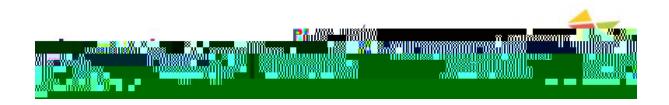
## SCoPEd Methodology Update: Framework Iteration Three: Response to Member and Stakeholder Consultation (July 2020)



## Intellectual Property Notice

The SCoPEd framework has been developed by utilising an evidence-based process. The contents remain the property of the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP) as part of the SCoPEd collaboration. The intended use of the framework is to inform the development of course content, curricula, and practice standards, and therefore the contents of the SCoPEd framework may not be altered in any way.

## Copyright Notice

These materials are subject to copyright of the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP) as part of the SCoPEd collaboration © July 2020. All rights reserved.

This document sets out the methodological process used to consider responses to the member and stakeholder consultation process on the second iteration of the shared competence framework. It should be read in conjunction with the first methodology document which details the process prior to this consultation (this can be accessed <a href="https://example.com/here">here</a>).

The SCOPEd Project has been conducted in accordance with the ethical requirements of each of the collaborating bodies, and with reference to the *Ethical Guidelines for Research in the Counselling Professions* (BACP, 2019). Formal ethical review of the project was understood not to be required since the project does not involve data collection from human subjects but instead is documentary research looking systematically at sources available within the public domain. Details of the professional body affiliations and theoretical orientation of both Technical Group (TG) and Expert Reference Group (ERG) members are listed in

In

comments were provided by respondents in the survey as well as via email and other channels such as social media.

Email invitations to the stakeholder consultation were sent to 483 identified contacts, and 86 stakeholders responded (a response rate of 17.8%), primarily from training establishments, but returns spanned all types of stakeholders invited to participate. A higher proportion (7%) of emails were returned undelivered.

Every item of feedback from the membership responses (over 3,000 comments), and all 86 stakeholder responses were subject to a rigorous thematic analysis to identify additional themes for the ERG, and comments were inserted into the relevant place in the framework document to aid analysis.

The following overarching themes emerged:

- 1) ERG membership and representation of modalities
- 2) Methodology, including rationale for inclusion and exclusion of different types of evidence
- 3) Practitioner titles imply a hierarchy
- 4) Modality and language, insufficiently inclusive of different therapy philosophies and modalities
- 5) Complexity, that the framework has not sufficiently captured the complexity of some competences across the levels
- 6) Practice standards including concerns about specific requirements and their relevance for entry points
- 7) Gaps omissions from the framework.

to mitigate their impact on the project have been taken. The main methodological limitations in this project relate to:

Use of the Roth and Pilling methodology. Roth and Pilling (2008) methodology was selected as it was considered most suited to the task of identifying competences, as supported by the evidence. The Roth and Pilling (2008) methodology utilises a process of identifying manualised treatments that have demonstrated good effectiveness in clinical trials, and then extracting competences from the treatment manuals. Whilst the SCoPEd process has been informed by an evidence-based methodology to identify competences, where necessary, this approach has been adapted, due to a paucity of empirical research into differentiated competences. When gaps were encountered within the empirical research, other sources of evidence were r for example: textbooks, curricula and professional codes of practice. A consensus decision was reached based on the best supporting evidence and ERG recommendation. In adapting the methodology, rigour has been maintained throughout in ensuring both systematic searching for such documents and evaluating the evidence they contain.

Excluding evidence from client outcomes research. Quent outcomes research was excluded as considered to be beyond the remit of the project which focused on existing evidence of standards. This decision was revisited in light of consultation feedback and inclusion of client outcomes research was reconsidered. After careful consideration, the decision of the ERG was not to expand the project to include client outcomes research as this was beyond the scope and capacity of the project to capture current training and practice standards. In addition, the assessment of the ERG was that there was insufficient research directly linking client outcomes to specific practitioner competences. The list of sources includes the National Occupational Standards (NOS), which form part of the existing range of standards

		(Retired member)		
Dr Brinley Yare (from August 2019)	Psychoanalytic	UKOP	ERG	[None – recruited as additional ERG member]

Administrative Support Debbie Delves, Pr

Date	Decision	Rationale and (or) narrative	ERG Member	Date
			allocation	completed
01.05.19	To widen ERG membership in response	Agreement to expand the ERG to be inclusive of additional	NF and FBD	30.07.19
	to consultation feedback.	modalities, with a clear remit		
01.05.19	The group agreed there needs to be a	Action: ERG to look into complexity theory document	ERGfor	19.06.19
	clearer description of the methodology	mentioned in stakeholder re feedback	complexity	
ļ	u	http://www.newvisionformentalhealth.com/2018/12/14/ and	theory	
		report back at the next meeting.		
			ERG member	
	The group then discussed feedback from	Methodology to be updated by CSy.	for clearer	
	stakeholder re complexity-based		description of	
	approaches.		methodology	
19.06.19	Query around inclusion or exclusion of	Gient outcomes research was excluded as considered to be		06.09.19
	evidence. Decision to continue to	beyond the remit of the project which focused on existing		
	exclude outcomes research (e.g.	evidence of standards. This decision was revisited in light of		
	Norcross) as this is inconsistent with	consultation feedback and inclusion of dient outcomes		
	methodology.	research was reconsidered. After careful consideration, the		
		decision of the ERG was not to expand the project to include		
		dient outcomes research as this was beyond the scope and		
		capacity of the project to capture current training and practice		
		standards. In addition, the assessment of the ERG was that		
		there was insufficient research directly linking dient outcomes		
		to specific practitioner competences. The list of sources		
		includes the National Occupational Standards (NOS), which		
		form part of the existing range of standards available (and are,		
		therefore, within scope for inclusion in this work) and also		
		draw partly on client outcomes research as part of their		
		development.		

		NF and AD update source documents for inclusion into revised methodology. CSy to complete methodology.		
19.06.19	protected characteristics, and a generic	frame avenue. Charles avenite en el divenite veneralia a	NF	27.11.19
	term to be used throughout the framework. Footnote to be devised that identified the full range of protected	framework. Check equality and diversity wording. See 02.10.19 footnote to 1.2. Re: Consistency.		
	characteristics.			

Date	Consultation Theme	Decision	Rationale and or narrative	Date completed
	Member Stakeholder			
17.07.19	1.6.b.	To re-word competence 1.6.b.:		
	Reference to BAOP EFOP (2018). 1.6b.			
	applies to all registrants.			
	Ethical Framework states a counsellor			
	should be able to do this.			

26.11.19	Theme 2 Assessment and 1.2., 1.9.	See Framework v1.3 27.11.19 for TG sign off Should this also be referenced in 1.9.*?	Footnote to be added to: Theme 2: Assessment: 1.2. and referenced at 1.9. indicate the ability to evaluate suitability for therapy (consistent and develop a working-plan of therapeutic steps. TG agreed 29.11.19.	03.12.19
Decision r 29.11.19	reached: 04.09.19, 02.10.19 and	Decision: Recommended wording agreed throughout framework 04.09.19 ERG Update 0 Footnote agreed and added to 1.2. and 1.9.		03.12.19

19.06.19 2.1., 2.2.

- 2.1. Suggests that a qualified counsellor is not capable of undertaking an assessment without referring to a supervisor.
- 2.2. 'form a general idea of the dient's problems' form a general idea and this lanwith n / §

	Manage the counselling assessment process.	Re-order competences so that 2.5. follows on, to bring about the	
	2.5. to be moved to 2.3. (and rest of framework to be re-numbered).	together.	
	2.5. Ability to collaboratively manage the process of referral with the client or patient and (or) other professionals during assessment and throughout therapy.		
Decision reached: 04.09.19	Decision: All agreed. 04.09.19		22.10.19

17.07.19 2.4. - Ability to make sound judgments in relation to DSM 5 or ICD-11 are key for a psychotherapist. However, I do not feel it is ethically in our remit to assess or evaluate without appropriate medical training, e.g. psychiatry. I feel this aspect of the framework leaves psychotherapists at risk.

some awareness of different ways of viewing mental health might also be relevant. Such issues are approached differently within different modalities too.

- 2.4. There is no reference to diagnosis (awareness of current systems e.g. ICD; use and limitations of diagnosis, meeting responsibilities and acknowledging personal and (or) professional limitations in expertise, etc.
- 2.4. The APPG for Prescribed Drug Dependence is currently developing guidance for therapists, working with BACP, UKCP and BPS, which invites all members to broaden their knowledge and understanding of the effects of psychiatric drugs for the benefit of clients taking or withdrawing from such drugs.
- 2.4. Need to consider the sometimesquestionable role that medication plays.

Extract high level competences from APPG?

DECISION: APPG document may not be published due to current political issues in the UK But it would be helpful to use APPG document to extract competences.

		Entry point A	Entry point C	
02.10.19	Decision reached: (with ERG)	Wording agreed for 2.5., Agreed to leave gap at entry point B and C	l	
06.11.19	Decision reached: (with ERG)	2.5.		

26.11.19 Decision reached (by TG)

	Consistency required later in framework (to separate out suicidal and self-harming behaviours):		
04.09.19. Decision reached:	Agreed to suicide and self-harm separation (but to be included within the same competence, and to use UCL wording). Wording as above. Ensure new wording continues throughout framework.		22.10.19
3.5. I believe fundamental to a counselling training is underst of power and oppression - so the pain and wounding that d bring to us is, in my mind, a reabuses and misuses of power individually and societally. So, want to see in Column 1: 3.5a c. (so, not differentiated) and definitely 3.5d.	re-number: much of lients 3.5.a. Ability to recognise, understand and address issues of power and how these both nay affect the therapeutic relationship.	3.5.b. represents overall therapeutic world rather than individual clients or patients. Consider splitting into two competences: Individual client or patient AND Therapeutic work  No evidence to show that 3.5.c. sits across all levels. Keep at Entry Point C	07.08.19
04.09.19. Decision reached:	Wording as above agreed	1	22.10.19

3.6. An omission in the competences is awareness of (and in some cases capacity to work with) key relationships in a person's environment that impact on their mental health and wellbeing. This is different from cultural awareness but shares the same aim of ensuring counsellors and therapists recognise the impact on the people they see of salient current relationships and how the therapy might be impacting on these relationships for better or worse. This is to avoid therapists creating bubbles or pockets of experience with their patients that are split off from their social environment. I also wondered about awareness of intergenerational factors that might affect patients as a generic competence.

This wording (taken from systemic competence 1.1.) does not fit at 3.6., but this awareness should be included in relationship competences:

Ability to view individual needs in a number of contexts, including the family and other significant relationships, social and community setting, professional networks, work setting, professional networks, cultural setting and in the socio-

3.6.a. Ability to work with issues of pow

3.10.b. Use of terms such as 'unconscious' implies modality specific Ianguage. 3.10.b. skills and critical awareness of unconscious processes would, I think, be described as 'processes happening at the edge of awareness.

'3.10. - what about working with the 'unprepared' dient?

			AND Capacity for self-monitoring in the therapeutic relationship (COSCA L4 Certificate, BACP Accreditation of Training Courses) AND  Recognition of implications of use of self in the therapy process (NOS STHMH100, AIM L4 Diploma, CPCAB L5, BACP Core Competences) with specific reference to practitioner self-disclosure (NOS STHMH100, BACP Core Competences).	
19.06.19	Decision reached:	New competence 3.10. added.		22.10.19

19.06.19 The framework and hierarchy would benefit fro.940 G(()] TJETQQ EMCq307.

	Pro-forma completed for each organisation to collate training and registration requirements.		which could better facilitate understanding of the framework. This would capture different points as well as the points of initial registration e.g. application for individual accreditation is a gateway for BACP members but an entry point for BPC and UKCP psychotherapeutic	
			counsellors.	
Decisions fo	or TG 29.11.19			
26.11.19	1.11. Arising from ERG member final comments and sign off of framework.	1.11. Clarification requested by ERG member about whether this means all therapists are expected to work online?	Both (1.10.) and (1.11.) were discussed in great detail by the ERG and relate to both personal and professional online presence and the need to be aware of appropriate use, so not just providing therapy online, but communication online in all forms.  TG Decision to keep as is. (29.11.19)	03.12.19
26.11.19	2.5.	Suggested change to wording.	ı	I

Arising from ERG member final comments and sign off of framework.

	that are specific to working online as they impact on the therapeutic process or interaction with a client or		2.10.a. Ability to identify and respond to the interpersonal risks that are specific to working online as they impact on the therapeutic process or interaction with a dient or patient's presenting problems.	
26.11.19	3.1. Arising from ERG member final comments and sign off of framework		TG decision: agreed this point is not sufficiently substantive to require recirculation to ERG now deadline has passed. (29.11.19).	03.12.19
26.11.19	3.5. Arising from ERG member final comments and sign off of framework.	Suggest including standardised term throughout framework.	'Therapeutic alliance' is a standardised term and a considered considered decision made by the ERG. Source: Original methodology document Page 10 - final para. Applies also to 3.14. TG noted there is no mandate to W* nE	

	3.6.a. Arising from TG 26.11.19	Challenge to include term 'conscious, unconscious or out of awareness' throughout framework  At TG request inclusion at 3.6.a. of footnote: [Footnote on terminology-* The terms  framework to be as inclusive as possible.	(terminology to be replicated throughout) - Cannot be changed. Applies also 3.12 and 5.1.b. TG decision to leave 3.6 as is (29.11.19).	03.12.19
26.11.19	3.12, 3.12.a, 3.12.b. Arising from ERG member final comments and sign off of framework	Applies also to 3.6 and 5.1.b.	ERG agreed in principle to ERG wording of 4.7 including use of 'conscious', but not discussed consequence for standardised terminology of - 'unconscious or out of awareness' and no agreement throughout.  TG agreed to leave 3.12 as is, 3.12.a. as is 3.12.b. agreed as the therapeutic relationship is specifically being referred to here.  Grammar check: 'therapeutic' added to 3.12.b. by TG for consistency across these three competences. 29.11.19.	03.12.19

26.11.19 3.14.

Arising from ⊞Gmember final comments and sign off of framework.

		03.12.19
	4.3.a. and to remove	
	(reference) * to footnote. (29.11.19).	

26.11.19 4.6.

Arising from ⊞G member final comments and sign off of framework.

Challenged as excluding humanistic approaches and questioning if there was an agreement that 4.7. would replace 4.6.

ERG agreed that wherever the term conscious is used	

or out of awareness' or if not relevant

complex work, which requires reflexivity and which is potentially taxing of the therapist (29.11.19).

Note also: 5.1.a. Term counsellor or psychotherapist should be changed to 'therapist' to be consistent.

TG agreed in 5.1.a. to replace

1. The following informed decisions subsequently made by the TG and ERG:

(Alliance ruptures)

BACP Core Competencies for Counselling and Psychotherapy

BACP Course Accreditation Criteria (

CPCAB Level 4 Diploma in Therapeutic Counselling

EAP The Professional Competencies of a European Psychotherapist (2013)

NOS SFHMH100 Establish and maintain the therapeutic relationship

QAA Subject Benchmark Statement Counselling & Psychotherapy

UCL CORE Generic Therapeutic Competences

UCL Specific Humanistic Psychological Therapies competences

UCL Basic Analytic/ Dynamic Competences

(Patterns of relating to self and others)

AIM Awards Level 4 Diploma in Counselling Practice

CPCAB Level 4 Diploma in Therapeutic Counselling

NOS SFHMH100 Establish and maintain the therapeutic relationship

(Cultural Aspects, Difference and Diversity)

ABC Level 4 Diploma in Therapeutic Counselling: Counselling in a Diverse Society

BACP Core Generic Competencies for Counselling and Psychotherapy (2006)

BACP Ethical Framework for the Counselling Professions (2018)

CPCAB Level 5 Diploma in Psychotherapeutic Counselling

EAP The Professional Competencies of a European Psychotherapist (2013)

NOSLSICLG8 Demonstrate equality and diversity awareness when working in counselling

NOSSFHMH97 Identify models of personality and mind development in relation to the dient in counselling and develop appropriate intervention

NOS SFHMH100 Establish and maintain the therapeutic relationship

Open College Network PS1/4/NQ/013 Professional, Ethical and Legal Issues in Counselling

UCL Generic Therapeutic Competences (2017)

UKOP Professional Occupational Standards: Humanistic and Integrative Humanistic Psychotherapists

UKCP Professional occupational standards for psychotherapeutic counselling

UKCP Ethical Principles and Code of Professional Conduct (2009)

UKOP Guidelines for Mental Health Familiarisation

UKOP Standards of Education and Training: The Minimum Core Criteria (2017)

(On Self-awareness and Self in relationship)

Norcross, J.C. & Lambert, M.J. (Eds) (2019), *Psychotherapy Relationships That Work* (3<sup>rd</sup> ed.). New York NY: Oxford University Press.

Eubanks, C.F., Muran, J.C. & Safran, J.D. (2018) Alliance Rupture Repair: A Meta-Analysis. Article adapted by the same authors in Norcross, J.C. & Lambert, M.J. (Eds) (2019), Psychotherapy Relationships That Work (3rd ed.). New York NY: Oxford University Press. In: above, pp 508-519.

Farber, B.A., Suzuki, J.Y. & Lynch, D.A. Positive Regard and Psychotherapy Outcome: A Meta-Analytic Review. *Psychotherapy*, 55, 4, pp 411-423.

Hückiger, C., A. Del Re. A.C., Wampold, B.E., & Horvath, A.O. (2018) The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis. In: *Psychotherapy* (2018) Vol 55, No.4. pp 316-340. Article adapted by the same authors in Norcross, J.C. & Lambert, M.J. (Eds) (2019), *Psychotherapy Relationships That Work* 

Norcross, J.C. & Wampold, B.E. (2011) Evidence-Based Therapy Relationships: Research Conclusions and Clinical Practices. *Psychotherapy*, 48, 1, 98-102. (Portions of this article are adapted from a chapter of the same title by the same authors in J.C. Norcross, J.C. (Ed.) (2011), *Psychotherapy relationships that work* (2nd ed). New York: Oxford University Press).

Norcross, J.C. & Lambert, M.J. (2018) Psychotherapy Relationships That Work III. *Psychotherapy*, 55, 4, 303-315. Article adapted by the same authors in Norcross, J.C. & Lambert, M.J. (Eds) (2019),

A7b. should also be in columns A and B. Expectation of what this	3.12.b. Ability to work therapeutically with ruptures or difficulties within the therapeutic relationship using ethical understanding, critical awareness of and	Suggest rewording shared understanding of the purpose, nature and process of therapy and the therapeutic relationship with the client or .  Completed 21/4/20.  Ethics covered in 1.6. and 1.7. as part of Theme 1 and not necessary to reemphasis issue. Action
Suggestion that ethics criteria should be re-ordered for darity.	1.6. Ability to address and respond to ethical dilemmas and recognise when to consult with supervisor and (or) other appropriate professionals.	from competence wording of 3.12.b. Completed 21/4/20.  Action: switch 1.6. and 1.7. but keep separate. Completed 21/4/20.
	1.7. Ability to evaluate own work within an ethical framework and apply the framework to resolve conflicts and ethical dilemmas.	
During the review of the small group feedback, and considering the current situation with COVID-19, the TG felt it would be appropriate to revisit the framework and ensure that it is relevant and translatable to the new ways of working.	Identified competences:  1.5. Ability to provide and maintain a secure framework for clients or patients, in terms of meeting arrangements and physical settings.	Suggest:  1.5. Ability to provide and maintain a secure framework for dients or patients, in terms of meeting arrangements and

2.7. Ability to make risk assessments regarding

comply with safeguarding guidance, appropriate to the practice setting.

2.7. Ability to make risk assessments regarding clients' or patients' and (or) , and comply with safeguarding guidance, appropriate to the therapy setting [more inclusive].

Action: TG agreed revised wording via email 20/5/20 and 21/5/20.