

Psychotherapists and Counsellors Professional Liaison Group (PLG) 19 October 2010

BABCP draft standards for cognitive behavioural psychotherapists

Executive summary and recommendations

Introduction

At the meeting held on 30 September 2010 it was agreed that this meeting would focus on differentiation and that information pertaining to the Psychological Profession's Alliance Group's (PPAG) discussions about the structure of the Register should be tabled.

The attached document has been produced by the BABCP. The BABCP have undertaken work looking at the standards of proficiency (in particular, looking at standards of proficiency for cognitive behavioural psychotherapists) and have asked for this to be circulated to the PLG as they consider it to be helpful to the overall debate regarding differentiation.

This paper is included in the agenda for the information of members of the PLG. (Please note the contents of this paper are owned by the BABCP and the HPC has made no specific comment on the CBT standards included within the document. Following the consultation, the HPC Council concluded that the Register should not be structured to differentiate between different modalities.)

As noted in the paper 'Differentiation between psychotherapists and counsellors', given the complex issues that need to be resolved in this area it is not anticipated that the PLG will be working directly on the standards of proficiency at this meeting, in the sense of redrafting the standards. However, it is acknowledged that the issue of the structure of the Register does directly engage the standards of proficiency and the threshold level of qualification for entry to the Register and therefore these areas may be salient to the group's discussion.

Decision

This paper is for discussion.

Background information

The outstanding areas within the PLG's terms of reference are as follows:

 The question of whether the structure of the Register should differentiate between psychotherapists and counsellors.

- The question of whether the structure of the Register should differentiate between those qualified to work with children and young people and those qualified to work with adults.
- The standards of proficiency for psychotherapists and counsellors.
- The threshold level(s) of qualification for entry to the Register

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

10 October 2010

Draft Standards of Proficiency for Cognitive Behaviour Therapists - Version A

Note: This version is based on the current HPC generic standards.

Key and notes to draft standards

- HPC standards are shown in black type (with the overarching generic standards in bold)
- Profession-specific standards which apply to both psychotherapists and counsellors are shown in *blue italicised type* and indicated by Psychotherapists & Counsellors in the left and column.
- Profession-specific standards which apply to psychotherapists only are shown in *red italicised type* and indicated by 'Psychotherapists' in the left hand column.
- Profession-specific standards which apply to cognitive behaviour therapists (a subset of psychotherapists) only are shown in *plum italicised type* and indicated by 'CBT' in the left and column.

Profession-specific standards which apply to Counsellors only are not shown as this document is mainly concerned with CBT

Sources of profession-specific standards are shown in bold in the right hand column with the following code:

- 1 HPC Draft Standards of Proficiency for psychotherapists and counsellors Draft for consultation
- 2 Roth & Pilling Generic Therapeutic Competences
- Roth & Pilling CBT Competences Basic CBT Competences
- 4 Roth & Pilling CBT Competences Specific CBT Competences
- 5 Roth & Pilling CBT Competences Disorder Specific CBT Competences
- 6 Roth & Pilling Generic Metacompetences
- 7 Skills for Health: National Occupational Standards for Cognitive Behaviour Therapy.
- 8 BABCP accreditation criteria

Note: these documents have been considered sequentially and so there are more citations of earlier rather than later documents in the list as once an item as been included there is no need to repeat it. However, for a number of standards more tan one citation as been shown as wording has combined information from more than one source.

Draft Standards of Proficiency for Cognitive Behaviour Therapists in accordance with the current HPC Generic Standards of Proficiency

	Professional autonomy and accountability	
1a.1	be able to practise within the legal and ethical boundaries of their profession	
	- understand the need to act in the best interests of service users at all times	
	- understand what is required of them by the Health Professions Council	
	- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every	
	service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing	
D 1 .1	- be aware of current UK legislation applicable to the work of their profession	1.0
Psychotherapists	- be able to recognise the dynamics of power and authority and to recognise problems of dual relationships, and be	1, 2
& Counsellors	able to avoid abuse in these areas	1
12	- understand the role of the psychotherapist / counsellor in a range of settings, services and theoretical approaches	1
1a.2 1a.3	be able to practise in a non-discriminatory manner	
1a.4	understand the importance of and be able to maintain confidentiality Understand the importance of and be able to obtain informed consent	
1a.4 1a.5	•	
	be able to exercise a professional duty of care - understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable	1
Psychotherapists & Counsellors	adults	1
1a.6	be able to practise as an autonomous professional, exercising their own professional judgement	
14.0	- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge	
	and experience to deal with the problem	
	 be able to initiate resolution of problems and be able to exercise personal initiative 	
	- know the limits of their practice and when to seek advice or refer to another professional	
	- recognise that they are personally responsible for and must be able to justify their decisions	
1a.7	recognise the need for effective self-management of workload and resources and be able to practise	
	accordingly	
1a.8	understand the need to maintain fitness to practise	
	– understand the need to practise safely and effectively within their scope of practice	
	– understand the need to maintain high standards of personal conduct	

	 understand the importance of maintaining their own health understand both the need to keep skills and knowledge up to date and the importance of career-long learning 	
Psychotherapists & Counsellors	- recognise the obligation to maintain fitness to practise including engagement in their own counselling or psychotherapy based process in a way consistent with their own theoretical approach	1
	- be able to identify and manage their personal involvement in and contribution to the processes of therapy, including recognising their own distress or disturbance and by being able to develop self-care strategies	1
	Professional Relationships	
1b.1	be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives or carers – understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team – understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals – be able to make appropriate referrals	
Psychotherapists & Counsellors	 - understand the role of the therapist in the broader social and cultural context - be able to demonstrate sensitivity to organisational dynamics 	1 1
1b.2	be able to contribute effectively to work undertaken as part of a multi-disciplinary team	
1b.3	be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers — be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5 — understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability — be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others — be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status — understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions — understand the need to use an appropriate interpreter to assist service users whose first language is not English,	

	- be able to apply the CBT model to assess the suitability of the therapy offered to clients	1
CBT	- be able to apply the CBT model to assess the client's needs	1
& Counsellors	and possible danger to others	
Psychotherapists	- be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self-injury	1
2a.4	be able to analyse and critically evaluate the information collected	
2a.3	be able to undertake or arrange investigations as appropriate	
	identifying and discussing when psychological treatment may not be appropriate	
	- be able to discuss treatment options with the client, making them aware of the options available, including	2
	intervention	
	identification of target problems, assessment of risk, assessment of motivation and capacity for psychological	
. J	its history, development and maintenance, the client's current stressors, support, and coping mechanisms,	
Psychotherapists	- be able to undertake a generic assessment, including gaining a general idea of the nature of the client's problem,	2
	- be able to observe and record clients' responses and assess the implications for therapeutic work	1
& Counsellors	approach, setting and client group	1
Psychotherapists	- be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical	1
	equipment	
4 a. 4	- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and	
2a.1 2a.2	be able to select and use appropriate assessment techniques	
2a.1	be able to gather appropriate information	
	ruchtineation and assessment of neatth and social care needs	
& Counscilors	Identification and assessment of health and social care needs	
Psychotherapists & Counsellors	- be able to help clients discuss their feelings and thoughts about endings and any anxieties about managing alone	$\begin{vmatrix} 1 \\ 2 \end{vmatrix}$
Davahatharanista	 recognise the need to use interpersonal skills to encourage the active participation of service users be able to build, maintain and end therapeutic relationships with clients 	1
1b.4	Understand the need for effective communication throughout the care of the service user	
CBT	- be able to communicate the nature of CBT in a way that is consistent with its theory	1
& Counsellors	therapeutic work	1
Psychotherapists	- be able to communicate appropriately and effectively with other professionals about the client and proposed	1
5	high standards of care even in situations of personal incompatibility	
	- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain	

	Formulation and delivery of plans and strategies for meeting health and social care needs	
2b.1	be able to use research, reasoning and problem-solving skills to determine appropriate actions	
	– recognise the value of research to the critical evaluation of practice	
	– be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures	
	– be aware of a range of research methodologies	
	– be able to demonstrate a logical and systematic approach to problem solving	
	– be able to evaluate research and other evidence to inform their own practice	
2b.2	be able to draw on appropriate knowledge and skills in order to make professional judgements	
	– be able to change their practice as needed to take account of new developments	
	– be able to demonstrate a level of skill in the use of information technology appropriate to their practice	
Psychotherapists	- be able to work effectively whilst holding alternative competing explanations in mind	1
& Counsellors	- be able to recognise when further therapeutic work is inappropriate or likely to be unhelpful	1
	- be able to conceptualise presenting situations within a coherent framework of psychological theory and evidence,	1
	incorporating interpersonal, societal, cultural and biological factors	1
	- be able to reflect on and engage with complex and sometimes contradictory information elicited from the client in	1
	order to progress/develop a working understanding of psychological difficulties and their origins	
Psychotherapists	- be able to make informed judgements on complex issues in the absence of complete information	1
	- understand the impact of social and cultural difference on the effectiveness and acceptability of an intervention	2
	- be able to make adjustments to therapy to maximise its potential benefit to clients where social and cultural	2
	difference as an impact on accessibility of the intervention	
	- be able to implement treatment models in a flexible but coherent manner	6
CBT	- be able to use the CBT model to develop a formulation that helps to explain the problems and guides an	1/4
	appropriate therapeutic response	
	- be able to share the formulation with the client in a way that guides their understanding	4
	- be able to understand the client's inner world and response to therapy from a CBT perspective	4
2b.3	be able to formulate specific and appropriate management plans including the setting of timescale	
	- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example,	
	physical, psychological, environmental, cultural or socio-economic factors	
2b.4	be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions	
	safely and skilfully	
	– understand the need to maintain the safety of both service users and those involved in their care	

Psychotherapists	- be able to draw on knowledge of factors common to all therapeutic approaches, including supportive, learning and	2
& Counsellors	action factors	
	- be able to establish an effective, collaborative working relationship with the client	1/2
	- be able to facilitate client exploration of experiences, meanings and self-understanding	1
	- be able to enable a d work with expression of client emotion	1/2
	- be able to work with life transitions and developmental crises	1
	- be able to hold a model of implicit and explicit communications in a therapeutic relationship	1
	- be able to communicate empathic understanding to clients	1
	- be able to initiate and manage first and subsequent counselling / psychotherapy sessions by developing rapport and trust	1/2
	- be able to work with and manage the psychological aspects of the dynamics and boundaries of time	1
	- be able to encourage the client to reflect on his or her psychological functioning	1
	- be able to respect and take into account the client's capacity for self-determination	1
	- be able to work wit both the explicit and implicit aspects of the therapeutic relationship	1
	- be able to adapt personal style so that it meshes with that of the client	2
	- be able to convey an appropriate level of confidence and competence	2
	- be able to avoid negative interpersonal behaviours (such as impatience, aloofness or insincerity)	2
Psychotherapists	- be able to adjust the level of in-session activity and structuring of the session to the client's needs	2
	- be able to recognise and address threats to the therapeutic alliance	2
	- be able to deal with emotions that interfere with effective change and help clients experience emotions in a way tat facilitates change	2
CBT	- be able to draw on knowledge of CBT principles to inform the application of the specific CBT techniques being used	2
	- be able to draw on knowledge of CBT principles in order to implement therapy in a way that is responsive to client need, but which also ensures that all relevant components are included	2
	- be able to explain and demonstrate the rationale for CBT	3
	- be able to agree goals for the intervention	3
	- be able to structure sessions in accordance with the CBT approach and maintain appropriate pacing	3/6
	- be able to share responsibility for session structure and content	3
	- be able to adhere to an agreed agenda	3
	- be able to plan and review practice assignments ('homework')	3
	- be able to use summaries and feedback to structure sessions	3

	- be able to use appropriate measures and self-monitoring to guide therapy and to monitor outcome	3
	- be able to integrate measures and self-monitoring into interventions	3
	- be able to develop hypotheses about maintenance cycles and to use these cycles to set targets for intervention	3
	- be able to use CBT problem solving strategies	3
	- be able to use CBT strategies to end therapy in a planned manner and to plan for long term maintenance of gains	3
	- be able to conduct exposure techniques	4
	- be able to conduct activity monitoring and scheduling	4
	- be able to use Socratic questioning effectively and to maintain a flexible and responsive style	4
	- be able to use thought records effectively	4
	- be able to identify and work with safety behaviours	4
	- be able to elicit key cognitions/images	4
	- be able to detect, examine and help the client to reality test automatic thoughts and images	4
	- be able to identify and modify assumptions, attitudes and rules ('intermediate beliefs')	4
	- be able to identify, and help the client modify, core beliefs	4
	- be able to employ imagery techniques	4
	- be able to plan and conduct behavioural experiments	4
	- be able to implement CBT using disorder specific models	5
	- be able to implement CBT in a manner consonant with its underlying philosophy	6
	- be able to formulate and apply CBT models to the individual client	6
	- be able to select and skilfully apply the most appropriate CBT intervention method	6
	- be able to manage obstacles to carrying out CBT	6
2b.5	be able to maintain records appropriately	
	- be able to keep accurate, legible records and recognise the need to handle these records and all other information in	
	accordance with applicable legislation, protocols and guidelines	
	understand the need to use only accepted terminology in making records	
	Critical evaluation of te impact of, or response to, te registrant's actions	
2c.1	be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly	
	– be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of	
	service users to their care	
	– be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in	

Psychotherapists	- know about other therapeutic approaches and be aware of alternative ways of working	1
	– understand the theoretical basis of, and the variety of approaches to, assessment and intervention	
	- recognise the role of other professions in health and social care	
	- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process	
	health, disease, disorder and dysfunction be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and	
	– understand the structure and function of the human body, relevant to their practice, together with knowledge of	
	specific practice	
3a.1	know and understand the key concepts of the bodies of knowledge which are relevant to their profession-	
	Miowieuge, understanding and skins	
	Knowledge, understanding and skills	
	- be able to critically reflect on the use of self in the therapeutic process and engage in supervision in order to improve practice	1, 2
& Counsellors	- be able to make use of supervision consistent with their theoretical approach	
Psychotherapists	- understand the need for and role of supervision	1
	- recognise the value of case conferences and other methods of review	
	– understand the value of reflection on practice and the need to record the outcome of such reflection	
	– participate in quality assurance programmes, where appropriate	
	– be able to maintain an effective audit trail and work towards continual improvement	
	use of appropriate outcome measures	
	be aware of the role of audit and review in quality management, including quality control, quality assurance and the	
20.2	- understand the principles of quality control and quality assurance	
2c.2	be able to audit, reflect on and review practice	U
Psychotherapists	their theoretical approach, and be able to do this - be able to adapt interventions in response to client feedback	6
& Counsellors	- understand the need to review and evaluate the therapeutic work in collaboration with the client, consistent with	1, 2
Psychotherapists	- be able to help clients reflect on their progress in therapy	1
	procedures, and record the decisions and reasoning appropriately	
	- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or	
	data for quality assurance and improvement programmes	
	- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of	
	conjunction with the service user	

& Counsellors	- understand the importance of considering the impact upon clients of cultural socio-political and other contexts	1
	- understand the importance of cultural sensitivity and recognition of diversity	1
	- understand and be able to evaluate theories and research on the following	1
	• lifespan development;	
	• psychopathology;	
	• the therapeutic relationship and therapeutic change; and	
	• mind and personality	
	- understand and be able to evaluate social conceptualisations of mental and emotional health	1
	- understand and be able to work with common mental health problems	1
Psychotherapists	- understand the presentation, development and maintenance of the full range of mental health problems and their impact on functioning and be able to use this knowledge during assessment and intervention	2
CBT	- understand the theory and basic principles of CBT, its history and development, and its rationale for treatment	1, 3
	- understand the concepts underpinning the use of CBT with different client groups	1, 3
	- understand assessment and measurement principles and procedures for CBT	3, 7
	- understand common cognitive biases relevant to CBT	3
	- understand the role of safety-seeking behaviours	3
	- understand commonly used questionnaires and rating scales and understand how to interpret these	4
	- understand the principles of Socratic questioning	4
	- understand the CBT disorder-specific models and the evidence for their effectiveness	5
3a.2	know how professional principles are expressed and translated into action through a number of different	
	approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities	
3a.3	understand the need to establish and maintain a safe practice environment	
	– be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force in the	
	workplace, such as incident reporting, and be able to act in accordance with these	
	– be able to work safely, including being able to select appropriate hazard control and risk management, reduction or	
	elimination techniques in a safe manner in accordance with health and safety legislation	
	– be able to select appropriate protective equipment and use it correctly	
	– be able to establish safe environments for practice, which minimise risks to service users, those treating them, and	
	others, including the use of hazard control and particularly infection control	