — rather than as organising concepts for dedicated teaching. Specific Tier 1 terms — "nonverbal skills" and "behaviour analysis" — returned zero hits across every provider-authored text field in the dataset (programme names, module lists, curriculum documents, direct curriculum quotes and rationale fields). Their absence may represent a lexical convention in programme brochures whereby "nonverbal skills" is folded into broader descriptions of "communication skills" or "active listening".

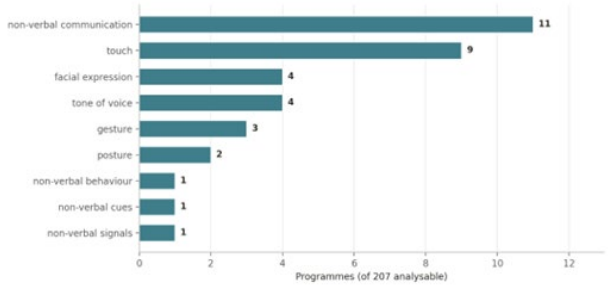

Fig. 3. Horizontal bar chart of Tier 1 term frequency across the 207 analysable programmes; each bar counts the number of distinct programmes in which the term appears at least once

H. Tier 2a — Body and NVB-Adjacent Vocabulary

Tier 2a captures body-oriented and NVB-adjacent language characteristic of certain therapeutic traditions — psychosynthesis, body psychotherapy and integrative-relational approaches in particular. It was present in 48/207 programmes (23.2%). Where present in the absence of any Tier 1 term, it was coded C; where present alongside Tier 1 terminology, the programme was coded B or A depending on the criteria set out in Section 2.D.

Table 7
Prevalence of Tier 2a canonical terms across the 207 analysable programmes. Inflections sharing a common stem (embodied / embodiment; attuned / attunement) are collapsed to a single root-term row

Term	Programmes
embodied / embodiment	27
attunement / attuned	22
somatic	10
body awareness	6
therapeutic presence	4
felt sense	2

I. Tier 2b — Generic Relational-Pedagogical Vocabulary

Tier 2b captures relational and pedagogical language widespread in counselling training — therapeutic relationship, empathy, reflective practice and so on. It was present in 175/207 programmes (84.5%). This metric is reported separately as relational-vocabulary coverage and is not counted as NVB adjacency. Importantly, it does not contribute to the primary Any-NVB estimate, and the presence of generic relational vocabulary in a programme should not be read, on its own, as evidence that nonverbal channels are explicitly taught.

J. Category D — Absence in Published Curriculum

112 of the 207 analysable programmes (54.1% of all analysable; 112/167 = 67.1% of the adjudicable subset) were coded D. In every case, accessible provider-authored materials were sufficient to describe the programme structure, modules and pedagogical approach, and yet contained no Tier 1 or Tier 2a terminology. Category D denotes absence in the published curriculum only; it is not a claim that the relevant vocabulary is absent from delivered teaching, which the audit, by design, cannot observe.

Table 8
Top 12 Tier 2b canonical terms by institutional prevalence across the 207 analysable programmes

Term	Programmes
therapeutic relationship	87
skills practice	84
transference	62
attachment	61
reflective practice	53
empathy	52
video	35
countertransference	31
reflexive	31
reflective practitioner	28
core conditions	25
pluralistic	24

K. *Category E — Insufficient Data*

40 programmes (40/207, 19.3%) were coded E. In each case, the published provider materials were too sparse to permit adjudication of presence or absence. Category E reflects the limits of publicly available data: it operates as a deliberately conservative alternative to assuming absence.

L. *Reporting D and E Separately*

Categories D and E are reported separately as a methodological choice. A category D finding records that the published curriculum was sufficiently detailed to assess and contained no Tier 1 or Tier 2a terminology; an E finding records that the published curriculum was too limited for judgements to be made.

4. Discussion

A. *The Structured-Training Gap*

The audit's central finding is that structured nonverbal behaviour training is not a routine component of published UK counselling and psychotherapy curricula. Only 2 of 207 programmes (<1%) offered a dedicated NVB module meeting both a title-level and a duration-level threshold; Any-NVB presence (A+B+C) stood at 26.6% on the all-analysable denominator and 32.9% on the adjudicable subset; and absence in the published curriculum (D) reached 54.1% of all analysable programmes and 67.1% of the adjudicable subset. The audit results highlight a gap in published nonverbal behaviour training content — not an absence of relational sensitivity or interpersonal attunement in counselling education more broadly, which the Tier 2b coverage figure (84.5%) demonstrates is widespread. The audit suggests that published curricula tend to position nonverbal behaviour as an ancillary or implicit component of therapeutic education, most often reflected through adjacent relational and embodied vocabulary, rather than as an explicit, structured body of observational and communicative knowledge integrated into therapeutic training.

Foundational coding work (Ekman & Friesen, 1969) and the comprehensive accounts that followed (Knapp, Hall & Horgan, 2014; Burgoon, Guerrero & Floyd, 2016; Matsumoto, Frank & Hwang, 2013) describe nonverbal communication as a primary, structured channel of meaning, with documented effects on emotional perception, interpersonal regulation and social judgement. Within the psychotherapy literature specifically, nonverbal channels have been linked to alliance formation, rupture-and-repair, empathic attunement and the transmission of safety cues (Foley & Gentile, 2010; Schore, 2003; Porges, 2011). While a recent systematic review further argues that nonverbal behaviour functions as a measurable, trainable competence in clinical practice (Greeves, 2025). Taken together, this body of work suggests that structured exposure to nonverbal channels is not a peripheral pedagogical option but a core competency for therapeutic work. The audit's finding that fewer than 1% of UK counselling and psychotherapy programmes offer a dedicated NVB module, and that more than two-thirds of adjudicable programmes contain no Tier 1 or Tier 2a terminology in their published curriculum, therefore identifies a substantial mismatch between the empirical importance of nonverbal phenomena and its current representation in published training.

Three implications follow, each tentative on the limits of a lexical, curriculum-based design. First, for trainee therapists, the absence of dedicated NVB literature in published curricula implies that the language and conceptual framework required to attend to nonverbal channels in supervision and clinical practice may be acquired only incidentally, through individual supervisors or personal reading, rather than as a consistent, evidence-based element of professional formation. Second, for therapist performance, the literature suggests that systematic training in nonverbal communication supports earlier and more accurate detection of alliance ruptures, of dissociative or hyperaroused states, and of micro-shifts in client affect (Porges, 2011; Schore, 2003). The absence of such training, where it is genuinely absent and not merely unpublished, may therefore constrain the floor of competence at which therapists operate from a nonverbal communication and behaviour analysis perspective. Third, the finding raises a training-relevant question about therapist responsiveness. Alliance, empathic attunement and rupture-repair processes are associated with therapeutic outcome (Foley & Gentile, 2010), and each involves nonverbal as well as verbal communication. If published curricula position nonverbal behaviour mainly as an implicit feature of relational practice, rather than as a structured domain of observation and evidence-based interpretation, this may limit the extent to which trainees are explicitly prepared to notice, formulate and respond to clients' nonverbal cues. These implications are advanced here as hypotheses warranting empirical follow-up, not as findings of the present audit, which is by design a study of curricular publication rather than of training outcomes or therapeutic practice.

The findings also have potential implications beyond pre-qualification training. If structured NVB content is not consistently visible in published curricula, then both recently qualified and long-established practitioners may benefit from direct, specific training in nonverbal behaviour. For recent graduates, such training may help consolidate and extend relational and observational competencies that were only implicitly addressed during formal education. For established practitioners, it may provide a structured framework for refining tacit clinical skills, updating practice in line with the empirical literature, and making nonverbal observation a more explicit component of formulation, attunement and therapeutic responsiveness.

B. *Limitations*

The audit relies on published, provider-authored materials. It cannot observe what is actually taught in a classroom, demonstrated in skills practice, or modelled in clinical supervision. A programme coded D or E may include substantial NVB content in delivered teaching that is simply not

reflected in its public-facing descriptions; conversely, a programme coded A or B publishes language consistent with structured NVB content, but the audit is not in a position to verify the depth or quality of delivery. Category D should therefore be read as "published absence", not "curricular absence". Coding decisions were single-rater and have been recorded transparently in the master dataset for the purposes of independent verification.

The audit is, at its core, lexical: it tests whether particular words and phrases are present in published provider-authored materials. Although every lexical hit was read in context to exclude non-NVB senses (see Section 2.F), programmes that teach nonverbal observation without using the canonical terms will be subsequently under-coded.

Subgroups containing fewer than 20 programmes on either denominator are marked with † in Tables 3–5 and are reported for completeness only. They are not used as the basis for interpretive claims in the present report, as confidence intervals around such rates would be wide relative to the point estimates.

C. Further Research

Where provider materials were limited (Category E), any further progression would, in practice, require access to information not currently in the public domain — open-day content, structured discussions with programme staff, or additional teaching materials supplied by the provider. Such extensions could move records from E to a positive coding decision (A/B/C/D) and refine the primary estimates, particularly within strata where the Category E rate is high.

The present audit measures published presence; it does not, and cannot, assess depth of delivery. Structured interviews with programme leaders on a purposively sampled subset — covering Categories A through D — would characterise how NVB content is actually taught, assessed and supervised in practice, and would illuminate the relationship between published curriculum and delivered teaching. Such a follow-on study would further advance and refine our understanding of the presence of nonverbal behaviour training in UK counselling and psychotherapy programmes

5. Conclusion

The present audit indicates that structured nonverbal behaviour training is not currently a routine feature of the published curricula of UK counselling and psychotherapy programmes. Direct NVB terminology, body-oriented vocabulary and dedicated NVB modules were each identified in a minority of analysable programmes, while apparent absence from the published curriculum was the modal classification. By contrast, relational vocabulary was widely represented. This pattern suggests that UK counselling and psychotherapy curricula frequently articulate a broad relational orientation, but less consistently present nonverbal behaviour as an explicit and structured domain of knowledge, observation and training.

These findings are notable when considered alongside the empirical literature on nonverbal behaviour in clinical work. Nonverbal communication is implicated in alliance formation, empathic attunement, affect regulation and a growing number of nonverbal-focused interventions. The limited visibility of structured NVB content in published curricula therefore raises a training-relevant question: how, and to what extent, are trainees being explicitly prepared to observe, interpret and integrate nonverbal behaviour within therapeutic practice? The present audit cannot determine whether such teaching occurs informally, implicitly or within unpublished classroom materials. It can only establish that, in the materials available for public inspection, structured NVB training is not consistently named, specified or evidenced.

The findings should therefore be interpreted as lower-bound estimates of absence within the published curriculum, not as definitive claims about delivered teaching. At the same time, they have potential implications beyond pre-qualification education. If structured NVB content is not consistently visible in published curricula, both recently qualified and long-established practitioners may benefit from direct, specific training in nonverbal behaviour. For recent graduates, such training may help consolidate and extend relational and observational competencies that were only implicitly addressed during formal education. For experienced practitioners, it may offer a structured framework for refining tacit clinical skills, updating practice in line with the empirical literature, and making nonverbal observation a more explicit component of formulation, attunement and therapeutic responsiveness.

Further research should examine whether and how evidence-based nonverbal behaviour is addressed in live teaching, tutor-led discussion, clinical supervision, assessment practices and trainee competence development. Such work would extend the present curriculum-based audit into the enacted curriculum and allow stronger conclusions to be drawn about the relationship between published curriculum design, professional training and therapeutic practice.

Declaration of Interest - The author is the founder of Nonverbal ACEs Ltd and of the Nonverbal Behaviour Therapeutic Index (NBTI), which delivers commercial training in nonverbal behaviour analysis to mental health and coaching professionals. The study was self-funded; it was not commissioned, sponsored or supported by any external organisation, accrediting body or funding body.

The author's professional and commercial interest in the expansion of nonverbal behaviour training is openly acknowledged. To mitigate the risk of confirmatory bias, the study adopted a rigorous classification rubric, applied conservative coding decisions throughout, and reports all headline figures as lower bounds of nonverbal behaviour content absence rather than upper bounds of its presence. The full dataset, term lists and classification decisions are made available as supplementary material to enable independent verification of every coding decision recorded in this report.

References

[1] British Association for Counselling and Psychotherapy (BACP), "British Association for Counselling and Psychotherapy." [Online]. Available: https://www.bacp.co.uk/
[2] British Psychoanalytic Council (BPC), "British Psychoanalytic Council." [Online]. Available: https://www.bpc.org.uk/
[3] J. K. Burgoon, L. K. Guerrero, and K. Floyd, Nonverbal Communication, 2nd ed. New York, NY, USA: Routledge, 2016.
[4] Complementary and Natural Healthcare Council (CNHC), "Continuing Professional Development (CPD) policy." [Online]. Available: https://www.cnhc.org.uk/assets/cpd-policy
[5] P. Ekman, Emotions Revealed: Recognising Faces and Feelings to Improve Communication and Emotional Life. New York, NY, USA: Times Books/Henry Holt, 2003.
[6] P. Ekman and W. V. Friesen, "The repertoire of nonverbal behavior: Categories, origins, usage, and coding," Semiotica, vol. 1, no. 1, pp. 49–98, 1969.
[7] G. N. Foley and J. P. Gentile, "Nonverbal communication in psychotherapy," Psychiatry (Edgmont), vol. 7, no. 6, pp. 38–44, 2010. [Online]. Available: https://pmc.ncbi.nlm.nih.gov/articles/PMC2898840/
[8] L. Forsetlund, M. A. O'Brien, L. Forsén, L. M. Reinar, M. P. Okwen, T. Horsley, and C. J. Rose, "Continuing education meetings and workshops: Effects on professional practice and healthcare outcomes," Cochrane Database of Systematic Reviews, vol. 2021, no. 9, Art. no. CD003030, 2021, doi: 10.1002/14651858.CD003030.pub3.
[9] D. Greeves, "A systematic review of the role of nonverbal behaviour in psychotherapeutic practice," Behavior & Law Journal, 2025.
[10] M. Karas, N. J. L. Sheen, R. V. North, B. Ryan, and A. Bullock, "Continuing professional development requirements for UK health professionals: A scoping review," BMJ Open, vol. 10, no. 3, Art. no. e032781, 2020, doi: 10.1136/bmjopen-2019-032781.
[11] M. L. Knapp, J. A. Hall, and T. G. Horgan, Nonverbal Communication in Human Interaction, 8th ed. Boston, MA, USA: Wadsworth/Cengage Learning, 2014.
[12] D. Matsumoto, M. G. Frank, and H. S. Hwang, Eds., Nonverbal Communication: Science and Applications. Thousand Oaks, CA, USA: SAGE, 2013.
[13] A. Mehrabian, Nonverbal Communication. Chicago, IL, USA: Aldine-Atherton, 1972.
[14] National Counselling and Psychotherapy Society (NCPS), "National Counselling and Psychotherapy Society." [Online]. Available: https://ncps.com/
[15] S. W. Porges, The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation. New York, NY, USA: W. W. Norton, 2011.
[16] A. Samuel, R. M. Cervero, S. J. Durning, and L. A. Maggio, "Effect of continuing professional development on health professionals' performance and patient outcomes: A scoping review of knowledge syntheses," Academic Medicine, vol. 96, no. 6, pp. 913–923, 2021, doi: 10.1097/ACM.0000000000003899.
[17] A. N. Schore, Affect Regulation and the Repair of the Self. New York, NY, USA: W. W. Norton, 2003.
[18] UK Council for Psychotherapy (UKCP), "UK Council for Psychotherapy." [Online]. Available: https://www.psychotherapy.org.uk/