

# FROM THE EDITOR

Psychological therapy provision in healthcare always seems to be an evolving arena, and perhaps never more so during a period when we have seen the implementation of IAPT (Improving Access to Psychological Therapies) and, more recently, the start of NHS reform with the introduction of Clinical Commissioning Groups (CCGs).

One such development in the context of IAPT has been the realisation of an evidence-based framework of competencies and a new training curriculum for Counselling for Depression (CfD)<sup>1</sup>. In an evaluation of the first phase of training, Peter Pearce and colleagues elicited views from practitioners in the areas of training course delivery, service delivery tensions, personal and professional impact, and requirements for future research. What were the counsellors' experiences of having their work assessed? Has undertaking the programme enhanced their status as therapists within IAPT? Has it changed the way they practise? You can read counsellors' views on pages 8-13.

With CCGs now operating in many areas commissioning is at the forefront of developments in psychological therapy provision in England. In the second of a series of articles, BACP's healthcare development manager, Louise Robinson, gives a very useful overview of developments in this area. Also on commissioning, our GP columnist, John Hague, writes from his position as a member of the governing body of a CCG. GPs may form the majority of clinicians represented on CCGs, he writes, but the true power of CCGs lies in using relationships with all clinical colleagues, including psychological therapists, to represent patients and ensure high clinical standards.

Working together is a theme that permeates this issue: Denise Ham brings a multidisciplinary feel by considering the need for psychotherapy for oncology nurse specialists and, on a related theme, Alan Phillips and Paula McCrindle write about a programme of support and development for a team of staff working in the NHS; the initiative, and its evaluation, has the potential to be duplicated for other healthcare staff teams, such as counsellors and psychotherapists.

Looking after ourselves and monitoring our ability to be able to work with clients is an integral part of our work. In a personal and moving piece, Cordelia Galgut writes of her own experience of continuing to work as a therapist after her mother's death. In doing so, she raises questions that will resonate with many: what happens when, as therapists, we become bereaved? Does it call into question our ability to work? And is it always the case that a grieving therapist is going to be a bad one for clients?

Many thanks to all the contributors this issue; please do contact me if you would like to write for us. Our authors also welcome your views on their articles, and I welcome any feedback you might have about the journal as a whole. Happy new year to all.

## REFERENCE

<sup>1</sup> Pearce P, Sewell R, Hill A, Coles H. *Counselling for depression. Therapy Today*. 2012; 23(1):20-23.



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