

If you have read recent articles in *therapy today* about NHS reform and are wondering if and how these changes might affect you, your service and clients, then this article is written for you. In England, recent NHS initiatives such as Practice-based Commissioning (PbC) and Improving Access to Psychological Therapies (IAPT) are currently being widely discussed and attracting the interest of BACP members. This is unsurprising as, of all recent Department of Health (DH) initiatives and reforms, these two have the greatest potential to influence counselling and psychotherapy service provision in England, both within and outside the NHS. This article considers the impact of centrally driven change across the four UK nations, but with such considerable attention being given to PbC and IAPT in England, we will consider the implications of these changes first.

Introducing Practice-based Commissioning

Put simply, Practice-based Commissioning (PbC) is a new system in England for planning, contracting, funding and reviewing all NHS services. PbC also enables greater flexibility in service provision, including commissioning services from the private, voluntary and independent sectors. The ultimate aim of PbC is 'to develop a patient led NHS that uses available resources as effectively and fairly as possible to promote health, reduce health inequalities and deliver the best and safest possible healthcare'.¹

This is the vision set out by government but there is inevitably a gap between the political rhetoric and practical reality. PbC, as with most healthcare reform, is translated and implemented locally by over 150 primary care trusts (PCTs), in partnership with GP practices in their area. Implementing change at this level is challenging, particularly with limited funding. To expand

one area of service provision, a PCT has to make a saving somewhere else, and to bring in a new service provider may mean not renewing an existing contract.

After over a year of implementation, progress with PbC is patchy. Some English regions have seen rapid change, while others have experienced very little change. What we must hold in mind, though, is the evolutionary nature of this new system of commissioning. PbC is a continuous cycle of consultation, planning, implementation, evaluation and review around the life cycle of contracts, which are likely to be for one to three years. The shape of service provision will evolve further over time as more contracts come up for review and PbC becomes part of local planning.

Improving Access to Psychological Therapies

In November 2007 the Government announced funding of £173 million for further roll out of the (IAPT)

programme over the next three years in England². Some of this money will be used to fund the development of 20 psychological therapy treatment centres to be operational by 2009. These treatment centres will be based on the vision presented by Lord Layard of rapid access to psychological therapy and/or support, with the aim of helping people achieve improved mental health and wellbeing, thus improving their ability to gain and/or maintain employment³. The treatment centre model has been piloted in Doncaster and Newham⁴. Other projects that the IAPT programme is taking forward include work with commissioners and existing counselling and psychotherapy services to develop best practice in providing services for children and young people, offenders, black and minority ethnic groups, perinatal care, older people, and people with long-term medical conditions and/or medically unexplained symptoms⁵.

How might centrally driven change in the NHS impact on counselling and psychotherapy services, practice and clients across different sectors in the UK?

The future is now

by Louise Robinson



There is an emerging relationship between IAPT and PbC as commissioners will be instrumental in establishing the 20 IAPT treatment centres over the next year. Furthermore, Department of Health guidance is soon to be published on the commissioning of IAPT services, which commissioners are likely to refer to when reviewing existing counselling and psychological therapy services through the PbC process.

The four nations' perspective

PbC applies exclusively to NHS England; commissioning and service design continues to evolve across other UK nations but we are not seeing explicit commissioning reforms on the scale seen in England. IAPT, as set out in this article, also applies exclusively to NHS England, but has inspired projects in Wales, Scotland and Northern Ireland. These projects are taking very different forms, but all are in response to the compelling case made by Lord Layard.

PbC, IAPT and the wider raft of continuous development and change across the devolved NHS are all ultimately about achieving a more patient-led NHS and psychological therapy services that are acceptable, accessible, equitable, effective and efficient⁶. The challenges that PbC and IAPT present for service providers in NHS England will therefore have parallels with challenges for service providers across all four nations.

When considering what these challenges might be it is a good idea to bear in mind that there is likely to be a general election in 2009, and whichever political party is in power, there is a likelihood of further political reform. It is also important to be mindful that there are 152 PCTs in

'We must anticipate more questions from commissioners, employers and individual clients about training, experience and registrations'

England, 22 Local Health Boards in Wales, 14 Health Boards in Scotland and four Health and Social Services Boards in Northern Ireland – all with varying geography, social demographics, infrastructures and priorities. Therefore, there will be huge variances in how reforms affect services in each locality.

Given this changeable and variable context, how do we explore the implications of centrally driven change for local counselling and psychotherapy provision? In the midst of current reforms and developments we can identify some trends (or guiding principles) that are coming to the fore. There are some indications that these trends are already influencing counselling and psychotherapy provision – arguably, they may become increasingly influential over time. The first trend we will consider relates to public awareness.

Increasing public awareness of the benefits of psychological therapy

Our national media reflects a society that is increasingly concerned about our psychological health and wellbeing. Magazines such as *Psychologies*; health articles and supplements in the national press; reality television programmes that focus on improving participants' body image, behaviours, and/or relationships; debates on radio and a plethora of related websites and self-help books all raise awareness of the benefits of nurturing our

psychological health.

National political debate is also embracing mental health, wellbeing and the provision of psychological therapies. Since the announcement in the House of Commons of IAPT funding in November, psychological therapy has been discussed in Prime Minister's Question Time and has recently become a key campaigning issue for the Liberal Democrat leader, Nick Clegg. These are perhaps early indicators that psychological therapy provision could become a political battleground in the next general election.

At the local level, initiatives and consultations that aim to engage patients and the public in service design processes are raising awareness and giving a voice to the public that is generally in favour of improving provision. Healthcare professionals should also be consulted more widely on changes to service provision and again many such professionals support the expansion of psychological therapies.

Through a mix of national and local media coverage, local consultation and national political debate, we can expect to see increased awareness of the benefits of psychological therapy among both NHS professionals and the general population. Furthermore, as the debate about service provision continues, it will also go some way to 'normalising' or 'de-stigmatising' mental ill-health and other issues that people present in therapy. This

reduction of stigma, coupled with an increased awareness of the benefits of psychological therapy, must be a good thing for society – making it easier for people to seek help, be that via the NHS, an independent practitioner, the voluntary sector, or their employer.

Increasing demand for psychological therapy

Does this increased awareness mean there will be more demand for therapy? Quite possibly. But if the NHS does extend and develop state provision of psychological therapy services, what impact will that have on demand for existing services?

Technological advances, rising expectations, an increasing older population, lifestyle choices and improved education are just some of the factors affecting the demands that the population puts on the NHS. It is notoriously difficult for the NHS to meet all these demands. Research into the rates of mental ill-health indicates that GPs are in contact with many patients who might benefit from psychological therapy, but there is not capacity to refer all such patients within the NHS. This means that as new services are developed, GPs will refer more patients and the new services will soon reach their capacity. GPs will continue to act as gatekeepers, making decisions on who to refer and who not to refer, based on clinical judgment.

Given that state-funded supply of psychological therapies is unlikely to meet

demand across the board, the impact of increased NHS provision will be patchy. If you work for a voluntary sector agency or have an independent practice in an area that is being well resourced and is seeing increased NHS provision, then you may notice a dip in enquiries. But equally you could see an increase in enquiries as the new services generate awareness, expectation and demand that cannot be met. BACP has reports from two counselling services based around Doncaster where the IAPT pilot treatment centre has been up and running since 2006. Both are reporting an increase in referrals.

Wider range of providers

The NHS, in England at least, is becoming a more open market. Already, through PbC, some Employee Assistance Providers (EAPs) and voluntary sector organisations have been successful in securing new contracts. If you work for a voluntary sector organisation, you may already receive NHS referrals. If this process is formalised through a commissioning contract between the organisation and the NHS, this may have implications for the way the service is managed and aspects of your practice. Alternatively, you may work for a voluntary sector organisation or EAP that is embarking on an NHS contract for the first time. Again, this will have similar implications for your practice. There will be new referral protocols and considerations about note taking, confidentiality and clinical governance to take into account. If this applies to you, or your service, information sheets are available from BACP's Information Service Department that cover many of these issues.

The range of providers is

also growing due to considerable change in the charity, voluntary and community sectors – sometimes called the third sector. Government is encouraging the development of new not-for-profit business models, such as community interest companies and social enterprises. The social enterprise model could be used by local independent practitioners to collaborate with one another and prepare tenders for NHS contracts⁷. The benefit to independent practitioners and small services in collaborating in this way is the pooling of resources, ideas, skills, knowledge and contacts.

Collaborative working

This notion of collaborative business models leads us on to the more general notion of collaborative working. In any given locality there are a range of services that people can access when they are looking for help. But many people do not access all such services because the providers of those services do not collaborate or communicate effectively. Good practice is where social workers, housing officers, GPs and counsellors – be they working for a local authority, charity, or the NHS – collaborate to ensure that all the needs of the individual are met. There is a commonly held view that good services evolve around the person, rather than the person navigating their way through a complex and unclear system.

Counsellors and psychotherapists need to be aware of mechanisms for collaborative working. For example, if you are working for a service that takes NHS referrals you should know, or be able to find out, how to approach a GP or social worker if appropriate. Collaborative working is also relevant to independent practitioners who should

know what other services are available locally even if they do not work directly with such services. It is always useful to know about other help that may be available to clients and how to access this.

Efficiency and competition

Current reforms are, at least in part, driven by the pursuit of efficiency in the NHS. If the details of these reforms change, the pursuit of efficiency will almost certainly remain a key priority. One way to try to improve efficiency is to increase competition.

Under PbC in England, competition will focus on price and quality. Services will be funded on the basis of the work they do – described as 'units of care' (in the context of psychological therapy, 'units of care' are therapy sessions). The mid- to longer-term vision for PbC is commissioning on the basis of outcomes (outcomes-based commissioning), where services are paid based on achieving the desired outcome for each individual patient.

Regardless of whether outcomes-based commissioning does evolve as a formal system in England, we can expect competition among services based on their ability to demonstrate good outcomes. When services go to tender, comparing outcomes is a key way to differentiate between them. We can also expect growing pressure across the UK for services to demonstrate and evaluate outcomes – for all counsellors and psychotherapists working within or contracting to the NHS, audit and evaluation will be increasingly important in ensuring continued funding.

There is potential that in some areas increased NHS provision may impact on other services. Consider this scenario: you are a human resources manager in a small to medium sized company

and a psychological therapy treatment centre is provided in your area through the NHS with links to the government Pathways to Work⁸ programme – would you fund an EAP programme for employees? It would certainly make you think about what an EAP provider can offer that your employees would not have access to via the public sector. And so increasing provision in the NHS may make other sectors more competitive on both quality and cost.

Competition will also lead to more innovation and for those who are enterprising and innovative there are opportunities to become part of the jigsaw of state-funded provision. For example, the EAP ICAS is currently partnering with Ultrasis, interactive healthcare specialists, to offer CMP Direct. 'The purpose of CMP Direct is to offer providers of Pathways to Work a means of enabling their participants immediate access to the latest range of evidence-based computer and telephonic interventions, delivered within a vocational rehabilitation framework⁹.' This is just one example but there are many more ways that NHS reforms will bring both opportunity and challenge for the workplace counselling sector¹⁰.

Public protection and standards

While catching up on which multinationals and rogue traders are duping which unwitting members of the public (I am referring to BBC1's *Watchdog* programme), do you ever think perhaps customers need to be more careful? 'Buyer beware' is a sad necessity but a true one. The problem is that as customers we do not always know what to look out for. You cannot ask about things you do not know, and the service provider or

manufacturer is in a position of power.

If we relate this back to the context of counselling and psychotherapy provision, lack of state regulation places the emphasis on service providers and practitioners to self-regulate, largely through professional memberships and adhering to an ethical framework. It also puts an emphasis on employers, commissioners and clients to educate themselves when seeking a therapist – knowing what to look for, what to ask and how to identify safe, ethical and effective practitioners. BACP has set standards that employers sometimes refer to and the NHS often specifies BACP accreditation, or equivalent, in employment criteria. Members of the public who have some awareness of how professional associations work may seek out therapists with appropriate membership and perhaps ask about training, but this is by no means the majority and many people are unaware and vulnerable.

With the increased attention that we can expect psychological therapies to get in the media and press, the less taboo the subject of seeking therapy becomes, the more accessible state-funded provision becomes and ultimately, as state regulation comes into force, the more aware commissioners, employers and clients will become of what to look for and what to expect from their therapist. The inevitable increased awareness of commissioners, employers and clients about standards of practice has the potential to impact on all practising UK counsellors and psychotherapists, from those offering therapy in independent practice for just a few hours per week, to those who have a broad portfolio of work across different sectors. Practising therapists should anticipate more questions

from commissioners, employers and individual clients about training, experience and registrations. As people become more aware of standards to look for, if you are able to demonstrate these in your practice and promote them effectively, clients are more likely to find you than to find themselves in difficulty with a rogue therapist.

What can you do?

In response to the trends highlighted in this article, key questions for counsellors and psychotherapists to ask themselves are: How can I evidence that I am effective? What will my future commissioners/employers/clients want from me in terms of expertise, experience and standards of ethical practice? How will I demonstrate that I am working to those standards? What additional training might I need?

Beyond these key considerations, how you prepare for the challenges ahead very much depends on your portfolio of work and developments in your locality. You can find out what progress is being made locally by referring to local media, searching on your local NHS website for the Local Delivery Plan (or equivalent), attending public NHS meetings, and asking questions of colleagues and the GPs you are in contact with.

If you work as a lone practitioner in a GP surgery in England and the PCT decides to invite tenders for a new service, your contract might not be renewed. If you think this is a possibility, now or in the future, one option you might pursue is to form a collaborative (perhaps a social enterprise) with other lone practitioners in your area. You can then pool your resources and evaluation of outcomes in readiness for preparing tenders to continue

existing NHS contracts, and/or secure new ones. You might be tendering against competition, but you will have strengths that the PCT and GPs might be looking for. You already know the local systems, you have established relationships with GP practices and you have an existing client base. If you can also demonstrate good outcomes and the ability to offer reliable service, your tender has the potential to succeed.

With regards to independent practice, it may well be that current changes in the NHS do not have a significant impact on this aspect of your work. If there is an impact, it could be a reduction or increase in enquiries. It is important to be aware of developments in service provision in your locality so you are able to see what is on the horizon and are more able to adapt if necessary, and continue to offer a service that people want or need regardless of changes in NHS provision. Over time you can also expect clients to come with a better understanding of psychological therapies and perhaps higher expectations

as awareness about standards in practice grows.

Effect on clients

The NHS is working towards equity in provision but it will remain something of a postcode lottery for a while. Some clients will have more choice about where they access services, which may include choice of psychological therapy and/or guided self help with a mental health worker. Choice and access will be limited, however, and based on the needs of each NHS patient. For example, there may be a time limit on the psychological therapy, or only one modality of therapy offered. We know that some clients will want a longer course of therapy and that one modality does not suit all clients. So while clients might get more access and choice through the NHS, it will not necessarily meet all their needs. Some clients prefer an independent practitioner or private therapist because they do not want such information held by the NHS on their healthcare record. In summary, there is real potential for more clients to gain improved access via

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the NHS but this will always be limited and there will still be a need for counselling and psychotherapy provided elsewhere.

Exciting and challenging times

We live and work in exciting and challenging times for counselling and psychotherapy. This article outlines some of the challenges but also highlights some of the opportunities and growing potential for members of BACP to contribute to the emotional health of society. We always knew that potential existed and we know that it is being realised in some areas, but as the media and political spotlights grow, and access to state-funded psychological therapies increases, we can expect to see more recognition for the contribution of counselling and psychotherapy and a wider impact on the emotional health and wellbeing of society.

Louise Robinson is Campaigns Manager for BACP. This currently includes overseeing a survey exploring how NHS reform and change is influencing the future of primary care NHS services provided by BACP members. To contribute to the survey visit www.bacp.co.uk/questionnaires/index. Email louise.robinson@bacp.co.uk



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Research expertise

Professor Robert Burgess, one of BACP's new vice-presidents, explains the benefit of research

What appeals to you about becoming a vice-president of BACP?

It's the way in which BACP is interested in research and practice and in turn the way in which research and practice interact with each other in the counselling and psychotherapy field. Research is done for a purpose and not just for its own sake.

With that in mind, what do you hope to bring to the organisation from your own research background?

I would hope to offer experience of the higher education community, as well as of generic research. As a sociologist, I have never done any research in the counselling and psychotherapy field, though I have encouraged others to do so. I have, however, appointed people to head up counselling in the University of Leicester and I am involved with looking at counselling provision for staff and students, so from that point of view I have some experience that I hope would be helpful.

How do you see yourself applying this experience in the counselling and psychotherapy field?

I think it will be in areas like helping BACP to translate the evidence and research base it has into policy and practice; helping it to consider how to disseminate research and make it accessible to a wider community, which may not be part of higher education but which may well

want to use the evidence that is coming from higher education.

So helping individual counsellors in practice to benefit from current research?

Exactly. Very often, researchers are good at talking with each other and don't necessarily think how to go the extra mile to disseminate information to practitioners. I think it comes down to getting the researchers to think about how they write and talk about their work, to think about how they might distil a 10,000 word report down to about three or four pages because busy professionals don't have time to read lengthy reports. These documents need to look enticing in order to persuade people that there is something in it for them. It's breaking down those barriers between academic work on the one hand and practice on the other.

Why do you think research is important to the counselling and psychotherapy field?

I think research can help you to know what are suitable approaches for a specific problem or how advances have been made in a particular field. It gives you an opportunity to read the evidence and then decide whether you support it or not. It also makes you consider how you can implement new thinking.

Do you think it's important that counsellors

actually do their own research?

I certainly think that those who want to ought to have the facility to do so. And I think that through education and training courses it should be possible to get counsellors doing their own research under the supervision of those who are themselves research practitioners. I know that this is feasible because I've run courses for teachers without a research background who want to do research.

Do you think that research is understood and practised enough in our field?

I get the impression that it's a field where research is developing and that there's a momentum building for it to be accepted, so that people can get the resources they need to do research. To me, it seems a very exciting time to come on board and be a part of that debate.

And, bearing in mind that the other area of your interest is training, do you have any particular views about how counselling and psychotherapy training may be improved?

What I would say is that provision needs to be made for people to step on and off the escalator to engage in lifelong learning. So I think it's important to have a system where counsellors and psychotherapists can top up their training during particular periods of their career, so that they can, for

example, attend day courses that could earn them credit which in turn could lead to admission to a certificate programme, then to a diploma and then onto a degree course and a qualification. I think that's where working in tandem with higher education can be of benefit.

Have you ever been a client in counselling or psychotherapy?

Not personally, no.

Do you feel that there will be a personal benefit to you in becoming a vice president of BACP?

I feel that I'll be gaining first-hand information about the way in which the counselling and psychotherapy field is developing, as well as ideas about the way in which research and practice in the field can be developed in this university and how counselling and psychotherapy can be developed as a professional grouping.

It sounds as if you have faith in the process of counselling and psychotherapy, even though you haven't experienced it yourself.

Definitely, yes. When I think of the take-up of counselling by students and staff both at this university and in other institutions, it's evident that many people find it beneficial. So, I believe that thinking about how to open up this opportunity is really important.

Professor Robert Burgess is Vice-Chancellor of Leicester University, and Chair of the Universities and Colleges Admissions Service (UCAS), the Research Information Network, the ESRC/Funding Council's Teaching and Learning Research Programme and the Higher Education Academy.



Walking the talk

BACP no longer requires mandatory personal therapy as a prerequisite for accreditation. But is it appropriate for therapists to work with clients if they have not walked a similar path themselves?

by Ray Howell

Whatever their orientation, most clinicians will attach considerable respect for the core conditions.

Nevertheless, I have difficulty with the theory that if the therapist is sufficiently congruent, shows unconditional regard and is truly empathic, that positive psychological change will necessarily occur. I am not so much concerned about the theory, but more its practicalities. How can the therapist be sure that he or she is adhering to these conditions? Such adherence is dependent on the level of the therapist's own self-awareness and development, his or her unconscious as well as conscious processes, and the impact these have on the

client-therapist relationship.

Furthermore, it is important to remain mindful that whatever behaviours therapists believe they are exhibiting, their beliefs may or may not be consistent with their client's experience. Empathic understanding, for example, can only be achieved through a deep and meaningful understanding of one's own internal world because there are inherent potential dangers in the internal worlds of therapist and client becoming enmeshed – a danger which may not be evident to either party.

Resolving internal conflicts

There will be little doubt

that therapists have a professional duty and responsibility to be aware of their own previously unconscious conflicts and prejudices, and do all they can to bring them to some resolution. The therapist's own projections and introjections will inevitably have a significant impact on the therapeutic process. Without addressing these in an open way, unrealistic demands are placed on therapists in their endeavour to remain non-judgmental and maintain unconditional positive regard.

In her article in the February 2008 issue of *therapy today*¹, BACP's Head of Professional Standards, Helen Coles, focuses on personal

awareness, but gives little consideration to personal development. The resolution of internal conflicts is concerned with both development and awareness. Also, she focuses on unconscious conflicts alone, which is somewhat limiting. She omits broader aspects that relate to the therapist's conscious and unconscious assumptive world and its bearing on the therapist-client interactive and therapeutic processes.

Addressing blind spots

We all have blind spots and whilst supervision can provide some assistance in helping to raise awareness of them, they cannot be effectively addressed by supervision alone. Not surprisingly, supervisees tend to bring clinical material to supervision with which they are having difficulty – where, for example, they have identified interruptions to the therapeutic process. They are far less likely to bring material that indicates that the therapeutic process is going well. Again, this is dependent on what the therapist knows or believes he knows of what is truly going on in the therapeutic situation. As we all know, the problem with the unconscious is that it is unconscious and, as such, not readily accessible to understanding. It is vital that the therapist works towards becoming as certain as possible about his level of insight and of 'what belongs to whom' in his relationship with his clients. Crucially, in my view, those elements that are deeply unconscious – which we all harbour as human beings – are likely to become accessible through personal therapy only.

Resistance to therapy

I find it extremely worrying

that therapists might not wish to explore their own deep psychological functioning in personal therapy. Even more worrying is when therapists exhibit resistance to engaging in self-exploration. Therapists have a duty to their clients to be curious and interested in their own deep internal processes. I believe our clients have a right to expect that their therapists will do all they can to enhance their personal development in so far as it impacts on their therapeutic work. If therapists are not committed to developing in this way, serious questions should be raised about whether they should be practising at all.

Indeed, the very existence of therapists' resistance to enter into a process of self-exploration implies defensiveness, which may be detrimental to the therapeutic process. I have never met a therapist who would argue that effective therapy was not possible without the therapist having first undergone his or her own therapy. Neither would I argue such a case. However, I would argue that a minimum number of hours of personal therapy are essential for practitioners whose orientations espouse the importance of the therapeutic relationship in promoting clients' growth and change. Without having undergone some process of self-exploration – preferably at a deep level – the effectiveness of an explorative therapeutic process will inevitably have its limitations.

A different perspective

From a different perspective, we should remain mindful that it is often very difficult for a person to seek help from a therapist. It is part of the

human condition that at times of personal conflict, both internal as well as external, we may often wish to bury our heads in the sand, deny the existence of our problems and/or try to convince ourselves that we can cope. When a client sees a therapist, not only do they have to think about that which they wish to deny but also the therapeutic situation compels them to talk about it – and, worse still, to a stranger.

Clients may often identify therapy as a necessary but nevertheless unsettling and disturbing process. Furthermore, it can be quite shaming for individuals who consider themselves tough and self-reliant to seek the support of a professional. I believe that therapists owe it to their clients to ensure they have undergone a similar experience of talking about difficult, disturbing and shaming personal aspects of themselves. After all, they expect their clients to engage in this task. To avoid the experience of what it is like to be a client is perverse, incongruent and, ultimately, disrespectful to those who seek our help.

Evidence for the effectiveness of therapy

Coles argues that there is 'to date no evidence of the therapeutic benefits of personal therapy on client work'. This may be true, but it is also misleading. Just because there is no such evidence, it does not necessarily mean that the effectiveness of therapy is not likely to be enhanced by the therapist having been in therapy. Perhaps this is an area that has yet to be researched. Although one only has to think about this for a moment to appreciate the complexities involved and how best this may be researched in a controlled and meaningful way.

I have commented on the duties and responsibilities of the therapist in understanding their own deeply unconscious world. It is true that personal therapy will not guarantee a therapist's self-awareness and development, but at the very least it is worth being given a try. It should also be noted that self-awareness and development are processes and not givens. I believe that the depth of the therapist's self-awareness, achievable only by an in-depth explorative process, is in many ways as important as their training background. In my view, any individual should be cautious about entering into a deeply explorative process with a therapist who has not travelled a similar path.

Finally, I remain very concerned about BACP's policy on this issue. The BACP has long been one of the leading lights amongst counselling and psychotherapy affiliated organisations in its requirements for accreditation, registration and continuing professional development. However, whilst it does not provide wholesale support for a minimum requirement for individual personal therapy for all trainee and qualified therapists, it leaves itself wide open to criticism. I am confident that I speak for many in expressing my hope that the BACP will eventually deal with this criticism in a more positive and progressive way.

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References

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