SCoPEd: A draft framework for the practice and education of counselling and psychotherapy

Methodological Process
November 2018

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British Psychoanalytic Council

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UK Council for Psychotherapy

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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 consultation. The mapping process identified five themes containing overlapping and differentiated generic competences and practice standards across three levels. The three levels are loosely described as 'qualified counsellor', 'advanced qualified counsellor[1]' and 'psychotherapist'. These terms are used descriptively to avoid imposing existing terminology used by the different bodies, and therefore are not an indication of suggested title.

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1 Typically accredited counsellor (BACP) and psychotherapeutic counsellor (BPC and UKCP)

SCoPEd Project: Methodology

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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 and psychotherapists working with adults. The research has specifically focused upon 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 contained within the framework are written at a high level without the layers of detail associated with meta-competences. This was a deliberate intention, allowing professional bodies and training institutions the flexibility to articulate their own standards and curricula within a shared over-arching framework of generic competences. Appendix ii sets out the minimum academic levels, training hours and practice requirements associated with each column of the draft framework, drawn from the three participating bodies. It is recognised, however, that although the psychotherapy domain requires Master's level competences as a minimum, many counsellors also hold qualifications at this level or above.

SCoPEd is comprised of a Steering Group (SG) of the CEOs of the three organisations. The role of the SG is to oversee the development of the SCoPEd framework. The Technical Group (TG), consists of representatives from each organisation and holds responsibility for the development of the framework. Furthermore, an Expert Reference Group (ERG) has been convened, consisting of academic experts in the field of counselling and psychotherapy. The TG also forms part of the ERG, and the remit of the ERG is to scrutinise and oversee the development of the framework. The ERG has an independent chair (IC), and the ERG are supported in their research by an independent Information Analyst (IA).

The purpose of this document is to present an outline of the research conducted so far by the SCoPEd project team. This document outlines the process of data collection, data analysis and methodology, to arrive at a consensus summary of generic competences, derived primarily from existing published frameworks, and other sources of research evidence.

Overview of Methodology

The development of the framework has consisted of an iterative process, with two cycles of research conducted ('Iteration One' and 'Iteration Two') to arrive at this consensus summary. It is the second iteration of the framework that is presented for consultation. This document outlines the process undertaken to inform the development of the framework. Following consultation, the themes arising from feedback will be analysed by the ERG and incorporated into a third and final version of the framework. The intended timescale for production of the final version of the framework is summer 2019.

This document presents an overview of the two iterative cycles undertaken to arrive at this second iteration of the framework. 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 reviewed, such as 'grey' literature, for example: textbooks, curricula and professional codes of practice. A consensus decision was reached based on the best supporting evidence and ERG recommendation.

Iteration One: Methodology

1.0 Data Collection

Due to the paucity of empirical evidence relating to differentiated competences, a search strategy was utilised by the TG. Briefly, the strategy selected initial primary sources including the published competence frameworks of each professional body, and these were labelled 'primary' sources of data (appendix i). The search was widened to include generic competences from the UCL frameworks (Roth and Pilling, (2009); Lemma, Roth and Pilling, (2009) and Roth and Pilling (2007), due to their empirical evidence base. Further 'secondary' sources of data were identified to include: other professional body standards, National Occupational Standards, and European standards. Other sources of evidence such as Agenda4Change job role profiles were also included. Furthermore, to ensure inclusion for all training entry points, learning outcomes from Level 4 and 5 diplomas were included. In total, 49 sources of competences were consulted.

The practice standards of each organisation were considered essential sources of evidence to inform the development of differentiated competences and these were also consulted (appendix ii).

1.1 Collation of organisational standards (BACP, BPC and UKCP), ethical codes and approved or accredited courses.

Approved or accredited courses organised into academic levels.

1.2 Systematic scoping and mapping of competences. Initially the competences published by each participating professional body (labelled 'primary' sources), and then widened to other, evidence-based competences that are utilised widely in the field of counselling and psychotherapy (labelled 'secondary' sources). Itemised data sources are contained in appendix i.

2.0 Data Analysis

2.1 Due to the volume of data under consideration, sources of primary competences were organised into 'working header themes' in preparation for an initial Group 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 where themes from the data were identified. This process was informed 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.

A first draft of the output from the Group Summary Analysis Process was 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 for inclusion, and so a third draft was completed by the TG, which produced an

initial consensus summary of competences. After completion of this process, a first iteration of the agreed analysis was written up in table form to capture the competences identified by the group. This included a comparison of practice standards, and a full list of data sources, as evidence to support the analysis. This document, an initial consensus summary of competences (Iteration One, Appendix iii) was presented to the SG who signed off the summary for presentation to the ERG for its scrutiny before embarking on the second stage of data collection and analysis.

Iteration Two

1.0 Oversight: Formation and role of the ERG

The work undertaken by the TG was overseen by an ERG, members of which were identified on the basis of relevant expertise within counselling and psychotherapy. The aim was to recruit both high-level expertise and a range of experience relating to, for example, practitioner training, development of competences and training standards, professional ethics, issues of difference and diversity, research within the field, and the professional contexts in which practitioners work. The expertise of the ERG allowed for identification of the fullest range of evidence relevant to the developing framework as well as ensuring that the process of identifying and extracting competences was systematic, rigorous and appropriate.

Each member organisation represented in the TG made two nominations for the ERG (Appendix viii) which were ratified by the SG. An Independent Chair (IC), with experience of developing evidence-based competences utilising the Roth and Pilling Methodology was recruited to facilitate the work of the TG and ERG. An Information Analyst (IA) was also recruited to identify and extract relevant sources of evidence, and offer some synthesis of this, as guided by the ERG. These nominations were also ratified by the SG.

The ERG convened for the first time in February 2018. They were joined by the IA in May 2018 and sat for nine monthly meetings between February 2018 and October 2018. The remit of the ERG was to scrutinise Iteration One, and identify any further gaps or questions arising from the framework.

1.1 Stage Two Data Search

Upon scrutinising Iteration One of the analysis, the ERG identified 11 areas of enquiry arising from gaps and questions evident in that framework:

1. Complexity of presentation or formulation
2. Diversity awareness
3. Ethical decision making
4. Evaluation and monitoring
5. Online working
6. Power, respect and authority
7. Psychiatric knowledge and experience
8. Risk and referrals
9. Ruptures, management of breaks, etc
10. Engagement with supervision
11. Theory and models.

2.0 Data Collection

The ERG made recommendations on the types of evidence and additional specific sources of evidence to inform the search. Sources included relevant empirical research, as well as 'grey' literature, such as textbooks, curricula and professional codes of practice. The IA reviewed and expanded upon the original data sources by using the 11 areas of enquiry to inform systematic searching of databases and by interrogating the original data store as follows:

1. How current are the data sources? Is there more recent documentation available?
2. What supporting or supplementary sources are available including in 'grey' literature?
3. How credible are the sources?

The original data sources were then expanded upon, to attempt to answer the 11 areas of enquiry. In total, 75 data sources were consulted, and the search area expanded into the USA and Australia, which had been excluded during Iteration One.

The expanded data sources can be found in appendix iv.

3.0 Data Analysis: Reviewing the Evidence

Each area of enquiry was formulated by the ERG into a research question, or questions, to enable the IA to address the research literature (appendix v).

The IA searched the literature based upon each area of enquiry and associated research question(s), and produced a summarised review of the evidence, together with the full results of the search. The IA presented the review of the evidence, ordered by academic levels, to assist the TG and ERG in understanding the degree to which academic level might suggest differentiation within different competences. (Sample in appendix vi.).

As each area of enquiry was presented, the ERG reviewed the evidence and the TG were assigned the task of assessing each area of enquiry by asking the following questions:

1) Has the literature search answered the question?
2) Is there sufficient evidence from which to make a recommendation or inclusion?
3) If the literature search answers the question: draft initial competence wording for inclusion, based on the evidence, to present to the ERG
4) If the literature search has not sufficiently answered the question, inform the ERG that a gap has been identified and make a recommendation for the ERG to decide:

- If there is sufficient evidence for inclusion, based on expert consensus
- An identified gap, with recommendation for future research
- Exclusion from the framework.

The TG assessed each of the areas of enquiry and reached a consensus agreement on inclusion or exclusion, level of differentiation, and draft competence wording, for presentation to the ERG.

A note on terminology

Whilst every attempt has been made to refrain from describing competences within the framework in modality-specific language, there are certain psychotherapeutic terms which are associated with a particular modality, in particular, 'conscious or unconscious', 'transference or countertransference', 'therapeutic relationship', etc. This created difficulties with standardisation of the competency descriptions. Therefore, the ERG reached a decision not to standardise the language and to use language which concisely described the phenomena, for instance 'unconscious' could refer to 'non-conscious', and 'transference or countertransference' could be described as the 'the client or patient's internal experience of the therapist, and with one's own experience in response'. Where terminology has been utilised that could be interpreted as being modality-specific, this is not the intention.

The one term which the ERG decided to standardise was where the original competency wording referred to 'alliance' – this phrase was standardised throughout to reflect the 'therapeutic alliance'. Furthermore, it was recognised that, at times, the language and terminology within the draft framework were inconsistent, this reflected how the competences have been derived from different primary sources, and a deliberate decision was made to retain fidelity with the original competence wording.

A summary of the decision-making matrix for the TG and ERG can be found in appendix vii.

3.1 Data Analysis: Thematic Sort

Once each area of enquiry had been assessed for inclusion or exclusion, and the competence wording and differentiation level agreed, the TG conducted a thematic sort of the framework. The framework was de-constructed from the order of Iteration One by cutting up each individual competence and removing the themed headings.

The TG (facilitated by the Chair of the TG who did not take part in the thematic sort), began an initial sort into clusters of similarity. The TG reviewed each cluster and sorted the competences into emerging themes. The following initial themes emerged:

Ethical and Legal

Knowledge and Skills

Self-Awareness and Reflection

Assessment

Relationship.

The TG reviewed the themes, and the competences contained within the themes, and reached a decision to put the themes into the natural order of the 'process' of therapy, and the following order was agreed:

Ethical and Legal (later re-labelled 'Professional Framework')

Assessment

Relationship

Knowledge and Skills

Self-Awareness and Reflection.

These themes were presented to the ERG, who agreed with the ordering process, and advised that Ethical and Legal be re-labelled 'Professional Context or Framework'. It was agreed that although the themes were deliberately ordered in this way to follow the natural 'process' of therapy, this was not intended to indicate that any theme holds more importance than another.

3.2 Data Analysis: Thematic Analysis

Once the order of themes had been agreed by the ERG, the competences within each theme were analysed, and (where applicable) each competence 'matched' with their corresponding differentiated part that may have appeared within a different theme. The matched competences were allocated into the theme where the majority of the differentiated 'parts' appeared. Once this was completed, the competences within each theme were grouped together and put into an order to further reflect:

a) The natural flow of therapy: this decision was reached by the TG to enable the framework to be as accessible as possible

b) The level of differentiation contained within each competence, in a graduated manner.

Once the competences within the themes were ordered in this way, the groupings were checked by the TG and consensus agreement was reached.

Once the groupings within themes were confirmed, the TG reviewed the framework to highlight any gaps.

3.3 Data Analysis: Review

The themed framework was then sent to the ERG for review and to further identify:

1. Gaps and omissions
2. Areas of repetition
3. Coherence of competence language
4. Any other feedback.

Following the ERG review, the IA conducted a further data search to address remaining gaps and questions. The TG repeated the data analysis to arrive at a consensus decision for inclusion or exclusion within the framework.

Whereas the evidence clearly showed that psychotherapists are expected to have knowledge and skills not expected of counsellors at the point of completing their training, it was less clear whether counsellors have knowledge and skills not expected of psychotherapists. The IA was also tasked by the ERG to conduct a literature search to consider if qualified counsellors demonstrate competences that psychotherapists do not. All source documents were reviewed, coupled with a search of recruitment sites for job descriptions for job titles including the word 'counsellor' or 'psychotherapist'. However, the ERG agreed from these findings that there was no substantive evidence from looking at current job roles to support the notion that counsellors have skills and knowledge which psychotherapists do not have.

The TG continued to use a consensus approach to re-order the clustering of competences within each theme to ensure that the competences continued to reflect the flow of the therapy process.

Finally, the TG adapted the competences to ensure that they were formed in competence-specific language.

Upon completion of these steps, the final framework for presentation for consultation was ratified by the ERG.

4.0 Results

The results, in the form of the second iteration are presented on the following page.

Theme 1: Professional Framework

A. Qualified counsellor, advanced qualified counsellor and psychotherapist.	B. Advanced qualified counsellor and psychotherapist.	C. Psychotherapist.
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		
1.4. Ability to protect the confidentiality and privacy of clients or patients from unauthorised access or disclosure by informing clients or patients in advance about any reasonably foreseeable limitations of confidentiality and privacy		
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 complex conflicts and ethical dilemmas	1.6.b. Ability to work with ethical difficulties and dilemmas, including addressing and resolving contradictions 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

A. Qualified counsellor, advanced qualified counsellor and psychotherapist	B. Advanced qualified counsellor and psychotherapist	C. 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 the client or patient's problems 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 nature of 'psychopathological' and 'normal' functioning and distinguish between them, during assessment and throughout therapy	2.4.b. Ability to understand medical diagnosis of mental 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 significant mental health symptoms and difficulties, and know when and 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 regarding client or patient's and others' safety, and comply with safeguarding guidance, appropriate to the practice setting	2.7.a. Ability to devise and use a comprehensive risk assessment strategy	
2.8. Ability to assess imminent and ongoing suicidal risk and other self-harming behaviours and recognise when to refer on and (or) signpost client or patient to other sources of help and support		
2.9. Ability to contain clients or patients when in crisis by providing information about self-care strategies and making clear arrangements for future meetings or contact		
2.10. Ability to demonstrate awareness of the risks for both parties specific to the online environment	2.10.a. Ability to identify, formulate and respond to the interpersonal risks that are specific to working online as they impact on the therapeutic process or interact with a client or patient's presenting problems	

Theme 3: Relationship

A. Qualified counsellor, advanced qualified counsellor and psychotherapist	B. Advanced qualified counsellor and psychotherapist	C. 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		
3.2. Ability to reflect upon the 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

	3.5.b. Ability to continuously reflect on and explore issues of client or patient's and therapist's authority and power in the therapeutic endeavour	3.5.d. Ability to communicate about the harm caused by discriminatory practices and aim to reduce insensitivity to power differentials within therapeutic service provision, training and supervisory contexts
3.6. Ability to explore the client or patient's expectations and 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	3.8.a. Ability to critically reflect upon the client or patient's process 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 to difficulties and conflicts in the therapeutic relationship	3.10.a. Ability to recognise alliance ruptures and 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 difficulties within the relationship
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 client or patient's perspective and 'worldview': • 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	3.12.a. Ability to analyse difficulties encountered as part of the therapeutic process to find ways of 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 the client or patient's attachment style and history of life events when planning an ending	
3.14. Ability to end a session appropriately		

Theme 4: Knowledge and Skills

A. Qualified counsellor, advanced qualified counsellor and psychotherapist	B. Advanced qualified counsellor and psychotherapist	C. Psychotherapist
4.1. Ability to demonstrate understanding, and be able to articulate the rationale and philosophy underpinning therapeutic practice		
4.2. Ability to demonstrate an understanding of the theory and practice of therapy from assessment to ending including knowledge of: • a model of person and mind • a model of gendered and culturally influenced human development • a model of human change and ways in which change can be facilitated • a model of therapeutic relationship • a set of clinical concepts to relate theory to practice	4.2.a. Ability to critically appraise a range of theories underpinning the practice of counselling and psychotherapy	4.2.b. Ability to critically appraise the history of psychological ideas, the cultural context, and relevant social and political theories to inform and evaluate ongoing practice

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 conflictual and paradoxical nature 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 benefit of the client or patient, that is consistent with underlying theoretical knowledge	4.7.a. Ability to reflect upon complex and sometimes contradictory information elicited from clients or patients to clearly articulate their core difficulties and possible origins	4.7.b. 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
4.8. Ability to reflect upon own cultural 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 4.8.b. Ability to define difference and 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 relevant research findings 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		

Theme 5: Self Awareness and Reflection

A. Qualified counsellor, advanced qualified counsellor and psychotherapist	B. Advanced qualified counsellor and psychotherapist	C. Psychotherapist
5.1. Ability to demonstrate a commitment to personal development that includes self-awareness in relation to the client or patient to enhance therapeutic practice	5.1.a. Ability to evidence adequate emotional preparation for intense and complex work, which will require reflexivity and potential taxing of counsellor or psychotherapist resources 5.1.b. Ability to work with unconscious processes	5.1.c. Ability to evidence reflexivity, self-awareness and the therapeutic use of self to work at depth in the therapeutic relationship and the therapeutic process
5.2. Ability to demonstrate skills to reflect on aspects of own culture that have most influenced 'self' and understand the relevance of this when working with others		
5.3. Ability to understand the significance and impact of own values, beliefs and attitudes in work with clients or patients	5.3.a. Ability to critically challenge own values and beliefs	
5.4. Ability to monitor and evaluate fitness to practise, and maintain personal, psychological and physical health		

Theme 5: Self Awareness and Reflection - continued

5.5. Demonstrate an understanding of the importance of supervision, with the ability to contract for supervision and use it to address professional and developmental needs	5.5.a. Ability to review and evaluate supervision arrangements and take responsibility for adapting supervision to the evolving and changing requirements of ongoing practice	
5.6. Ability to evaluate learning from supervision and apply to ongoing practice		

5.0 Next steps

The second and final iteration of the framework is being offered for consultation. The consultation process has two aspects:

a) To consult with stakeholders around the impact of the framework. A qualitative survey addressing the following question:

   If this framework were adopted how would it impact you or your organisation?

b) To consult with members. A quantitative survey addressing the impact of the framework, but with the opportunity to offer comments about gaps or omissions within the framework.

The consultation process is being facilitated by an external market research company. Upon completion of the consultation, all qualitative data will be organised into themes and fed back to the ERG, who will review the results and re-visit the data analysis process to produce the third and final version of the framework for publication.

Appendix i: Iteration One itemised data sources organised into 'primary' and 'secondary" sources:

Primary Data Source	Secondary Data Source
BACP Core Competences (2006) (CC)	(Generic) Psychoanalytic/Psychodynamic Framework Lemma, Roth and Pilling, (UCL)
BACP Competences – working online and by telephone	(Generic) Humanistic Competences (including Integrative) Roth, Hill and Pilling, (UCL)
UKCP Professional Occupational Standards (2016) (POS) UKCP Standards of Education and Training (2017) (SET)	(Generic) BACP Counselling for Depression Competences, Andy Hill www.ucl.ac.uk/CORE
BPC Standards (BPC)	(Generic) Systemic Competences Pilling, Roth and Stratton, (UCL)
	Interpersonal Therapy (Generic) Lemma, Roth and Pilling, UCL
	Couples Therapy for Depression (Generic) Dr C Clulow, Tavistock Centre
	Dynamic Interpersonal Therapy
	CBT Competences (Depression and Anxiety) Roth and Pilling, UCL (2007) CBT Individual Assessment Tool Holland and Roth Revised Cognitive Therapy Scale (CTSR) Manual (2001)

Appendix i: Iteration One itemised data sources organised into 'primary' and 'secondary" sources: - continued

Primary Data Source	Secondary Data Source
	Agenda4Change: Profile – Level 5,6 and 7 Counsellor IAPT Band 7 CBT Therapist
	National Occupational Standards (NOS) Framework (counselling and mental health) (22 NOS, excl. R and P)
	European Association for Counselling (EAC) Training Standards (2013) Page 20 lists competences
	European Association for Psychotherapy (EAP)
	Level 4 and Level 5 counselling courses: learning outcomes (CPCAB), (AIM Awards), (ABC), (OCN), (BTEC)
	QAA Subject Benchmark: Counselling and Psychotherapy (2013) (QAA)
	(Generic) BACP Counselling for Depression Competences, Andy Hill www.ucl.ac.uk/CORE
	(Generic) Systemic Competences Pilling, Roth and Stratton, (UCL)
	NCS Training standards

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

	A. Qualified counsellor	B. Advanced qualified counsellor and psychotherapist		C. Psychotherapist
	counsellor	accredited counsellor	psychotherapeutic counsellor	psychotherapist
Length of training	1 year full time or 2 years part time Hours not specified	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-qualification	'appropriate'	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 ii. Comparison of current training and practice requirements of BACP, BPC and UKCP - continued

	A. Qualified counsellor	B. Advanced qualified counsellor and psychotherapist		C. Psychotherapist
	counsellor	accredited counsellor	psychotherapeutic counsellor	psychotherapist
Supervision in training	1:8 - 1 hour of supervision for every 8 hours of counselling or psychotherapy conducted with clients or patients. Not less than 1.5 hours per month	1.5 hours per month minimum	BPC: 1:3 - 1 hour of supervision for every 3 hours of counselling or psychotherapy conducted with clients or patients. UKCP: 1:6 - 1 hour of supervision for every 6 hours of counselling or psychotherapy conducted with clients or patients.	BPC: 1:3 - 1 hour of supervision for every 3 hours of psychotherapy conducted with clients or patients. UKCP: Usually 1:6 - 1 hour of supervision for every 6 hours of psychotherapy conducted with clients or patients. Not specified by all colleges
Type of placement (during training)	Not private practice	Not private practice	BPC: Mental health familiarisation: Psychiatric placement experience (generally required) UKCP: not defined but basic mental health familiarisation must be covered	BPC: Mental health familiarisation: Psychiatric placement experience (generally required) UKCP: Mental health familiarisation: required but not necessarily via placement. Psychiatric placement experience: some colleges request this

Appendix ii. Overview of comparison of current practice requirements of BACP, BPC and UKCP - continued

	A. Qualified counsellor	B. Advanced qualified counsellor and psychotherapist		C. Psychotherapist
	counsellor	accredited counsellor	psychotherapeutic counsellor	psychotherapist
Personal therapy	Not applicable	Not stated as personal therapy, classed as personal development	BPC: Psychodynamic psychotherapist, Jungian psychotherapist or counsellor 200 hours minimum of personal therapy UKCP: 105 hours of personal therapy	BPC: Psychoanalytic psychotherapist, Psychoanalyst or Jungian Analyst 500 hours minimum of personal therapy UKCP: Range 160 -250 hours + (as personal therapy or personal development)

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.
Agreed terminology 'counsellor' and 'patient or client'.
'Therapy' refers to both 'counselling' and 'psychotherapy'.

Overview Map of Initial Consensus Summary:

Theme A: Boundaries	A1: Hold appropriate boundaries	
	A2: Contracting	
	A3: Assessment	Differentiation
	A4: Formulation	
	A5: Diagnosis, mental health and psychopharmacology	Differentiation
Theme B: Theoretical Process	B1: Therapeutic philosophy	
	B2: Therapeutic relationship	Differentiation and GAP
	B3: Theoretical knowledge	Differentiation
	B4: Theoretical process and techniques	Differentiation
	B5: Self-reflection, awareness and personal development	Differentiation

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

Theme A: Boundaries

Competence A1. Hold Appropriate Boundaries		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
A1.a. Holds appropriate boundaries by creating and maintaining a collaborative working alliance whereby the nature, purpose and process of counselling and therapy and the therapeutic relationship are shared. Derived from source(s): BPC2, UKCP POS (2.3), p9, 2.1.3 A1.b. Provides and maintains a secure frame in terms of meeting arrangements and physical settings. Derived from source: BACP (CC), p9, C3		

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 GAP: How to manage 'unavoidable' breaks		
A1.d. Can demonstrate an ability to protect the confidentiality and privacy of clients or patients by informing clients or patients in advance about any reasonably foreseeable limitations of confidentiality and privacy and 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 patient, and filter and (or) select appropriate referrals. Derived from source: BACP (CC) p8, B3 GAP around responsibility and decision making regarding 'suitability' for therapy (area of 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

A3.b. An ability to obtain a general idea of the client or patient's problem. Suitability: • An ability to gauge the extent to which the client or patient can think about themselves psychologically (e.g. their capacity to reflect on their circumstances or to be reasonably objective about themselves) • An ability to gauge the client or patient's motivation for a psychological intervention. Derived from source: UCL Generic Competence 'assessment' A3.c. Demonstrate in their ongoing work the ability to recognise when the practitioner should seek other professional advice or refer on. Derived from source: UKCP (SET), p6, 4.1.3	A3.f. To be skilled in appropriate models of clinical assessment. This must include learning how to recognise more significant mental health symptoms and difficulties, and when and how to refer on. Derived from source: UKCP (SET) 4.1.2, p6	

A4. Formulation		
A4.a. Demonstrate the capacity, knowledge and understanding of how to select or modify approaches to respond appropriately to the needs of the client or patient. Derived from source: UKCP (POS), p3, 3		
A5. Diagnosis, Mental Health and Psychopharmacology		
A5.a. During assessment and when carrying out interventions, an ability to draw on knowledge of common mental health problems and their presentation. Derived from source: UCL Generic: Knowledge and understanding of mental health problems	A5.b. Critically appraise the nature of 'psychopathological' and 'normal' functioning and distinguish between them. Derived from source: BACP (CC), p9, B13	A5.c. Familiarity with medical diagnosis of mental disorders, the use of psychotropic medication, and assessment processes. Derived from source: UKCP (POS; 2.4), p14, 4.1, 4.2, 4.3

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	B2.h. To continuously reflect on and explore issues of client or patient's and therapist's authority in the therapeutic endeavour. Derived from source: UKCP (POS; 2.4), p17, 6.2.9	GAP: Power, respect and (or) equality not fully articulated, across all levels.

B2.b. To understand the central importance of the role and purpose of the therapeutic relationship within the therapeutic approach. Source: We agree that this is a distilled statement based on the cumulative evidence B2.c. Explore the client or patient's expectations and understanding of therapy and the relationship with the therapist. Derived from source: UKCP (POS; 2.3), p9, 2.1.1 B2.d. Create an agreed framework, ensuring that an understanding of the purpose, nature and process of therapy and the therapeutic relationship are shared. Derived from source: UKCP (POS; 2.3), p9, 2.1.3 B2.e. Respect, value and develop the therapeutic relationship. Derived from source: (EAP) p7	B2.i. To demonstrate an ability to relate to the client or patient on the basis of equality, and to negotiate issues of inner and outer authority as part of the therapeutic process. Derived from source: UKCP (POS; 2.4) p17, 6.2.7	

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 therapeutic relationship'		
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" applicable to 'counsellor' level?	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 culturally influenced human development iii) a model of human change and ways in which change can be facilitated iv) a model of therapeutic relationship v) a set of clinical concepts to relate theory to practice. Derived from source: UKCP (SET), p5, 4.1.1 a-f		

Theme B: Theoretical Process - continued

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 interventions for the benefit of the client or patient consistent with underlying theoretical knowledge. Source: We agree that this is a distilled statement based on the cumulative evidence B4.b. Ability to foster and maintain a good therapeutic alliance, and to grasp the client or patient's perspective and 'worldview' • 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	B4.c. Analyse difficulties encountered as part of the therapeutic process to find ways of making progress. Note on terminology: the word 'analyse' is not related to modality of 'analytical'. Derived from source: BACP (CC), p10, C9 B4.d. Reflect on complex and sometimes contradictory information elicited from clients or patient to clearly articulate their core difficulties and possible origins. Derived from source: BACP (CC), p9, B14 B4.e. Work with unconscious process. Derived from source: UKCP (POS; 2.7), p27, 3	B4.g. 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 the workings of how transference and counter- transference affect therapy. 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 across all levels. Identified GAP in evidence as to where or whether differentiation occurs within the levels. Not reflected in the evidence.	B4.f Critically reflect upon the client or patients process within the therapeutic relationship. Derived from source: UKCP (POS; 2.7), p30, 6.3	

Competence B5: Self-reflection, awareness and personal development		
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 awareness of fitness to practice. 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 evidence, 'fitness to practise sits in both self-reflection and ethics'	B5.b. Demonstrate reflexivity as applied 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 of 'reflexivity' and 'counter-transference' This could be an area for further differentiation	

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 work within the ethical and legal framework of your professional body, and the country in which you are working. Source: We agree that this is a distilled statement based on the cumulative evidence C1.b. Work within the ethical, legal and procedural framework in which a given agency operates. Derived from source: CPCAB learning outcome, 2017-18 user guide (p11)	C1.c. The ability to identify and manage ethical and professional dilemmas as these occur in therapy. Derived from source: UKCP (POS; 2.2), p7	C1.d. Work with ethical difficulties, which involves recognising potential problems, ethical dilemmas, or contradictions between various codes of practice and conduct, or between ethical requirements and work requirements. Derived from source: (EAP) p23, 10.1.3 GAP: C1.d. applies to psychotherapeutic counsellor also, but not in evidence? GAP: Complexity of ethical decision-making in independent practice

Theme C: Ethics - continued

Competence C2: Working Therapeutically and Safely Online		
C2.a. An ability to draw on knowledge that a client or patient's ability to make use of therapy at a distance should be assessed before therapy, and periodically during the intervention. C2.b. Ability to identify and manage risk when telephone and e-counselling. C2.c. An ability for the therapist to adapt their style of communication to different clients or patients. C2.d. Ability to establish "ground rules" and boundaries for telephone and e-counselling. C2.e. Ability to direct clients or patients to supplementary online therapeutic resources.		

C2.f. Ability to conclude the therapeutic relationship. Derived from source: BACP Competences working online and by telephone GAP in therapist's personal online 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 of the client or patient's and others' 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.		

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. C5.i. Be able to define difference and 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

C5.b. Reflect upon their own cultural background and history and make use of this reflection in their work. C5.c. Be able to define the aspects of their culture that have most influenced them and understand 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. C5.e. Be able to reflect upon the impact that gender, ethnicity, class, sexual orientation, age, religion and politics have in the relationship. C5.f. Be able to explain the significance 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	C5.j. Be able to critically challenge their own values and beliefs. Derived from source: UKCP (POS; 2.7), p29	

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 work load; reflecting on the quality of the supervision and whether it is sufficient for one's personal 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 event of any personal difficulties, conflicts with patients or clients, dual relationships, complaints, etc.; changing one's supervisor or supervision arrangements if necessary or when appropriate, after suitable reflection and discussion; taking responsibility that one's professional supervision or 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.

Theme D: Research

Competence D1: Monitoring and Evaluation		
Shared Consensus: counsellor, psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapeutic counsellor and psychotherapist	Area of Differentiation: psychotherapist
D1.a. Understand methods to evaluate the outcomes of therapy. Derived from source: BACP (CC), p11, D16 D1.b. Monitor and review the effectiveness of own practice. Evaluate therapeutic process and progress with the client or patient, both in an ongoing way and for the purposes of research or audit. Derived from source: BACP (CC), p11, D16	D1.d. Implement methodologies to audit and evaluate the process and outcome of therapy. Derived from source: QAA Level 6 Benchmarking statement, p13	

Theme D: Research - continued

D1.c. Participate in clinical practice audit and other quality assurance procedures. Derived from source: BACP (CC), p11, D18 GAP: Specifics of therapy setting 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 relevant research findings into practice. Derived from source: QAA Level 6 Benchmarking statement, p13	D2.c. Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings in the discipline. Derived from source: QAA Level 7 Benchmarking statement, p14

Appendix iv: Iteration Two: Updated Data Sources

ABC Level 4 Diploma in Therapeutic Counselling

ACA Competencies for Counseling the Multiracial Population

ACA Multicultural and Social Justice Counseling Competencies

Agenda for Change counsellor bands 5, 6, 7

Agenda for Change IAPT CBT band-7-job-description

AIM Awards Level 4 Diploma in Counselling Practice Qualification

AIM Awards Level 5 Diploma in Psychotherapeutic Counselling

APA Competency Benchmarks in Professional Psychology

APA Guidelines for Providers... Culturally Diverse Populations 1991

APA Guidelines for Providers... Culturally Diverse Populations current

Australian Counselling Association Scope of Practice for Registered Counsellors

BACP competences for telephone, e-counselling

BACP core competences 2006

BACP Counselling and psychotherapy for the prevention of suicide: a systematic review of the evidence

BACP counselling supervision training curriculum

BACP course-accreditation criteria (Gold Book)

BACP decision making for ethical practice

BACP ethical decision making Good Practice in Action 044

BACP's Ethical framework for the counselling professions

BACP ethical mindfulness within supervision and training Good Practice in Action 084

BACP monitoring the supervisory relationship Good Practice in Action 011

BACP telephone e-counselling training curriculum

BPC Membership Procedures

BPC Training Criteria

CBT Self-assessment tool

COSCA Counselling Skills Certificate Course

COSCA: Counsellor Supervision

COSCA's Further Steps in Counselling Skills Course (Volume 1)

COSCA Guideline on the Use of Technologies

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

HCPC Practitioner Psychologists

HCPC Standards of Education and Training

NCS Training standards 2018

NOS LSICLG5 Manage the counselling practice

NOS LSICLG7 Manage the counselling assessment process

NOS LSICLG8 Demonstrate equality and diversity awareness

NOS LSICLG18 Interpret and apply ethical and legal frameworks in the practice of counselling

NOS LSICLG21 Undertake routine evaluation

NOS LSICLG22 Undertake research and evaluation

NOS SFHMH101 Manage the process of change throughout counselling

NOS SFHMH97 Identify models of personality and mind development in relation to the client in counselling and develop appropriate intervention

NOS SFHMH98 Prepare, discuss and agree a plan for counselling therapy

NOS SFHMH100 Establish and maintain the therapeutic relationship

NOS SFHMH101 Manage the process of change throughout counselling

NOS SFHPT13 Engage the client in analytic/dynamic therapy

NOS SFHPT48 Manage the conclusion of the humanistic therapeutic relationship

OFQUAL Qualification and Component Levels

OFQUAL Qualification and Component Levels (abridged Word version Levels 4-7)

Online Working NZ Draft Guidelines

Open College Network Level 4 Diploma in Counselling

QAA Frameworks for Higher Education Qualifications of UK Degree-Awarding Bodies

QAA Subject Benchmark Statement Counselling and Psychotherapy

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

SCQF (Scottish Credit and Qualifications Framework)

UCL Basic analytic dynamic competences

UCL Basic CBT competences

UCL Basic Humanistic Competences

UCL Generic Therapeutic Competences

UCL Humanistic Meta-competences

UCL Humanistic Specific Humanistic Adaptations

UCL Humanistic Specific Humanistic Competences

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

Appendix v: Iteration Two: Data Analysis: Areas of Enquiry and Formulated Questions

1. Complexity of presentation or formulation –

   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?

   What evidence is there of differentiation in relation to the complexity of the work or interaction? Complexity includes both (a) the complexity of the client's presentation, eg co-morbidity etc and (b) the complexity of the therapist's 'formulation' of the issues and ability to work with this? (IA to use alternative search terms, eg treatment plan, hypothesis) B4 and B5

2. Diversity awareness –

   In what ways do the publications of awarding bodies and professional associations identify this area of competence? (What are the core competences?)

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

   Is there evidence that competence in this area is embedded within other competences?

   What competences are out there to help us describe core competences for working with diversity? Is this or should this be differentiated eg at conceptual and practice level? Look at US literature. Is competence regarding diversity embedded within other competences – is there evidence for this? Is there differentiation in this area, in terms of extent of these competences being embedded across the training. (Protected characteristics?) By separating out diversity is this process mirroring the 'separating out' of competence in working with diversity. See also B2 and B3 which pertains to depth and extent of knowledge and application and review LOs and level descriptors. C5

3. Ethical decision making –

   What do programme documents show is taught in this area?

   What is expected of students working towards different titles or at different academic levels?

   What evidence is there of links between practitioner competence and ethical decision-making skill? (Sources: Complaints and conduct procedures; supervision literature.)

   What evidence is there about what is taught about ethics and ethical decision-making? (Programme Curricula). C1 What evidence is there about competence as it relates to ethical decision-making? What evidence is there of differentiation in relation to this?

Action: Review evidence from complaints and conduct procedures of different professional bodies. [Note: BAPPS introducing difference between supervision of counsellors and psychotherapists – why?] C1a Pointer to look at literature relating to use of supervision eg for newly qualified counsellors and more experienced practitioners (where responsibility for ethical decision-making lies, eg for newly qualified counsellors, looking at boundaries research: capacity to understand and act appropriately around boundaries). Ability to utilise an ethical decision-making process.

4. Evaluation and monitoring –

   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?

   What should be the expectation of all practitioners regarding engagement with tools for monitoring and evaluation? Is this or should this be differentiated? [Not sure where the evidence for this would be]. Eg is there a difference between knowledge of, critical evaluation of, and engagement with monitoring and evaluation tools? (Suggested literature; systematic review) D1

5. Online working –

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

   What evidence is there relating to competence to work therapeutically online? What evidence is there relating to competence in personal online presence for practitioners?

   Action: Look at US standards for best practice. IA to contact XXXXX. Prof Lemma can put IA in touch. C2 (To clarify all)

6. Power, respect and authority –

   In what ways do i) the academic literature and ii) publications of awarding bodies identify this area of competence?

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

   What evidence is there about what is considered to be competence in the area of power, respect and (or) authority? What evidence is there of differentiation in practice regarding power, respect and (or) authority? Is there evidence in entry level or diploma qualification Learning Outcomes that address issues of power and authority in the therapeutic relationship, or that help us articulate at what level learners are expected to engage with this issue?

   Action: B2 Increase search to other Awarding Bodies. (25.4.18)

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 help us decide if this is an area of differentiation? A5 (Needs some clarification).

8. Risk and referrals –

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

   Is there evidence for a core competency requirement and for specialist requirements (e.g. for the practice setting)?

   What evidence is there relating to competence for working with risk and referrals? What is the evidence relating to how this varies according to practice setting (independent practice vs in an organisational setting, for example)? What evidence is there for a core requirement for managing risk and referral (this may be a gap) and how is it differentiated in practice when working with risk and referrals? C3 (Needs clarification, especially relating to sources).

9. Ruptures and breaks, management of –

   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?

   What evidence is there about competence in managing and repairing ruptures? What evidence is there of differentiation in this? Guidance from the group in terms of terminology: to consider evidence relating to "difficulties in the working alliance" and "breakdowns" because of a concern that the language of "rupture" and "repair" might not be used widely within psychotherapy and therefore any differentiation may be masked or hidden in the literature. (IA will need to use alternative search terms) B4 (Needs some clarification).

10. Supervision, engagement with –

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

    What evidence is there for differentiation in the use of supervision? Question relates to decisions about judging the amount of supervision but also the nature of engagement with supervision. C6b

11. Theory and model(s) –

What evidence is provided in the publications of awarding bodies and qualifications bodies (QAA, Ofqual) that, according to the diverse titles and academic levels, requirements vary as regards i) breadth and range of theoretical knowledge and ii) style of engagement with that knowledge?

What evidence is there of differentiation (linked to the titles of counsellor and psychotherapist) in relation to extent and depth of theoretical knowledge? How is the depth and extent of engagement with knowledge differentiated at diploma, degree and masters level? Identify language used to describe engagement and assessment of knowledge eg 'critical evaluation' versus 'understand' etc.

Action: Review QAA benchmark standards which differentiate between degree and masters and Ofqual level descriptors. Suggest supplementary question to address comment about knowledge of more than one model. Is there evidence to suggest that complexity also includes comprehensive knowledge of more than one model? Is there evidence to suggest that there is differentiation in terms of depth and knowledge of the practitioner's core theoretical model ('model' could include 'integrative').

Appendix vi: Iteration Two: Data Analysis: Sample of IA summarised research findings

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
- Reflect on and evaluate the effectiveness of own counselling work

[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
- Reflect on and evaluate the counselling work in collaboration with the client
- Make use of a clinical audit tool as part of practice evaluation and development.

Level 6 and 7

[BACP and EAP]

- Review and evaluate the ongoing psychotherapeutic relationship, in collaboration with the patient or client where appropriate
- Identify suitable criteria and evaluation tools for evaluating own practice and standards of work within the organisation

- Demonstrate a critical understanding of methodologies used in psychotherapeutic research
- Demonstrate flexibility with strategies and interventions in response to changing process and environment
- Utilise perspectives of the clinical supervisor, manager and other professionals for ongoing reflection on the therapy process
- 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
- Apply critical self-reflection, audit and evaluation to develop own practice 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.

Non-specific to Level

[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 resource ongoing reflection on and evaluation of practice.

[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		Agreed. Evidence has shown differentiation at three levels. Question: Does this evidence point towards Psychotherapist to Counsellor question?
(Q2). Diversity Awareness	Presented to ERG 27.6.18	TG to make recommendation to ERG	JH	29.8.18	Agreed differentiation between entry level and higher level. Wording to be agreed. Reference to Equality Act to be explicit at all levels. No further evidence required.
(Q3). Ethical decision-making	Presented 25.7.18	Allocated to TG	CS		Agreed. Amended wording. Evidence answers the question.
(Q4). Evaluation and Monitoring	Due 29.8.18			29.8.18	Preliminary discussion: Agreed three levels of differentiation around engagement with monitoring and evaluation tools and methods, which are shown in the evidence. Articulation of wording to follow. (FBD)
(Q5). Online working	Due 29.8.18			29.8.18	Despite a national search to international standards, no competences around personal online presence. This is a continuing gap. However, BACP's Ethical Framework (2018) (Good Practice, point 33).

					We will establish and maintain appropriate professional and personal boundaries in our relationships with clients by ensuring that: a. these boundaries are consistent with the aims of working together and beneficial to the client b. any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client c. reasonable care is taken to separate and maintain a distinction between our personal and professional presence on social media where this could result in harmful dual relationships with clients. UKCP Code of Ethics (draft 2018 consultation) 48. Ensure that any public communication in which you take part, and in particular your participation in social media, is carried out in a manner consistent with this Code. Standards around working with clients online is universal and evolutionary.

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

					Recommended wording: General competence around working ethically and safely online whilst referencing the most up-to-date and relevant guidance. Non differentiated.
(Q6). Power, respect and authority	Due 29.8.18			29.8.18	Not discussed. Defer to ERG and allocate
(Q7). Psychiatric knowledge and experience	Presented to ERG 27.6.18	Tech group to make recommendation to ERG	FB and KR	29.8.18	Agreed wording for differentiation at all levels. Evidence has answered the question. No further evidence required.
(Q8). Risks and referrals summary doc	Presented to ERG 30.5.18	IA to revisit to see if there is evidence to support differentiation	NF and FBD	29.8.18	Wording to be agreed in terms of higher level. Agreed L4 onwards safeguarding, GAP in evidence about managing and ongoing risk assessment across all levels. Action: IA to conduct wider search.

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

(Q9). Ruptures and breaks summary doc	Presented to ERG 30.5.18	TG to make recommendation to ERG	FB and KR	29.8.18	Evidence has answered the question. No differentiation with holidays and breaks (covered). Additional competence agreed to be written in terms of 'problems' (entry level) and 'ruptures', which is differentiated and is in the original evidence. Q: Is it differentiated further at a higher level?
(Q10). Supervision, engagement with	Presented 25.7.18	Allocated to TG	CS		Question: ERG Conclusion: higher level competence to recognise need for additional competences at L7. ERG question should this be the case also for higher level counsellor? No evidence at the moment. Draft wording: Evaluate if there is sufficient supervision. ERG question. Higher level differentiation, but only in evidence for psychotherapy

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

(Q11). Theory and Models	Presented to ERG 27.6.18	TG to make recommendation to ERG	NF and FBD	29.8.18	Agreed evidence has answered the question. However, agreed: to alter B.3a, re-word to 'understand and apply a core, coherent framework'. Agreed: Leave B.3b) as is. Agreed: Add in wording derived from BACP Core Competences: (C, therapeutic process) L6 BACP Core: range of approaches – critically appraise; in-depth knowledge; complex body of knowledge, evaluate own and other models. Gold Book: In-depth understanding; comparison with other approaches, for Psychotherapeutic Counsellor to apply to B3.e.g Psychotherapeutic Counsellor Agreed: Psychotherapist: Review wording for competence: Taken from QAA Benchmarking Statement: JH to action.

Appendix viii: ERG Membership

Name	Theoretical orientation	Membership body	Role or Group	Representative of SCoPEd for which membership body
Independent roles:				
Professor Alessandra Lemma	Psychoanalytic	BPC	Independent Chair	
Dr Alan Dunnett	Humanistic Integrative	BACP	Information Analyst	
Expert Reference Group (ERG) and Technical Group (TG) members:				
Fiona Ballantine-Dykes	Humanistic-Integrative	BACP	ERG, TG (Chair of TG)	BACP
Ms Fiona Biddle	Hypno-psychotherapy	UKCP	ERG, TG	UKCP
Ms Maxine Dennis	Psychoanalytic	BPC, HCPC, TSP	ERG	BPC
Ms Nicola Forshaw	Integrative	BACP	ERG, TG	BACP
Professor Lynne Gabriel	Pluralistic	BACP	ERG	BACP
Dr Carol Martin	Psychoanalytic	BPS and DCP Associate member, HCPC, UKCP,	ERG	UKCP
Ms Jan McGregor-Hepburn	Psychoanalytic and Psychodynamic	North of England Association for Psychoanalytic Psychotherapy	ERG, TG	BPC

Appendix viii: ERG Membership - continued

Professor John Nuttall	Integrative Psychotherapy	BACP, UKCP	ERG	UKCP
Ms Katy Rose	Psychodynamic	UKCP	ERG, TG	UKCP
Professor Alistair Ross	Psychodynamic	BACP	ERG	BACP
Dr Clare Symons	Psychodynamic	BACP	ERG, TG	BACP
David Vincent	Group Analysis Psychoanalytic Psychotherapy	British Psychotherapy Foundation (Retired member) Institute of Group Analysis (Retired member)	ERG	BPC

Administrative Support

Debbie Delves, Project Manager (BACP)

Kathy Roe, Senior Administrator (BACP)

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