Intellectual Property Notice

Welcome to the SCoPEd framework

The Scope of Practice and Education for the counselling and psychotherapy professions (SCoPEd) is a collaborative project between the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the UK Council for Psychotherapy (UKCP). The aim of the SCoPEd project is to agree a shared, evidence-based generic competence framework to inform the training requirements, competences and practice standards for counsellors and psychotherapists working with adults.

The draft framework has utilised an evidence-based process of mapping existing competence frameworks, professional standards and practice standards to identify areas of overlap and areas of difference between counselling and psychotherapy.

The framework

This document outlines the methodological process utilised to arrive at the second iteration of the shared competence framework, which is currently out for DPOTVMUBUJPO 5IF NBQQJOH QSPDFTT JEFOUJÙFE ÙWF UIFNF and differentiated generic competences and practice standards across three levels. 5IF UISFF MFWFMT BSF MPPTFMZ EFTDSJCFE BT ‰RVBMJÙFE D counsellor[1] ¾BOE ‰QTZDIPUIFSBQJTU¾ 5IFTF UFSNT BSF VTFE EFT

SCoPEd Project: Methodology

Section	Content	Page No.
	Introduction to the SCoPEd Project	4 - 5
Part One	Overview of Iteration One	5 - 7
	Methodology: Data Collection Data Analysis Results	 5 6 - 7 Appendix iii
Part Two	Overview of Iteration Two	8 - 12
	Formation of the ERG and ERG Review	8
	Methodology: Data Collection Data Analysis Results	 9 9 - 12 12 - 27
	Next steps	28

List of Appendices

Appendix i: Iteration One itemised data sources

Appendix ii: Comparison of current training and practice requirements of BACP, BPC and UKCP

Appendix iii: Initial consensus summary of competences

Appendix iv: Iteration Two updated data sources

Appendix v: Areas of enquiry and formulated questions

"Q Q F O E J Y W J 4 B N Q M F P G *O G P S N B U J P O "O B M Z T U *" T V N N B

Appendix vii: ERG Decision-making Matrix

Appendix viii: ERG Membership

Introduction: The SCoPEd Project

The Scope of Practice and Education for the counselling and psychotherapy professions (SCoPEd) is a collaborative project between BACP, BPC and UKCP. The aim of SCoPEd is to agree a shared, evidence-based generic competence framework to inform the training requirements, competences and practice standards for counsellors BOE QTZDIPUIFSBQJTUT XPSLJOH XJUI BEVMUT 5IF SFTFBSDI mapping existing competences, to identify areas of overlap and areas of difference between counselling and psychotherapy.

The results indicate a three-level differentiated competence framework of the minimum requirements for counselling and psychotherapy. The competences

2.0 Data Analysis

2.1 Due to the volume of data under consideration, sources of primary competences XFSF PSHBOJTFE JOUP ‰XPSLJOH IFBEFS UIFNFT¾JO QSF Summary Analysis Process. The working header themes were ordered only to facilitate exploration of and preliminary analysis of the data and do not imply a hierarchy of themes.

Theme A – Boundaries

Theme B – Theory

Theme C – Ethics

Theme D – Research and Evaluation

2.2 Data Analysis: Methodology: Group Summary Analysis Process

After collation and familiarisation with the data from the full range of sources, the TG met and conducted a preliminary group summary analysis process XIFSF UIFNFT GSPN UIF EBUB XFSF JEFOUJÙFE 5IJT QSPD by two methodological approaches: Thematic Analysis and Nominal Group Technique. Thematic Analysis (Braun and Clarke, 2006) was chosen as an appropriate method for identifying, analysing, and reporting patterns (themes) within the data as well as offering a method for organising and describing the data. To support consensus among the TG during analysis, given the differing perspectives on the data that each organisation within the collaboration might bring to the task of analysis, this work was informed by the principles of Nominal Group Technique (NGT) (Gallagher, Hares, Spencer, Bradshaw and Webb, 1993). NGT involves the use of a structured group process that combines both individual generation of ideas as well as group discussion, with steps taken to ensure that every group member is able to contribute to the process. The unique nature of the project and the volume of source material under consideration meant that a pragmatic rather than a purist approach was taken to adopting these methods but with careful attention paid throughout to working rigorously and systematically.

Each member of the TG was assigned one of the header themes to familiarise themselves with. At the summary analysis meeting, each header theme was discussed in turn, with the assigned group member(s) offering items from the data to populate the framework. Each item was checked with the sources of data to ensure that it was represented. Decisions about wording to best capture the summary analysis were made by discussion and consensus within the group.

" ÙSTU ESBGU PG UIF PVUQVU GSPN UIF (SPVQ 4VNNBSZ "C reviewed by the TG and areas for differentiation were highlighted and agreed. A second draft allowed for the extraction of a summary of differentiated competences and highlighted any gaps or areas for further evidence searching. Further searching of the secondary data sources revealed additional evidence

Iteration Two

1.0 Oversight: Formation and role of the ERG

2.0 Data Collection

5IF &3(NBEF SFDPNNFOEBUJPOT PO UIF UZQFT PG FWJEF
sources of evidence to inform the search. Sources included relevant empirical
SFTFBSDI BT XFMM BT ‰HSFZ¾MJUFSBUVSF TVDI BT UFY

Theme 1: Professional Framework

" 2VBMJÙFE DPVOTFMMPS #BEW'EOBFDE RVBMJÙFE DPVOTFMMPS BOEpsychotherapist. RVBMJÙFE DPVOTFMMPS BOEpsychotherapist.		
1.1. Demonstrate knowledge of and ability to operate within professional and ethical frameworks		
1.2. Ability to understand and apply the Equality Act and other relevant legislation to practise safely and ethically within the law		
1.3. Ability to negotiate, maintain and review an appropriate contract with the client or patient, taking account of timing, practice setting and duration of therapy		
"CJMJUZ UP QSPUFDU UIF DPOÙEFOUJBMJUZ and privacy of clients or patients from unauthorised access or disclosure by informing clients or patients in advance about any reasonably foreseeable limitations PG DPOÙEFOUJBMJUZ BOE QSJWBDZ		
1.5. Ability to provide and maintain a secure frame in terms of meeting arrangements and physical settings		

Theme 1: Professional Framework - continued

1.6. Ability to recognise when to consult with supervisor and (or) other appropriate professionals to address ethical dilemmas	1.6.a. Ability to critically evaluate own work within an ethical framework and apply the framework to resolve DPNQMFY DPOÚJDUT BOE FUIJDBM dilemmas	1.6.b. Ability to work with ethical EJGÙDVMUJFT BOE EJMFNNBT including addressing and resolving conflictions between different codes of practice and conduct, or between ethical requirements and work requirements
1.7. Ability to incorporate consideration of client or patient cultural values into ethical decision-making		
1.8. Ability to establish and maintain appropriate professional and personal boundaries in online relationships with clients or patients by ensuring that: a. reasonable care is taken to separate and maintain a distinction between personal and professional presence on social media where this could result in harmful dual relationships with clients or patients b. any public, online communication is carried out in a manner consistent with own ethical framework or code of practice		

Theme 1: Professional Framework - continued

1.9. Ability to manage and appropriately respond to the practical and ethical demands of online therapeutic provision and all forms of technologically mediated communication		
1.10. Ability to use team-working skills to work with others	1.10.a. Ability to take an active role as a member of a professional community and participate effectively in inter-professional and multi-agency approaches to mental health where appropriate 1.10.b. Ability to work in multi-disciplinary teams with other professionals to maximise therapeutic outcomes	1.10.c. Ability to take an active role within the professional community locally and nationally. Be able to communicate effectively with other professionals in imparting information, advice, instruction and professional opinion

Theme 2: Assessment

" 2VBMJÙFE DPVOTFMMPS #BEW'EOBFDE RVBMJÙFE DPVOTFMMPS BO Epsychotherapist psychotherapist		
2.1. Ability to collaborate with supervisor and (or) other professionals to decide if a client or patient is suitable for therapy	2.1.a. Ability to undertake a competent clinical assessment that is consistent with own therapeutic approach	2.1.b. Ability to assess and formulate when working with chronic and enduring mental health conditions
2.2. Ability to form a general idea of UIF DMJFOU PS QBUJFOU¾T QSPCMFNT and suitability, in terms of their capability to think about themselves psychologically, and their motivation for therapy		
2.3. Ability to assess client or patient suitability for online therapy		
2.4. Ability to draw upon knowledge of common mental health problems and their presentation during assessment and throughout therapy	2.4.a. Ability to critically appraise the OBUVSF PG ‰ QTZDIPQBUIPMPHJDBM ‰ OPSNBM¾GVODUJPOJOH BOE between them, during assessment and throughout therapy	2.4.b. Ability to understand medical Pharmacology in relation to disorders and the impact of psychotropic medication during assessment and throughout therapy
2.5. Ability to collaboratively manage the process of referral with the client or patient and (or) other professionals during assessment and throughout therapy	2.5.a. Ability to recognise more TJHOJÙDBOU NFOUBM IFBMUI TZNQUPNT BOE EJGÙDVMUJFT BOE LOPX XIFO BOE how to refer on	

Theme 2: Assessment - continued

2.6. Ability to work within own scope of practice and professional limitations and make referrals where appropriate		
2.7. Ability to make risk assessments SFHBSEJOH DMJFOU PS QBUJFOU¾T BOE PUIFST¾TBGFUZ ðP		

Theme 3: Relationship

" 2VBMJÙFE DPVOTFMMPS #BEWFDEFE RVBMJÙFE DPVOTFMMPS BOE psychotherapist		
3.1. Ability to demonstrate an understanding of the central importance of the role and purpose of the therapeutic relationship within the therapeutic approach		
"CJMJUZ UP SFÚFDU VQPO UIF impact that diversity (including protected characteristics) has upon the relationship and use this understanding in ongoing work		
3.3. Ability to demonstrate an awareness of how own culture will impact upon the therapeutic relationship		
3.4. Ability to establish and hold appropriate boundaries and create and maintain a collaborative therapeutic alliance		
3.5. Ability to recognise and understand issues of power and how these may affect the therapeutic relationship	3.5.a. Ability to recognise, understand and address issues of power and how these may affect the therapeutic relationship	3.5.c. Ability to negotiate issues of power and authority experienced in the inner and outer world of the client or patient as part of the therapeutic process

Theme 3: Relationship - continued

	C "CJMJUZ UP DPOUJOVPVTMZ SFÚFDU on and explore issues of client or QBUJFOU¾T BOE UIFSBQJTU¾T and power in the therapeutic endeavour	3.5. Ability to communicate about the harm caused by discriminatory practices and to reduce insensitivity to power differentials within therapeutic service provision, training and supervisory contexts
3.6. Ability to explore the client PS QBUJFOU¾T FYQFDUBUJPOT BOE understanding of therapy and the relationship with the therapist		
3.7. Ability to ensure an understanding of the purpose, nature and process of therapy and the therapeutic relationship, is shared		
3.8. Ability to establish, sustain and develop the therapeutic relationship	B "CJMJUZ UP DSJUJDBMMZ SFÚFDU VQPO UIF DMJFOU PS QBUJFOU¾T QSPDFTT within the therapeutic relationship	
3.9. Ability to recognise how breaks and holidays may affect the therapeutic relationship and process, and make appropriate arrangements for clients or patients to seek support in case of emergency		

Theme 3: Relationship - continued

3.10. Ability to recognise and respond UP EJGÙDVMUJFT BOE DPÚJDUT JO UIF therapeutic relationship	3.10.a. Ability to recognise alliance ruptures and to explore with client or patient similarities with other relationship impasses	3.10.b. Ability to demonstrate the skills and critical awareness of unconscious process and ethical understanding, to work therapeutically with ruptures and EJGÙDVMUJFT XJUIJO UIF SFM
3.11. Ability to make professional arrangements in the event of a sudden or unplanned break or ending and communicate the arrangements to client or patient		
3.12. Ability to foster and maintain a good therapeutic alliance, and to grasp the DMJFOU PS QBUJFOU¾T QFSTQFDUJWF ‰XPSMEWJFX¾ • capacity to recognise and to address threats to the therapeutic alliance • ability to recognise when strains in the therapeutic alliance threaten the progress of therapy • ability to deploy appropriate interventions in response to disagreements about tasks and goals	B "CJMJUZ UP BOBMZTF EJGÙDVMUJFT encountered as part of the FUDIFSWQFBVLEJD QSPDFTT UP ÙOE XBZT PG making progress	

Theme 3: Relationship - continued

3.13. Ability to clearly communicate about endings with the client or patient and work to ensure these are managed safely and appropriately	3.13.a. Ability to process and analyse UIF DMJFOU PS QBUJFOU¾T BUUBDINFOU style and history of life events when planning an ending	
3.14. Ability to end a session appropriately		

Theme 4: Knowledge and Skills - continued

4.3. Ability to apply understanding of self-harming and suicidal behaviours, to work collaboratively with the client or patient	4.3.a. Ability to work with suicidal risk and other self-harming behaviours and associated conscious and unconscious processes including the DPOЏDUVBM BOE QBSBEPYJDBM OBUVSF of suicidal ideation	
4.4. Ability to understand the process of change within a core, coherent theoretical framework and adopt a stance as therapist in accordance with it		
4.5. Ability to understand and respond appropriately to the emotional content of sessions		
4.6. Ability to select and use appropriate therapeutic interventions	4.6.a. Ability to demonstrate the capacity, knowledge and understanding of how to select or modify approaches to respond appropriately to the needs of the client or patient	

Theme 4: Knowledge and Skills - continued

4.7. Ability to demonstrate coherent use of skills and interventions for the client and the client's presenting issue that is consistent with underlying theoretical knowledge	B "CJMJUZ UP SFÚFDU VQPO and sometimes contradictory information elicited from clients or patients to clearly articulate their presenting issues and goals	4.7.c. Ability to demonstrate an understanding and application of the nature and purpose of psychotherapy with a focus on how internal and external worlds impact the dynamics of the therapeutic relationship. This includes an advanced awareness of how unconscious processes (eg transference and countertransference) affect therapy
"CJMJUZ UP SFÚFDU VQPO background and history and have the capacity to work authentically in a non-discriminatory manner	4.8.a. Ability to describe the philosophical assumptions that underpin theoretical understanding of culture C "CJMJUZ UP EFÙOF EJGGFSFODF BOE explore effects of stigmatisation, stereotyping, discrimination and oppression	4.8.c. Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice
4.9. Ability to demonstrate an understanding of the use of audit and evaluation tools to review own counselling work	4.9.a. Ability to utilise audit and evaluation tools to monitor and maintain standards within practice settings	4.9.b. Ability to utilise audit and evaluation methodologies to contribute to improving the process and outcomes of therapy

Theme 4: Knowledge and Skills - continued

4.10. Ability to understand, assess and apply research evidence to own practice	4.10.a. Ability to critically appraise published research on counselling and psychotherapy and integrate SFMFWBOU SFTFBSDI ÙOEJOHT into practice	4.10.b. Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings of the discipline
4.11. Ability to communicate clearly with clients or patients, colleagues and other professionals both in writing and verbally		

5.0 Next steps

Appendix ii. Comparison of current training and practice requirements of BACP, BPC and UKCP

	" 2VBMJÙFE DPVOTFMMPS	"EDSFEJUFE DPVOTFMMPS	RVBMJÙFE DPVOTFMMPS	Psychotherapist
	counsellor	accredited counsellor	psychotherapeutic counsellor	psychotherapist
Length of training	1 year full time or 2 years part time)PVST OPU TQFDJÙFE	450 face-to-face hours	450 face-to-face hours Not less than 3 years	500 face-to-face hours minimum (BPC and UKCP) 4 years minimum
Client hours	100	450 (including hours gained during training) Over not less than 3 years	450 (including hours gained during training)	450 minimum (BPC and UKCP)
Academic level	Varied	4 - 7	6	7
Supervision post-RVBMJÙDBUJPO	‰ BQQSPQSJBUF 1.5 hours per month minimum		1.5 hours per month	1.5 hours per month (UKCP varies by modality, but typically 1.5 hours per month)

Appendix iii: Initial Consensus Summary of Competences (v1.0 13.02.18)

A note on process and terminology:

The order in which these themes appear do not imply any hierarchy of importance.

"HSFFE UFSNJOPMPHZ ‰DPVOTFMMPS¾BOE ‰QBUJFOU PS DMJFOU¾
‰5IFSBQZ¾SFGFST UP CPUI ‰DPVOTFMMJOH¾BOE ‰QTZDIPUIFSBQZ¾

Overview Map of Initial Consensus Summary: - continued

Theme C: Ethics	C1: Ethics and professional practice	Differentiation
	C2: Working therapeutically and safely online	
	C3: Risk and referrals	Differentiation
	C4: Multi-disciplinary working	
	C5: Culture and diversity	Differentiation
	C6: Supervision	
Theme D: Research	D1: Monitoring and evaluation	
	D2: Research	Differentiation

A1.c. Recognise ways in which breaks and holidays may affect the therapeutic relationship and process and make appropriate arrangements for patients or clients to seek support in case of emergency. Derived from source: BACP (CC), p10, C12 ("1)PX UP NBOBHF ‰VOBWPJEBCMF¾ breaks		
A1.d. Can demonstrate an ability to QSPUFDU UIF DPOÙEFOUJBMJUZ BOE privacy of clients or patients by informing clients or patients in advance about any reasonably foreseeable limitations of DPOÙEFOUJBMJUZ BOE QSJWBDZ BOE protecting client or patient information from unauthorised access or disclosure. Derived from source: BACP Ethical Framework for the Counselling Professions (2018), Good Practice, point 55		

Theme A: Boundaries - continued

A2. Contracting		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
A2.a. Can negotiate, maintain and review an appropriate contract with the client or patient, taking account of timing and duration of therapy. Derived from source: UKCP (POS; 2.3) p9, 2.1.2		
A3. Assessment		
A3.a. Ability to devise a strategy for pre-assessment of the client or QBUJFOU BOE ÙMUFS BOE PS TFMFDU appropriate referrals. Derived from source: BACP (CC) p8, B3 GAP around responsibility and decision making regarding ‰TVJUBCJMJUZ¾GPS UIFSBQZ BSFB PG differentiation)	A3. d. To undertake a competent clinical assessment. Derived from source: UKCP (POS; 2.2) p7, 4 A3.e. To explain the importance of diagnosis in the psychotherapeutic counselling model. Derived from source: UKCP (POS; 2.7), p31, 9.7	A3.g. An ability to assess, diagnose and work therapeutically with chronic and enduring mental health conditions. Source: We agree that this is a distilled statement based on the cumulative evidence

Theme B: Theoretical Process

Competence B1: Therapeutic Philosophy		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
B1.a. To have an understanding of and be able to articulate the rationale and philosophy underpinning therapeutic practice. Source: We agree that this is a distilled statement based on the cumulative evidence		
Competence B2: Therapeutic Relationship		
B2.a. Ability to establish and sustain the therapeutic relationship. Source: We agree that this is a distilled statement based on the cumulative evidence	# I 5P DPOUJOVPVTMZ SFÚFDUJWF PS FYQMPSF JTTVFT PG DMJFOU BOE UIFSBQJTU¾T BVUIPSJUZ JO therapeutic endeavour. Derived from source: UKCP (POS; 2.4), p17, 6.2.9	APO Power, respect and (or) equality must be fully articulated, across all levels.

B2.f. Understand the relationship between discrimination and power at a personal and institutional level. B2.g. Recognise the impact of power imbalances. Derived from source: B2f, B2g: (NOS) 'Establish and maintain the U I F S B Q F V U J D S F M B U J P O T I J Q ¾		
Competence B3: Theoretical Knowledge		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	**Area of Differentiation:** psychotherapeutic counsellor and psychotherapist	**Area of Differentiation:** psychotherapist
B3.a. Understand the process of change encompassed in a consistent, comprehensive, in-depth theoretical framework and adopt a stance as therapist in accordance with it. Derived from source: BACP (CC), p9, C8 Question: Is "consistent, comprehensive, in-depth" B Q Q M J D B C M F U P ‰ D P V O T F M M P S ¾ M F W F M	B3.c. Demonstrate an understanding of a range of psychotherapies and alternative approaches. Derived from source: UKCP (SET) p5 B3.d. The ability to select and use appropriate therapeutic interventions. Derived from source: UKCP (POS; 2.2), p7, 8	B3.e. Critically appraise a range of theories underpinning the practice of counselling and psychotherapy. Derived from source: BACP (CC), p8, A1, B1, C1, D1

Alternative: Use theory of therapeutic change to inform client or patient work Derived from source: CPCAB (2017) LO. 6.1.2, p18		
B3.b. Competence within theory and practice of therapy from assessment to ending should demonstrate knowledge of: i) a model of the person and mind ii) a model of gendered and ii) a model hum/Spic chaned and i) a model of therapeutnd Derived from sourcUKCP (SET),CAB		

Competence B4: Theoretical Process and Techniques		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
B4.a. Coherent use of skills and JOUFSWFOUJPOT GPS UIF CFOFGJU PG UIF client or patient consistent with underlying theoretical knowledge. Source: We agree that this is a distilled statement based on the cumulative evidence	# D "OBMZTF EJGGÙDVMUJFT BOE QSPCMFNT PG UIF UIFSBQFVUJD QSPDFTT UP ÙOE XBZT PG NBLJOH QSPHSFTT Note on terminology: the word ‰BOBMZTF¾ JT PGUFO TFNBOUJDBMMZ FRVBUFE XJUI ‰BOBMZTJT¾ PG ‰BOBMZUJDBM¾ Derived from source: BACP (CC), p10, C9	# D "EWBODFE VOEFSTUBOEJOH and application of the nature and purpose of psychotherapy with a focus on how internal and external worlds impact the dynamics of the therapeutic relationship. This includes an advanced awareness of the workings of how transference and counter- transference affect therapy.
B4.b. Ability to foster and maintain a good therapeutic alliance, and UP HSBTQ UIF DMJFOU PS QBUJFOUÙT QFSTQFDUJWF BOE ‰XPSMEWJFX¾ • Capacity to maintain the alliance • Capacity to recognise and to address threats to the therapeutic alliance (“alliance ruptures”) • An ability to recognise when strains in the alliance threaten the progress of therapy	# E 3FÚFDU PO DPNQMFY BOE TPNFUJNFT DPOUSBEJDUPSZ information elicited from clients or patient to clearly BSUJDVMBUF UIFJS DPSF EJGGUDVMUJFT BOE possible origins. Derived from source: BACP (CC), p9, B14 B4.e. Work with unconscious process. Derived from source: UKCP (POS; 2.7), p27, 3	Source: We agree that this is a distilled statement based on the cumulative evidence (derived from UKCP (POS; 2.4) p15, 5.5)

• An ability to deploy appropriate interventions in response to disagreements about tasks and goals Derived from source: UCL generic competence “ability to foster and maintain a good therapeutic alliance” GAP: the evidence suggests that maintaining the alliance, recognising ruptures and responding is shared BDSPTT BMM MFWFMT *EFOUJÙFE ("1 JO evidence as to where or whether differentiation occurs within the MFWFMT /PU SFÚFDUFE JO UIF FWJEFODF	# G $SJUJDBMMZ SFÚFDU VQPO UIF DMJFOU or patients process within the therapeutic relationship. Derived from source: UKCP (POS; 2.7), p30, 6.3	

$PNQFUFODF # 4FMG SFÚFDUJPO BXBSFOFTT BOE QFSTPOBM EFWFMPQNFOU		
B5.a. Show a personal commitment to personal development including self-awareness in relation to the patient or client to enhance therapeutic practice, as well as an BXBSFOFTT PG ÙUOFTT UP QSBDUJDF Source: We agree that this is a distilled statement based on the cumulative evidence (derived from BACP (CC), p8, A3) Question or Observation: In the FWJEFODF ‰ ÙUOFTT UP QSBDUJTF TJUT JO CPUI TFMG SFÚFDUJPO BOE FUIJDT¾	# C %FNPOTUSBUF SFÚFYJWJUZ BT BQQMJFE in the therapeutic practice and engage in professional development activities. Derived from source: BACP (CC), p8, A4 GAP: Lack of clarity in the evidence in separating out the processes PG ‰ SFÚFYJWJUZ¾ BOE ‰ DPVOUFS USBOTGFSFODF¾ This could be an area for further differentiation	

Theme C: Ethics

Competence C1: Ethics and Professional Practice		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
C1.a. Demonstrate your ability to p11)ychotherapist7ychotherapist		

C2.f. Ability to conclude the therapeutic relationship. Derived from source: BACP Competences working online and by telephone ("1 JO UIFSBQJTU¾T QFSTPOBM POMJOF presence. GAP further evidence required for online competence development.		
Competence C3: Risk & Referrals		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
C3.a. Contain clients when in crisis by providing information about self-care strategies and making clear arrangements for future meetings or contact. Derived from source: BACP (CC), p10, C10	C3.d. Ability to devise and use a comprehensive risk assessment strategy. Derived from source: BACP (CC), p8, B5 GAP: Assessing and responding to suicidal risk across levels and settings (eg agency and independent practice)	

C3.b. Make professional judgments with regard to the appropriateness of a referral and recognise own professional limitations, making referrals where appropriate. Derived from source: BACP (CC) p11, D14 C3.c. Make risk assessments in respect PG UIF DMJFOU PS QBUJFOU¾T BOE PUIFST¾ safety. Derived from source: UKCP (POS; 2.8) p34, 2.10 GAP: Clarity required about appropriateness on an ongoing basis of the suitability of the client or patient risk level and how this is managed. Recognising who not to work with in terms of level of risk.		

Theme C: Ethics - continued

Competence C4: Multi-disciplinary Working		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
C4.a. Communicate clearly with clients or patients, colleagues and other professionals both in writing and verbally. Derived from source: BACP (CC), p8, A8 GAP: communication when working independently		
Competence C5: Culture and Diversity		
C5.a. Demonstrate awareness of diversity and the rights and responsibilities of all clients or patients, regardless of their gender, age, race, national or ethnic origin, culture, class, ability, sexuality, religion and belief. Derived from source: BACP (CC), p8, B8	C5.h. Be able to describe the philosophical assumptions that underpin their understanding of culture. $ J #F BCMF UP EFÙOF EJGGFSFODF BOE explore effects of stigmatisation, stereotyping, discrimination and oppression.	C5.k. Awareness, effectiveness and courage to communicate and take action to reduce the harm and trauma caused by discriminatory practice and insensitivity to power differentials within therapeutic service provision, training and supervisory frames. Derived from source: UKCP (SET), p7, 4.3.6

$ C 3FÚFDU VQPO UIFJS PXO DVMUVSBM background and history and make VTF PG UIJT SFÚFDUJPO JO UIFJS XPSL $ D #F BCMF UP EFÙOF UIF BTQFDUT of their culture that have most JOÚVFODFE UIFN BOE VOEFSTUBOE the relevance of this to their working relationship with others. C5.d. Be aware of how their own culture will impact upon the therapeutic relationship. $ F #F BCMF UP SFÚFDU VQPO UIF JNQBDU that gender, ethnicity, class, sexual orientation, age, religion and politics have in the relationship. $ G #F BCMF UP FYQMBJO UIF TJHOJÙDBODF of their own values, beliefs and attitudes in their work with clients or patients. C5.g. Be able to recognise and question their own assumptions. Derived from source: UKCP (POS; 2.7), pg 29		

Competence C6: Supervision		
C6.a. Understand the importance of supervision, contract for supervision and use it to address professional and developmental needs. Derived from source: BACP (CC), p8, A5 GAP: purpose of supervision is to enhance the quality of psychotherapy that patients or clients receive. This is contained in EAP competences (p 22) but agreed that this should be recognised across all levels.		C6.b. Adapt the supervision: which involves – increasing (or reducing) supervision in relation to changes in XPSL MPBE SFÚFDUJOH PO UI of the supervision and whether JU JT TVGÙDJFOU GPS POF¾T C and professional needs; getting additional specialised supervision when dealing with particularly complicated or unfamiliar clinical work, or if there are additional risks (to patients or clients or to oneself); getting additional supervision in the FWFOU PG BOZ QFSTPOBM EJ DPOÚJDUT XJUI QBUJFOUT PS dual relationships, complaints, FUD DIBOHJOH POF¾T TVQFS or supervision arrangements if necessary or when appropriate, BGUFS TVJUBCMF SFÚFDUJPO discussion; taking responsibility that POF¾T QSPGFTTJPOBM TVQFSV intervision is at the highest possible standard readily available. Derived from source: (EAP), p22, 9.1.3

Theme C: Ethics - continued

		GAP: Agreed this should be at Psychotherapeutic Counsellor too, but only demonstrated at Psychotherapist in the evidence.

D1.c. Participate in clinical practice audit and other quality assurance procedures. Derived from source: BACP (CC), p11, D18 ("1 4QFDJÙDT PG UIFSBQZ TFUUJOH eg agency or independent practice		
Competence D2: Research		
D2.a. Understand, assess and apply research evidence to own practice. Source: We agree that this is a distilled statement based on the cumulative evidence.	D2.b. Critically appraise published research on counselling and psychotherapy and integrate SFMFWBOU SFTFBSDI ÙOEJOHT JOUP practice. Derived from source: QAA Level 6 Benchmarking statemen7, p13	

Appendix iv: Iteration Two: Updated Data Sources

ABC Level 4 Diploma in Therapeutic Counselling

ACA Competencies for Counseling the Multiracial Population

COSCA Statement of Ethics and Code of Practice

CPA (Canadian) draft ethical guidelines on use of electronic media

CPCAB Level 4 Therapeutic Counselling 17-18

CPCAB model of helping work and counselling practice

CPCAB Psychotherapeutic Counselling Level 5

EAC Training Standards

EAP Professional Competencies of a European Psychotherapist

EAP Template for a National Psychotherapy Law

QAA Subject Benchmark Statement Counselling and Psychotherapy

RAMP (Risk Awareness and Management Programme) – New Savoy Partnership

4$2' 4DPUUJTI $SFEJU BOE 2VBMJÙDBUJPOT 'SBNFXPSL

UCL Basic analytic dynamic competences

UCL Basic CBT competences

UCL Basic Humanistic Competences

UCL Generic Therapeutic Competences

UCL Humanistic Meta-competences

6$-)VNBOJTUJD 4QFDJÙD)VNBOJTUJD "EBQUBUJPOT

6$-)VNBOJTUJD 4QFDJÙD)VNBOJTUJD $PNQFUFODFT

UCL Self Harm and Suicide Prevention Competence Framework (2018)

UKCP Ethical Principles and Code of Professional Conduct

UKCP Guidelines for Mental Health Familiarisation 2017

UKCP PCIPC Standards of Education and Training 2008

UKCP Standards of Education and Training Minimum Core Criteria 2017

UKCP Professional Occupational Standards

Action: Review evidence from complaints and conduct procedures of different professional bodies. [Note: BAPPS introducing difference between supervision

7. Psychiatric knowledge and experience –

   What requirements do training courses make in this area and how do these vary according to academic level or title?

   Are there competences related to this area which are being developed and assessed and which show variation according to academic level or title?

   What evidence is there of differentiation in relation to the need for psychiatric knowledge and experience as part of training? Are there any other competences in relation to psychiatric knowledge and experience not yet mapped that could IFMQ VT EFDJEF JG UIJT JT BO BSFB PG EJGGFSFOUJBUJP

8. Risk and referrals –

4. Evaluation and monitoring - Summary

In what ways do the publications of awarding bodies and professional associations identify this area of competence?

What evidence exists in the documentation that there is variation in competence according to academic level or title?

Level 4

[ABC]

- Understand casework management and evaluation
- Evaluate own practice using supervisor and placement feedback

[Aim Awards]

- Understand the importance of data collection to evaluate the process and outcome of counselling

[CPCAB]

- Use regular reviews and supervision to maintain focus on client agenda

‡ 3FÚFDU PO BOE FWBMVBUF UIF FGGFDUJWFOFTT PG PX

[Open College]

- Understand the contribution of evidence-based practice to quality management
- Understand and evaluate the use of psychometric and audit tools to review counselling sessions.

Level 5

[CPCAB]

- Evaluate choice of therapeutic interventions in relation to individual clients and their needs

- Demonstrate a critical understanding of methodologies used in psychotherapeutic research
- ‡ %FNPOTUSBUF ÚFYJCJMJUZ XJUI TUSBUFHJFT BOE JOU changing process and environment
- Utilise perspectives of the clinical supervisor, manager and other QSPGFTTJPOBMT GPS POHPJOH SFÚFDUJPO PO UIF UIFS
- Review and record the outcomes of the psychotherapy, including end of therapy assessments and client surveys
- Routinely participate in systematic monitoring and audit.

[QAA]

- Demonstrate awareness of and implement methodologies to audit and evaluate the process and outcome of therapy
- Interpret and critique research evidence related to practice
- Monitor and evaluate individual practice and the work of a service or team.

[UKCP]

- Evaluate therapeutic process and progress with the client in an ongoing way and for research or audit
- Understand basic research methods as applied to the investigation and evaluation of therapy process and outcomes
- Understand and critique research related to psychotherapy and own modality and practice
- Employ supervision effectively
- ‡ "QQMZ DSJUJDBM TFMG SFÚFDUJPO BVEJU BOE FWBMV and contribute to the practice setting.

Level 8

[HCPC]

- Evaluate practice systematically using recognised outcome measures, and revise plans as necessary in conjunction with the service user
- Gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care or experience
- Understand and participate in audit and quality management programmes and work towards continual improvement
- Recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes

- Monitor agreements and practices with service users, groups and organisations.

/PO TQFDJÙD UP -FWFM

[NOS]

- Employ relevant legal, ethical and organisational guidance in record-keeping
- Understand and critically appraise research methodologies to evaluate counselling process and outcomes
- Identify and employ suitable criteria and evaluation tools for systematic monitoring and development of own practice
- Review the process and progress of counselling regularly with the client to ensure mutual understanding and commitment
- Use feedback from supervisors, managers and other professionals to SFTPVSDF POHPJOH SFÚFDUJPO PO BOE FWBMVBUJPO P

[UCL]

- Review with the client their progress over the course of therapy
- Use measures and self-monitoring to guide therapy, monitor outcome and help the client to become an active, collaborative participant in their own therapy (CBT).

Additional sources

[APA and ACA]

- Select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, groups and context.

Appendix vii: Iteration Two: Data Analysis: ERG Decision-Making Matrix

Area	IA evidence	ERG decision	TG allocation	Date to respond to ERG	TG feedback to ERG
(Q1). Complexity of presentation or formulation	Presented 25.7.18	Allocated to TG	NF		25.7.18

Appendix viii: ERG Membership

Name	Theoretical			

List of References

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. Qualitative Research in Psychology. 3: 2: 77-101.

Gallagher, M., Hares, T., Spencer, J., Bradshaw, C. and Webb, I. (1993) The Nominal Group Technique: A Research Tool for General Practice? Medicine and Health. 10: 1: 76-81.

Lemma, A., Roth, A.D. and Pilling, S. (2009) The competences required to deliver effective Psychoanalytic or Psychodynamic Therapy. Centre for Outcomes Research and Effectiveness (CORE) University College London.

Roth, A.D., Hill, A. and Pilling, S. (2009) The competences required to deliver effective Humanistic Psychological Therapies. Centre for Outcomes Research and Effectiveness (CORE) University College London.

Roth, A.D. and Pilling, S. (2007) The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders. Department of Health and University College London.

Roth, A.D. and Pilling, S. (2008) Using an Evidence-Based Methodology to Identify the Competences Required to Deliver Effective Cognitive and Behavioural Therapy for Depression and Anxiety Disorders. Behavioural and Cognitive Psychotherapy 36: 2: 129-147.