

Psychotherapists and Counsellors Professional Liaison Group (PLG)
15 December 2010

Standards of proficiency for psychotherapists

Executive summary and recommendations

Introduction

At the meeting on 19 October 2010, the group agreed that the meeting originally planned for November 2010 should be cancelled in order to allow for ongoing work taking place at professional body level to continue looking at standards of proficiency. This work was to include stakeholders in psychotherapy and in counselling undertaking work to put together standards of proficiency.

The standards produced are based on the model developed by the Psychological Professions Alliance Group (PPAG) and discussed at the last meeting. This model involves the suggestion that a 'level 5 counsellor' and a 'level 7 counsellor' might be meaningfully differentiated in the structure of the Register with a 'level 7 counsellor / level 7 psychotherapist' identified separately. It was also suggested that a counsellor and psychotherapist at level 7 might also be differentiated from each other.

For a summary of the suggested models and previous discussion, please see the paper 'Differentiation, standards of proficiency and the threshold level of qualification for entry to the Register' included in the papers at this meeting. Section 8 of that paper in particular outlines some of the overarching considerations for discussion about the structure of the Register and the standards of proficiency.

Standards of proficiency

The attached standards have been produced for psychotherapists. Standards for counsellors at level 5 and at level 7 have been included in the papers at this meeting. It is understood that work has not yet been undertaken in relation to the contention that 'a level 7 differentiation' between psychotherapists and counsellors is necessary, desirable or possible.

The standards have been drafted against the 15 revised generic standards suggested in a recent HPC consultation (please see papers to note at this meeting). The responses to the consultation are currently being analysed and therefore these standards may be subject to change.

Please note that these standards are draft and represent a work in progress. They therefore represent a draft for discussion rather than a finalised set of standards that necessarily have the full agreement of those involved. In addition, work has not yet been undertaken to compare the two drafts which, amongst other things, would help identify whether there are any standards which might usefully be removed or made common across psychotherapists and counsellors.

Questions

The overarching questions included in the paper referred to on the previous page that are particularly relevant here are:

- Whether the proposed structure(s) would reflect current practice and education and therefore be meaningful for the public; practitioners; education providers; service providers; and other interested parties.
- Whether the proposed standards of proficiency adequately support the proposed structure, including whether there are sufficient differences expressed between standards for different titles, clearly demonstrating that differentiation is both possible and necessary.
- Whether the standards of proficiency proposed reflect the threshold level required for safe and practice and therefore public protection; are consistent with the content of the majority of pre-registration education and training; and are written in a language appropriate for entry to the Register.

Some specific questions on these standards might include:

- In relation to the second bullet point above, whether there are sufficient, meaningful differences between the standards suggested for counsellors (at both or one level) and for psychotherapists to justify that differentiation is necessary for public protection.
- In relation to the standards themselves, whether there are standards which can be usefully expressed as common across the part of the Register (i.e. to both psychotherapists and counsellors).

Outcomes

By the end of the group's final meeting in February 2011 it is intended that the group should attempt to agree and make recommendations to the HPC Council about all the areas within its terms of reference. The decisions / conclusions to be made and included in those recommendations relevant to this area are as follows:

- To agree in principle, as far as possible, the draft standards of proficiency (recognising that further work and further iterations are likely to be necessary and that a consultation would be held prior to the opening of any statutory register to shape the standards further).

- To agree the structure of the Register including agreeing whether the Register should differentiate between psychotherapists and counsellors and in the ways described in the paper 'Differentiation, structure of the Register and threshold level of qualification for entry', included in the papers at this meeting.
- To agree in principle the threshold level or levels for entry to the Register (recognising that this will be subject to future consideration in light of the finalised standards and subject to a consultation held prior to the opening of any statutory register).

Decision

This paper is for discussion.

Background information

Please note that the standards attached have been developed by a group of stakeholders in the psychotherapy field and the HPC has not made any direct comment on them during their development. The HPC is very grateful for the time, effort and energy of all those involved in developing these standards for discussion at this meeting.

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

2 December 2010

1	Be able to practice safely and effectively within their scope of practice
1.1	Be able to demonstrate a range of well-described skills that are derived from systematic training in theoretically well-documented psychotherapeutic model(s), and which have clear links to the body or bodies of knowledge that underpin the model(s)
1.2	Be able to understand and work with a range of mental health, psychological and psychosocial disorders and their presentations; be able to intervene effectively, and be able to make appropriate referrals where necessary
1.3	Be able to establish, build, maintain and end a therapeutic relationship with a client
1.4	Be able to apply a planned sequence and progression of theoretically-determined and clinically-informed activities which address the processes which underpin serious and enduring disorder or distress of sufficient severity to interfere with the client's psychosocial abilities, their wellbeing, or their ability to function
2	Be able to practice within the legal and ethical boundaries of the profession
2.1	Be able to draw on knowledge of relevant codes of professional and ethical conduct and practice in order to apply the principles embodied in these codes to all aspects of the work being undertaken
2.2	Be able to understand the need to respect, and uphold, the rights, dignity, values and autonomy of clients including their role in the therapeutic process
2.3	Be able to recognise and manage the dynamics of power and authority
2.4	Be able to understand their specific professional therapeutic role in a range of different settings and services
2.5	Be able to understand the importance of obtaining informed consent and to obtain this from all clients, appropriate to client capacity
2.6	Be able to draw on knowledge of legislation pertinent to the safeguarding of children, young people and vulnerable adults, and hence understand their duty of care in relation to these groups
3	Be able to maintain fitness to practice
3.1	Be able to engage in a process of professionally-recognised continuous professional development relevant to their theoretical model and scope of practice

3.2	Be able to identify and manage their personal involvement in, and contribution to, the processes of therapy, including an ability to recognise and take appropriate action in relation to any adverse impacts of their own distress or disturbance (including self-care strategies, or receiving professional help from others such as further clinical supervision and/or personal therapy)
3.3	Be able to understand the need for regular supervision, and be able to make use of this to improve practice in their theoretical approach
4	Be able to practise as an autonomous professional, exercising their own professional judgement
4.1	Be able to draw on their theoretical model(s) to carry out assessments and make formulations in response to a range of client presentations and problems
4.2	Be able to apply theoretical knowledge and understanding in developing explanations and initiating appropriate psychological and psychosocial therapeutic responses to clinical processes.
4.3	Be able to apply their model(s) of therapy with reference to other major models in psychotherapy, as may be required for effective working with clients
4.4	Be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self-injury and other possible dangers to the client and to others
4.5	Be able to assess motivation and capacity for psychotherapeutic work, allowing the client to be aware of the options available, including identifying when psychological treatment may not be appropriate
4.6	Be able to use their theoretical training and clinical experience to reflect on and engage with complex, competing and contradictory information elicited from the client in order to develop an understanding of their problems and presentation and their origins
4.7	Be able autonomously to develop and describe an approach, framework or plan for the therapeutic work with a rationale that is clearly linked to and informed by theoretical knowledge and systematically accumulated clinical experience, skills and understanding associated with the theoretical model(s)
4.8	Be able to critically evaluate the approach, framework or plan in the light of client and other feedback as appropriate and, where there is a clear rationale for doing so, be able to identify, consider and apply variations to the approach as needed for effective working

4.9	Be able to use clinical judgement and personal initiative in order to balance adherence to a theoretical model against the need to flexibly and creatively respond to the specificity of the client's problems or any relational issues which present themselves
4.10	Be able to use research and other evidence to inform, critically reflect on and evaluate their own practice
5	Be able to practise in a non-discriminatory manner
5.1	Be able to understand any limitations of their theoretical model or models in enabling the therapist to deal with clients from different socio-cultural contexts; be able to make adjustments to enable the client's full participation in the therapy and therapy relationship; be able to meet effectively the client's socio-cultural and contextual needs
5.2	Be able to work with clients in a manner that acknowledges the possible socio-cultural and contextual limitations of both the approach and the therapist in relation to specific clients or client groups
5.3	Be able to identify when the client may be best served by being referred on to a practitioner better able to work with their socio-cultural or contextual needs
6	Be aware of the impact of culture, equality and diversity on practice
6.1	Be able to understand the relevance and potential impact of a range of specific social and cultural factors on the client's problems and presentation and on the effectiveness and acceptability of the approach
6.2	Where social and cultural differences and diversity actually or potentially impact on the effectiveness and acceptability of the approach, be able to make adjustments to the approach, with the aim of maximising its potential benefit to the client
7	Be able to maintain confidentiality
	Refer to 2.1
8	Be able to communicate effectively
8.1	Be able to communicate effectively in the language or languages of the home country of practice to a level commensurate with that required for a masters' level or equivalent standard of practice (need advice from Michael on this)
8.2	Be able to select, move between, understand and use appropriate forms of verbal and non-verbal communication with clients
8.3	Be able to invite and work with multiple levels of communication that arise in and out of awareness for both client and therapist (such as

	verbal, non-verbal, somatic, and/ or expressive communications)
8.4	Be aware of the characteristics and consequences of non-verbal communication and how this can be affected by socio-cultural differences and be able to adapt communication style to meet these needs
8.5	Be able to provide clients with the information necessary to enable them to give informed consent, wherever possible for the client to do so
8.6	Where the therapist does not share the same language as clients, be able to identify appropriate strategies to ensure and enable the client's full participation in the therapy
9	Be able to work appropriately with others
9.1	Be able to build and sustain professional relationships and be able to work collaboratively as appropriate to the work context
9.2	Be able to make referrals where appropriate
10	Be able to maintain records appropriately
	Refer to 2.1
11	Be able to reflect on and review practice
11.1	Be able to help clients reflect on their progress in therapy
11.2	Be able to assess and review the appropriateness and effectiveness of the therapeutic work in collaboration with the client, consistent with the therapists' theoretical approach, including awareness of formal measurements or other methods of review and assessment
11.3	Be able to adapt or revise their formulation of the client's problems and the approach they had taken to it in response to client feedback and/or the results of formal measurements or other methods of review and assessment
12	Be able to assure the quality of their practice
12.1	Be able to self-monitor, manage and maintain the quality of their practice
12.2	Be able to assess and review the appropriateness and effectiveness of clinical, other supervision and any other practice review arrangements needed to maintain and develop effective practice

13	Be able to draw on appropriate knowledge and skills to inform practice
13.1	Be able to draw upon a body or bodies of psychological and psychosocial knowledge that provide a coherent and comprehensive framework for understanding their clients' presentations and for ways in which this understanding is communicated
13.2	Be able to draw on knowledge of theories and evidence concerning psychological development, psychological disorder and severe mental, emotional or psychosocial distress across the lifespan
13.3	Be able to draw on knowledge of factors common to all major psychotherapeutic and psychological approach
14	Understand the key concepts of the bodies of knowledge, which are relevant to their profession
14.1	Be able to draw on a coherent and systematic body or bodies of psychological and psychosocial theory that continues to be developed, codified and /or elaborated and that underpins their theoretical model
14.2	Be able to draw on and be able to evaluate theories and research around: <ul style="list-style-type: none"> • lifespan development • psychopathology • the therapeutic relationship and therapeutic change • personality and individual differences • diversity and socio-cultural concerns
14.3	Be able to understand the presentation, development and maintenance of the full range of mental and emotional health problems and their impact on social and individual functioning
15	Be able to establish and maintain a safe practice environment