

# **BACP Annual Conference 17-18 Oct 2008**

## **Opening Keynote**

### **Thinking Ahead: Therapeutic practice in the 21<sup>st</sup> Century**

#### **Introduction**

What I want to try and do in the time we have this morning is to talk about the last three years and what, as Chair of BACP, I have come to believe are significant markers for the future, things that are likely to effect a comparatively lasting change on what we all do over the next 10 years.

To do this I have shamelessly stolen the ideas and thoughts of the BACP staff. The Association has over 90 staff, working on our behalf to deliver services and to make sure that BACP knows the field, has a place in it and has a voice – and uses it. They know far more than I do. If any of what I say is right, it is really down to them. If wrong, it really is down to me.

I am, inevitably, going to talk about **Regulation**.

I am going to talk about **IAPT**

I'm going to talk about the **workplace/force**

I'm going to think a bit about the **context** of counselling and psychotherapy

And I'm going to talk a bit about **clients**

And I will use the words psychotherapy and counselling as interchangeable, because I believe that they are.

My overall concern is how we engage with these things, because if I've noticed anything it's that little is gained by standing on the sidelines. As therapists, we know a lot about change – it's what we are immersed in all day, we know how difficult it is, we know how necessary it is. And Bob Dylan was right - *'the times they are a-changin'*. But as Mark Twain said, *'History may not repeat itself, but it does rhyme a lot'* – Which I take to mean that there are always links and patterns to be found, and we can learn from the past.

We are at the moment staring a lot of change in the face. What is going to matter is how we meet it.

I'm conscious I am talking to people who may be on the rough side of change at the moment. Services are closing, money is being withdrawn – and what's happening in the world markets is not going to make this any better. I work in HE, traditionally seen as one of the safest areas for counselling provision – yet only this month one University closed its service, with 3 weeks notice. So I look at the

changes we have coming, and I think hard about what they might mean to me, my team, our clients. And yet in the broader picture I do believe that some extraordinary things are happening with the potential for good. Our job, and especially BACP's job, is to get in there and have a say.

## **Regulation**

Let me start with regulation. It's hard to miss. A potted history:

In the late 1990s Lord Alderdice gathered together a group of psychotherapists and pursued a private members bill proposing the regulation of psychotherapy. BACP was not involved at this point, and counselling was not mentioned. Although the Bill failed in its second reading in 2001, the process propelled everyone into further action and in the same year the Board decided to hold a Regulation Symposium, inviting representatives from all of the major therapy bodies to talk together about regulation of the talking therapies. In October 2001 Ann Richardson from the Department of Health wrote an article for the *Counselling and Psychotherapy Journal*, as it then was, entitled 'Getting Set for Regulation'. In 2003 I gave a talk to a local agency saying that it could come in in 2006.

Which it could have done – only it didn't. Three years later, and now it really does seem that we are in the endgame. The Shipman case increased both the urgency and the determination of the Government to regulate professionals. Psychological therapists were high on the list. The Donaldson Report of Feb 2006 about medical regulation was swiftly followed by the Foster Review in July 2006 on the regulation of non-medical healthcare professionals. The conclusive paper was the White Paper of Feb 2007, 'Trust, Assurance and Safety', which publicly stated the Government's intention to regulate counselling and psychotherapy through the HPC:

*'The Government is planning to introduce statutory regulation for applied psychologists....psychotherapists and counsellors and other psychological therapists...because their practice is well established and widespread....and what they do carried significant risk to patients and the public if poorly done.'*

*'The Government's view is that most professions should be regulated by the HPC....Psychologists, psychotherapists and counsellors will be regulated by the HPC. This will be the first priority for future regulation'.*

Once something is in a government White Paper, you need to engage with it as something that will happen.

Initially requiring an approach from professions wishing to be registered, the HPC altered its processes last year so that it could initiate regulation of a profession, and so in December 2007 it established its Professional Liaison Group, or PLG, for counselling and psychotherapy, which will make recommendations on all the issues close to our hearts – Standards of Proficiency, Standards of Education and Training, who can become a member on the day the Register opens, which titles will be regulated, and how the register should be structured. A call for ideas was initiated by the HPC between July and October this year to gather information, and BACP is responding to that, and the PLG will then do its work between December 08 and July 09. The results will go out for further consultation before a final recommendation is reached. This recommendation is then encapsulated in a legal document called a section 60 order which goes before the devolved governments before finally going to Westminster; if passed, it permits the HPC to open the register on a specified date. If that whole process goes smoothly – and we have a general election somewhere in the middle of it – we are looking at a Register opening in 2010/11. The effect of a general election may delay the process, but is unlikely to halt it.

En route to this, between the white paper and today, there has been a huge amount of argument, discussion and debate over regulation. It has filled many pages of Therapy Today.

It has been a subject at every Regional Consultation. BACP called together a Reference Group of all the known counselling and psychotherapy organisations who hold registers – around 40 - and we have held meetings with them at least twice a year to share information and views. It is fair to say that this group comprises those with a clear commitment to regulation to those with a vehement objection to it; this breadth of view has been enormously important and has always been listened to. There hasn't been agreement. BACP's position is to support the principle of public protection and therefore of statutory regulation. That all clients should have somewhere to take their concerns about unethical practice. Regulation itself does not prevent poor practice; it was Baroness O'Neill who pithily said '*The efforts to prevent the abuse of trust are gigantic, relentless and expensive; their results are always less than perfect.*' But it does mean that action can be taken to prevent the person concerned from practising again. Professional associations can remove membership and accreditation, but cannot prevent practice.

BACP for 5 years now have worked together in a group with the BPS, The BPC, the UKCP and the BABCP on the issue of regulation. We shared our concerns together about the HPC as a potential regulator, and then discussed these as a group with both the DH and the HPC. We have learnt from the BPS, whose process with the HPC began earlier

and who are looking at their Register opening as soon as July next year. BACP did some joint research with the UKCP, sponsored by the DH, into mapping the counselling and psychotherapy field in preparation for regulation. There has been a great deal of inter-association working together and this has strengthened and broadened all of our outlooks.

There has, in short, been an awful lot of talking, where before there was rather too much silence.

The work on mapping the profession and all the trainings that exist for counselling and psychotherapy was a starting point from which BACP began to establish a core curriculum for counselling and psychotherapy trainings. This was put together by a consortium of trainers representing all of the major theoretical orientations, and was written in a way that provides a framework of essential learning that can be delivered in accordance with the theoretical framework of the course. In this way it honours the specificity of each modality while being built on the commonalities between them. You may imagine the scene of psychodynamic, humanistic and CBT academics in a room together trying to come up with agreement over the word 'assessment'. But they did it.

We will now see if we can move the core curriculum, which will become the basis for all BACP accredited trainings, into the starting point for establishing QAA benchmarks for c/p.

So - exciting things have already happened as a result of regulation, before it's even happened. But what will it mean to be regulated? Is it going to be a mountain we have climbed only to look over and see – in the words of the nursery rhyme – the other side of the mountain? Or are we going to get a different view, perhaps even inhabit a different landscape?

Regulation will mean that everyone has to be regulated with the HPC if they want to practice within the law using the regulated titles – let's say they are counsellor and psychotherapist; and any employer using these as job titles will have to employ regulated practitioners. So everyone working will share a basic standard of training and proficiency, set down and monitored by the HPC, delivered by an HPC approved course, and be subject to the Complaints procedures and codes of conduct laid down by the HPC.

And that, fundamentally, is it. The HPC's job is to regulate, at the most generic level possible.

What about the professional bodies?

Well, apart from giving permission to practice, and running a conduct procedure, the HPC serves no other professional body function. It runs no information or helpline services, no ethical practitioner networks, no research department. It offers no CPD opportunities and runs no conferences, no specialist interest groups or divisions. It does no lobbying, no influencing of government policy or responding to consultations, publishes no books, has no supervision standards, no professional website, or any other single thing that will help you in your practice or the profession in its development.

And accreditation? Let's say anywhere from 50,000 practitioners are regulated. How, as an employer, are you going to tell one applicant from another? I can't see a world in which professional accreditation is no longer going to have a place. It may mark out a higher level of practitioner. It may move into specialist areas, such as counselling children and young people. It will develop – but it won't disappear.

I'm not saying this to belittle the HPC. It just has a very specific focus: regulation. And so do we: counselling and psychotherapy. We join over the intent of public protection. And that, really, is it.

What we are likely to have post regulation is a more streamlined training field at entry level, working to a more consistent standard, with more add-on specialisms to indicate post-regulation proficiencies. This may result in something like a generic level of practice with an acknowledged more ‘expert’ layer on top. If the HPC follows its previous routes, counselling training would eventually be provided through HE, in Universities, and this is a strong possibility. But it isn’t over till the fat lady sings, as they say, and until the PLG makes its recommendations I am laying no bets on the final shape of the training field.

So, enormous as it currently feels, rather than a mountain, perhaps, once it is all settled, we are looking at a rock in a stream. We will all encounter it, shape ourselves round it for an important moment, and then move on.

## **IAPT**

It seems impossible to think that it was barely a year ago that the government announced its intention to invest £173 million in the provision of psychological therapies in the NHS. A provision which, on the one hand, is wonderful. And on the other, presents us with a great many challenges.

The pursuit of ‘effectiveness’ and ‘efficiency’ has had a major impact across all employment sectors in the last 5 years. In the NHS, this manifests in a drive to improve clinical outcomes and create streamlined systems. Therapy has not only to be effective but to *prove* that it is effective through systems for audit and evaluation.

As an approach, this is not something that psychotherapists are that familiar with, and as individuals we have struggled to meet it with much enthusiasm. Yet it imbues the way in which services are now commissioned. It’s the flip side, actually, of our success in providing counselling and therapy that have been meaningful to clients, and as a result clients have begun to demand the service.

So, the NHS is developing its services on the one hand in a more patient-led way, and on the other in a very systems-driven way. Changes to the commissioning of services bring this ethos increasingly into the voluntary sector, which now more often bids for services in an open and competitive market, with over 50% of its funding coming from statutory sources, and charitable giving on the decrease.

In my keynote summary in the Conference agenda papers, I referred to the IAPT funding as ‘controversial’. How did we get to the place where £173 million investment in talking therapies was not only good news? (And it *is* good news).

Of course, one of the reasons is the emphasis on CBT as the method through which therapy will be delivered. This seems a very narrow view, not representative of counselling practice, nor of the range of things we know work for clients. It’s almost a mantra that the relationship is a much more significant factor than theoretical orientation in terms of what affects the outcome of psychotherapy, as is the therapist’s belief in their therapy, and the client’s belief in them.

But, of course, the problem is not actually CBT, which is simply one of the theoretical orientations available for counsellors to use. I don’t see it as a coercive or manipulative approach, as has sometimes been portrayed in the arguments against it; any more, in fact, than I see psychoanalytic work as cold or unfeeling or person centred as warm and fuzzy, as is cited in the arguments made against them. These are parodies based on poor practice. The problem is not CBT.

The problem is that because IAPT is provided in the NHS, the evidence based practice that is now core to service provision mandates the NHS to deliver ‘treatments’ that are approved by the NICE, and in Scotland SIGN, guidelines. And on the one hand this is as it should be. Clients should expect a level of evidence for any intervention, and there has to be a way to rationalise and prioritise what is delivered. But this is a huge shift for us, and requires a huge amount of catching up in a very short time. And actually we are running very fast and doing extremely well, but there is quite a distance to cover.

Because the evidence for CBT provides a very good match to the evidence required to meet the NICE guidelines, CBT essentially ticks more of the boxes that enable it to be funded. Other therapies, although well evidenced, do not have as much evidence in that particular form. We seem to be trying to engage in a paradigm that doesn’t fit.

We know that all major therapies are roughly equivalent in their efficacy when compared with each other; but we need to work on our evidence base for the efficacy of specific therapies when related not to each other but to the client and the presenting problem. We *do* have evidence in this arena, but we need more if we are to stand on a level platform. We can’t stand by and hope that someone will move the platform.

I have to say that BACP has met this challenge head on, and with foresight. Before IAPT was even a twinkle in anyone's eye, BACP established its own research department, has supported its growth and growing influence, and most recently the Board has supported the establishment of a BACP Research Foundation, the task of which is to find ways of funding research into counselling and psychotherapy – through partnership working, direct fundraising, knocking on doors – whatever it takes to move us from this position of saying what could be done if only there was the money, to what can be done because there is the money.

NICE guidelines do also recommend other treatments for depression and anxiety, such as InterPersonal Therapy, couples therapy, Psychodynamic therapy, counselling, brief therapy; they also specifically refer to the importance of patient preference and the relationship between 'patient' and practitioner.

In the face of this it is extremely disheartening that the initial wave of IAPT has chosen to focus quite so exclusively on one model – although there is evidence of a more mixed picture actually developing on the ground.

Given that IAPT only operates in England, is it really going to be that important? It will employ maybe 3,000 therapists and there are over 50,000 therapists out there. Is it a storm in a teacup?

The reason I think that IAPT may punch above its weight, as it were, is that it has the potential to influence the future shape of counselling and psychotherapy in the NHS as a whole, and the NHS is a big player in the public sector and beyond. Decision makers are watching the work of IAPT in England, the service delivery model and the guidance produced. This is why BACP has invested heavily in time and resource to get closely alongside the programme.

When, and if, we reach the point where people are given their own individual budgets to spend in the NHS on their psychological treatment of choice, we do want them to actually have a choice, and for it to be informed.

## **Workforce**

There is more focus on psychological and emotional well being now in the government's agenda than at any time I can remember. Our president, Cary Cooper, spoke at last year's conference about the government's 'Foresight' Project, which is looking at what it calls 'mental capital', and what we might call human potential, over the next 20, 30, 40 years. The intention is that people should be well,

and although the argument may be economically based it nevertheless offers opportunities for thinking about both prevention and intervention factors that contribute to mental health.

You can already see this thinking develop in the emerging importance of the emotional well being of young people. The government and schools are recognising that good mental health underpins learning. The Northern Ireland and Welsh governments have ring-fenced funding for secondary schools counselling, and over the next 3-5 years Wales will roll out its programme for a counsellor in every secondary school in Wales. BACP, Strathclyde and Newcastle are running the first pilot RCT for counselling in schools. Maybe the English government will follow the Welsh lead here. Maybe children, one day, will teach their parents about the value of talking as a result of having had good counselling.

Most major employers now provide counselling services, as do the vast majority of FE Colleges and Universities. People *ask* for counselling. Most people want therapy to be more widely available, and we know that generally people would rather be offered counselling than medication alone.

I wouldn't say exactly that therapy has gone mainstream, but we are certainly not in the back room under cover of

darkness any more. The battle for acceptability has moved from the ‘stiff upper lip’ debate to the ‘standards and competence’ debate; not so much embarrassment over talking to someone as concern to ensure you’re not being taken for a ride when you do.

And this has brought challenges because it brings us into the marketplace.

It’s a mixed picture. I have referred to changes in the Third Sector, where funding streams and expectations have undergone radical shifts. Some have done well, winning substantial contracts to deliver services that perhaps used to be delivered directly by health or social care. Some have suffered, unable to reconfigure or meet new requirements, or have simply and unceremoniously been axed in the need to save or relocate money.

Despite the enthusiasm I think we can have over the wellbeing agenda, it is also true that counselling services will be vulnerable to economic pressures, and that the undoubted usefulness of things like cCBT, bibliotherapy and online self help can be used inappropriately and indiscriminately as cheaper options rather than targeted to the people for whom they will actually be helpful, and at the cost of more specialist counselling and psychotherapy services. That will be the risk wherever we see the expansion of mental health services.

The workplace in this country has broadened its definition of what comes under 'therapy'. The word 'psychological therapist' was hardly used 3 years ago; now it's a potential title for the register; is used to describe a cohort of workers in the IAPT scheme; and has currency as indicating a *range* of interventions that can take place under the title of therapy. It won't be enough in the future for psychotherapy services just to offer psychotherapy; it is going to be expected that we provide a range of services all of which can be termed psychological treatments.

And I think this is the way things will go. Because of IAPT, because of Foresight, because of the way services are funded. I think it's going to be harder to continue operating with counselling and psychotherapy as narrowly defined roles. On the one hand regulation will argue for this, as there will be specific standards of proficiency and the title under which you practice will be crucial. On the other, psychological therapy is going to cover a very broad range of activities, delivered in a broad range of settings and under a number of job titles. And we might need to take on board that clients are much less concerned by things like title and whether someone is called a psychotherapist or a nurse than perhaps we are. This is a quote from a patient on the government New Ways of Working website:

*DBT (Dialectic behaviour therapy) hit the button for me... The team who facilitate this – occupational therapist, psychological and nursing staff – have been helpful and understanding. My primary therapist is an occupational therapist.*

Counselling may remain a discreet activity within this range of work; or counsellors will routinely be expected to supervise and manage other elements of the service delivery as part of their role. Or they may be expected themselves to have the skills to deliver a broader range of interventions. However it is configured, the workplace does seem to be moving towards more flexibility in service delivery and role, and I think this tension and the argument over who occupies what ground will be on the agenda for the next few years.

## **Clients**

It wasn't easy to make a link between the last section and this one, and I think this was because there is actually something missing at the moment in the partnership between the delivery of counselling services, and the client perspective.

One thing that staff in BACP realised is that the counselling and psychotherapy world tended to explore things from the counsellors and psychotherapists points of view. We tended to assume that we knew and understood what clients wanted and needed, because we worked with them all the time, and had usually been clients ourselves. But how did we *know* that we knew that? What actually was our evidence base?

The Association has begun to think about this by commissioning a qualitative research exercise in which clients were questions about their experiences and thoughts about therapy.

You can hear about this work in much greater detail from the consultants themselves who are here to present it both today and tomorrow. I am going talk about it through some of the pictures that respondents drew of their experiences of therapy, pictures that you can also see displayed here at the conference.

A little bit of background is that the sample group represented a span of ages, ethnicities, gender and social class. It included those who had thought of therapy but not had it; those who had used it both long and short term, through both the NHS and private practice; those who had

had a positive experience and those who were dissatisfied with their experiences.

It stands out to me that these clients saw therapy as a journey. A lot of the images used were of travelling, of finding new views or new perspectives on old views, and sometimes of arriving somewhere that they felt happy to be. No-one drew a picture of being fixed or mended, or even of being broken. It really wasn't a 'treatment' image.

The journeys were difficult. There was a great deal of realism about this; no-one expected a quick fix. People approached the therapist's door with some foreboding and trepidation, but also considerable expectation. If we offered a door to walk through, then we should know something about what would be on the other side. One person drew a picture of a counsellor with a stethoscopes but wearing jeans, and explained this was because we should be professional but approachable. Therapy was a place of great potential but also considerable fear. The universal hope was that there would be some company on the journey; somewhere safe where unacceptable feelings could be heard and thought about and moved on from. For some, entering therapy there was clearly a real sense of aloneness with their situation and a wish to be reached, a desire to be known.

However, there were also a few quite uncomfortable pictures when people had felt unsatisfied by their experiences, and I want to share a couple of those too.

One I found quite disturbing was counselling being referred to as a 'con'. And I don't want to deal with this by just saying that there will always be poor practitioners about, because that may be the case but it isn't really the point. What came across was how difficult it is for clients to *know* if what was happening was OK or not. If you don't know what to expect, how can you tell if you're getting it? People, as we have seen in the earlier slides, know to expect counselling to be hard work and difficult. How are they meant to know if their discomfort is part of the journey or a sign that they should walk out of the door? It's also a tricky thing for the therapist to know, of course. But if you're looking at whose responsibility it is for clarifying this – well the power without doubt is with the therapist. The gloomiest picture of the day was a picture of the counselling room with the client sitting with the counsellor under a dark cloud, stuck, imprisoned.

The implication is that we have to find ways of communicating better to clients and potential clients what therapy is, what they can expect to happen.

In fact, the things that this group of clients and potential clients concluded that they wanted from a therapist matched beautifully the research findings that Mick Cooper will talk about tomorrow: a good therapeutic relationship, a sense of hope and belief on the part of the therapist, and an understanding of what the process is sufficient for the client to have hope in it too. I am sure that if Freud or Rogers knew that, they would have built it in.

Now, I have picked out a couple of themes from many within this research exercise. What it made me and the Board recognise is that we simply must include clients' voices in all future planning and evaluation. Now of course it seems obvious. And I think in the future we will look back with surprise that we didn't have more comprehensive ways of doing this sooner. We tend to focus on clients as they are in the consulting room, but not from the perspective they may also have of themselves as purchasers of services. We generally don't like to call them purchasers or users, but haven't actually asked them what they feel describes their position. I bet the client who wished they'd spent their money going to Ibiza felt like a customer for at least some of the time. I do wonder whether 'customer' or 'client' satisfaction would actually end up having as much influence on government policy as evidence based practice, if we were better at tapping in to it.

I think one of the most important differences of the next 10 years is that clients are going to find a voice, and BACP will engage keenly with that. The client's voice is a much more important part of the future than the counsellor's. On all levels: routine evaluation of therapy sessions; service provision; strategic direction. In 5 years my bet is it will have become unthinkable for BACP or any therapeutic organisation to develop its strategic plan without client consultation. I have no idea how this will change things, but it will.

## **Context**

My last point is that counselling and psychotherapy are deeply contextual, and it helps to step back from it sometimes – like seeing a consumer client perspective.

What for example does counselling and psychotherapy mean in other countries? Many of whom, are, as it happens, going through their own regulatory processes now too. National therapy organisations cover a range of activities from school guidance to counselling psychology. Schools counsellors in the States are involved in study and career guidance; in Hong Kong counselling is recognised as being provided by social workers often in a family context; in Singapore it may be mandatory as a result of a workplace disciplinary referral. Therapy itself has a professionalised

profile in the developed world but is almost unknown in the so-called developing world; yet therapeutic activity undoubtedly goes on, under other names. Is this all still therapy but not as we know it, Jim? As the world gets smaller we need to look at this bigger picture.

The UK psychotherapist profile remains largely white, middle aged and middle class. I don't say this to induce guilt; it is entirely at one with the way the profession has grown up – either through the traditionally female world of the voluntary sector, or the middle class world of private practice, and based on a training that is usually a second career and self funded. But we would all, I think, like it to change. It isn't representative, and misses out on not only the skills and talents of a whole cohort of people, but also loses the opportunity to be changed by difference which, if it's really included and not just tokenistic, must create waves. It's difficult sometimes to embrace that when it feels like it changes things we cherish, like trying to include difference without it being different.

For example, the possibility that regulation will lead to more counselling training being taken up at undergraduate level has raised anxieties about people being qualified at 22 to practice as therapists. We worry that they won't have the life experience or maturity of understanding that's required. And this is true, if we are expecting them to practice therapy as we understand it. But not if we recognise that

they have something to offer that can expand our understanding of what therapy can mean. We have to be prepared for therapy to change. And I think we all want this. The stereotypical counsellor seeing the stereotypical client *must* move on, or therapy will never be a tool for society to change, just for parts of it. And this is the thing I think we may need to work hardest on, as I don't see that much happening in the external world that will set this agenda.

## **Conclusion**

In his paper on 'The value of uncomfortable experiences in the search for professional competence', Culbertson quotes Schopenhauer's *Studies in Pessimism*:

*'Every man takes the limits of his own field of vision for the limits of the world'.*

The profession in this time of change has to redefine what it is in relation to the external world. Our limits are being challenged. What do we hope for as an outcome, if we look outside them, in the first steps of the 21st century?

- That we will be regulated and move on
- That we don't stay the same, and that we lead the changes

- That we engage ethically, and have an impact. BACP is 30 years old. It has 30,000 members. We have a lot of experience, and a lot of expertise, and we do have a voice. The Association is respected, and listened to.
- That we continue to work together with other professional Associations, and with client representation – there's a bigger picture out there
- That we remain driven by informed concern for the wellbeing of clients, and hook up with others who share that driver, even when it takes us in unexpected directions

What would I bet on for the next 10 years?

That BACP will still be here.

That counselling and psychotherapy will still be here.

That neither will be quite the same, but both will be doing well.

Nicola Barden

Chair, BACP

17.10.08

