SCoPEd Methodology Update

January 2022

→ Contents

Contents

1.0 Introduction

This document sets out the methodological process to develop the January 2022 version of the Scope of Practice and Education (SCoPEd) framework. It describes the process used to consider responses to feedback from members of the original three partners (BACP, BPC and UKCP) on the *SCoPEd Framework July 2020* and also the work undertaken as part of widening the partnership to address challenges and feedback raised by the new partners. It should be read in conjunction with the first two methodology documents – *SCoPEd Methodology 2018* and *SCoPEd Methodology Update July 2020* – which detail the process prior to this stage. A brief summary of stages of the work covered by these two previous methodology documents is given at Appendix 1 with a full list of evidence sources consulted during these two stages given at Appendix 2.

2.0 Feedback from members

2.1 Independent questionnaire to members in response to revised framework

The revised SCoPEd framework was published in July 2020 and shortly afterwards a questionnaire to draw out views and feedback about the revised framework was sent to all members of the British Association for Counselling and Psychotherapy (BACP), British Psychoanalytic Council (BPC) and United Kingdom Council for Psychotherapy (UKCP). An independent market research company, *Critical Research*, was commissioned, having conducted the previous SCoPEd member consultation.

The feedback process consisted of two stages:

i) A questionnaire sent to all members to gather a general understanding of members' thoughts on the July 2020 version of the draft framework and the project itself, and to seek participants for the next stage of the feedback process

ii) A facilitated and moderated bulletin board online discussion forum to explore in depth a range of members' views about SCoPEd and particularly those with neutral or unsupportive views of SCoPEd in order to better understand their concerns

Each stage of the feedback process is presented in turn.

2.2 Members' questionnaire

A quantitative survey was developed which included sentiment statements and a five-point Likert scale (a response scale for people to specify their level of agreement with each statement) to help assess views about the framework. The question, statements and rating scale were as follows:

Could you please indicate the extent to which you agree or disagree with each of the following statements:

- I am familiar with the updated SCoPEd framework
- I understand the aims of the SCoPEd project
- I feel supportive of the SCoPEd project aims
- I can see where I'd fit within the SCoPEd framework

- I feel that my voice as a member is being heard in relation to the SCoPEd project
- I feel positive about the SCoPEd project being able to deliver on its aims
- In its current format I would support this iteration of the SCoPEd framework as a structure for the future of the profession

Statements were rated by respondents on a five-point Likert scale:

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

Specific demographic questions were asked to assist with recruitment to the bulletin board stage. These were:

- Professional body or bodies they belong to (could indicate multiple)
- If a BACP member, which membership category
- Career stage ranging from student or trainee to 10+ years qualified
- Country of residence
- Practice setting(s)
- Employed, self-employed, voluntary status
- Title(s) used in practice

The questionnaire also asked a question about willingness in principle to participate in the bulletin board and three open response questions:

- What are your views on the SCoPEd framework so far? Are there any aspects of the framework so far that you particularly welcome?
- Are there any aspects about the SCoPEd framework so far that you are particularly concerned about?
- In your opinion, what impact would the SCoPEd framework have on your work in the profession, and on the wider profession as a whole, if adopted as a structure for the future?

The questionnaire was launched on 27 July 2020 and was open until 31 August 2020. Each of the three partners sent emails to their members and registrants containing a link to the questionnaire (see Table 1), a total of 60,057 members and registrants. Feedback on the previous consultation had suggested that an individual survey link within an email from the independent research company had resulted in many emails going into junk folders. In order to support greater participation and engagement for this questionnaire, a single link was circulated instead to members and registrants of each organisation directly from the organisations themselves.

A limitation of this approach was that the single open link could have potentially resulted in some members completing the survey more than once. However, to ensure the integrity of the data, all responses were checked by the independent research agency and any duplicate responses removed without being included in the analysis.

Table 1: Email circulation of questionnaire link

	BACP	BPC	UKCP
Total number of members and registrants emailed	49,511 (number excludes organisational members, blocked emails and those who have unsubscribed)	1,677	8,869
Undelivered	13	1	13
Reminders and publicity to members	Email reminders 12.8.20 and 25.8.20 E-bulletin reminder 21.8.20	E-newsletter reminder 30.7.20	Email reminder 20.8.20

2.3 Questionnaire findings

Findings from the questionnaire were used to support recruitment to the bulletin board stage of the feedback process. The independent market research agency running the bulletin board used responses to both scale questions (strongly agree to strongly disagree) and the three open comment questions to select a wide range of participants. The bulletin board could only accommodate a limited number of participants, so the aim was to select a cross section of members that was broadly representative of the full membership and which facilitated discussion of a range of opinions on SCoPEd.

Details of findings relating to the scaled questions can be found at Appendix 3.

2.4 Bulletin board: recruitment and composition

The independent research agency ensured bulletin board participants were a representative sample of the broad range of BACP, BPC and UKCP members, by selecting participants anonymously based upon various demographics such as geographical location, length of experience and practice settings (see Table 2).

Table 2: Demographic composition of bulletin board participants

Total participants	45
Professional membership body	BACP: 42 BPC: 4 UKCP: 10 (total is more than 45 as some participants were members of more than one membership body)
Career stage	Student or trainee or newly qualified: 6 Qualified 1-10 years: 20 Qualified over 10 years: 19
Practice setting	Private practice: 35 Charity sector: 19 Education: 12 NHS: 8 Other settings: 6 (total is more than 45 as some participants worked in more than one setting)
Country of residence	England: 38 Scotland: 4 Wales: 2 Outside the UK: 1
Views about SCoPEd	Supportive: 12 Neutral: 13 Not supportive: 20 (participants were weighted towards those unsupportive or neutral to better understand the views of those with concerns)

The bulletin board was an online forum, open for two weeks in autumn 2020, facilitated and moderated by the independent market research agency. Discussion points were posted by the research agency and participants were invited to comment and discuss these with each other. Discussion points were chosen to examine participants' views on:

- whether the framework had incorporated feedback from the previous draft iteration of the framework
- themes which developed from comments received in the member questionnaire

2.5 Bulletin board themes and findings

Findings from the bulletin board discussions covered the following themes:

The need for SCoPEd: Those who agreed there was a need for SCoPEd (or something like it) generally felt that the profession needs greater clarity and status. They felt that commissioners and employers don't understand the differentiation within the profession currently. Participants who didn't agree with a need for SCoPEd questioned why it was needed as there are already professional standards in existence. They also questioned why membership bodies weren't focusing on other issues, which felt more important to them. Some participants felt conflicted in their views as they were supportive of the concept but feared the implications of a framework.

Inclusive language: While some participants felt the language had changed to be more inclusive, others felt the changes in language hadn't gone far enough. Questions were raised around whether the language was the reason some therapists felt excluded or devalued, or whether the reasons behind this were much bigger. Several participants felt that the language within the draft framework was not useful for clients, patients or commissioners.

Gateways, mechanisms and recognition of prior learning and experience: Participants generally felt that gateways were a good idea, but many participants raised concerns over the lack of detail around this, leading to confusion and difficulty commenting on whether they are a positive or negative addition to the framework. Some participants voiced concerns around the impact of the framework, accessibility and rigour of any mechanisms created. Discussions around this theme led to a wider discussion around participants' lack of knowledge of the professional landscape before and during their initial training.

Hierarchy: Discussions often came back to hierarchy within the draft framework, leading in turn to further discussion about the perceived value of one modality over another and the structure of the framework. Some participants discussed privilege within the profession and felt the framework exacerbated and encouraged this. Other participants had opposing views and talked around whether differentiation of training and experience can, or should, enable all therapists to be represented as the 'same'.

Findings from the open comments on the questionnaire, along with the themes of the bulletin board were presented to the Steering Group (SG) and Technical Group (TG) for consideration. Where the feedback met the criteria for challenging framework content this was added to the TG feedback audit process (see section 4.3 below for details).

3.0 Context

3.1 Widening the partnership

In July 2020 the original three SCoPEd partners invited professional bodies with a Professional Standards Authority (PSA) accredited register for counselling, psychotherapy or both to join a round table discussion to explore interest and willingness in joining SCoPEd to continue the work towards agreeing a shared framework. Two meetings were held and were independently facilitated to explore what might be possible and agreement was reached to undertake work together. Four additional membership bodies agreed to explore whether it would be possible to work together as part of SCoPEd.

The new partners at this stage were:

- Association of Christian Counsellors (ACC)
- Association of Child Psychotherapists (ACP)
- Human Givens Institute (HGI)
- National Counselling Society (NCS)

A third meeting took place to explore draft Terms of Reference for the group and to agree a new governance structure for the work. At this point it was agreed that the Technical Group (TG) would be expanded to include representatives from every participating organisation. Additionally, the Steering Group which had oversight of the previous stages of SCoPEd was disbanded and a new governance group, the SCoPEd Oversight Committee (SOC) was formed, consisting of CEOs of the partners, plus members of the TG.

As the collaborative work progressed, ACP reviewed its role in the partnership and in October 2021 decided to step aside from the process because the framework is focused on work with adults and therefore much of the specialist training and practice of ACP registrants falls outside the scope of this work. ACP agreed to continue in the capacity of observer to support the ongoing work of the SCoPEd partnership.

3.2 Facilitating the work

To facilitate and support the work between partners, it was agreed that an independent chair should be recruited to the SOC. An external recruitment agency was commissioned to seek applications for this role and interviews were conducted by members of the SOC before an appointment was made in spring 2021.

Additionally, at this stage it was agreed that the involvement of Experts by Experience (EbEs) would be beneficial in order to gain first-hand representation of the views of a diverse range of clients or patients and potential clients and patients, as well as providing a layperson's viewpoint on technical discussions.

Applications were sought to include two EbEs and applicants were interviewed by members of the SOC. In the event, four EbEs were recruited, though one has since been unable to participate. Brief biographical details of the EbEs can be found in Appendix 4. EbEs have participated in the work of the SOC, the TG (and associated small working groups) and the ERG.

The Professional Standards Authority, which is the body that accredits the registers held by each of the participating partners, was invited to attend SOC meetings as an independent observer.

4.0 Undertaking the work

4.1 Work of the expanded Technical Group and the Expert Reference Group

From November 2020 the expanded Technical Group (TG) began working together.

4.2 Ethical considerations

Throughout its work, SCoPEd has been conducted in accordance with the ethical requirements of each of the collaborating bodies, and with reference to the *Ethical Guidelines for Research in the Counselling Professions* (BACP, 2019). Formal ethical review of the project is not required since it does not involve data collection from human subjects but instead comprises documentary research looking systematically at sources available within the public domain. Details of the professional body affiliations and theoretical orientation of both TG and Expert Reference Group (ERG) members are listed in Appendix 4. Their professional backgrounds were declared and scrutinised as part of recruitment to the project. Conflicts of interest are asked for at the start of every meeting and none have been declared.

4.3 Collaborative working

Each of the new partners shared practice standards that apply to their own organisation and these were incorporated into the collected standards. Any areas of variance or inconsistency were discussed within the full group before agreeing a final version of the practice standards document.

Additionally, new partners to the TG were asked to formally indicate which aspects of the framework needed additional consideration, including details of specific competences (or gaps) and supplying evidence from their own standards or other sources within scope (see previous methodology documents for details of scope) to support discussion and consideration. Appendix 5 shows additional sources provided for consideration by new partners as well as further additional sources that became available during this time. The TG also made use of the existing sources that had previously been consulted when considering the questions and challenges raised (the full list of previous sources is shown at Appendix 2). This represented a considerable amount of work, and was supported by members of the TG (including some EbEs) in small working groups outside formal TG meetings in order to discuss and consider evidence prior to presenting to the full group. Every challenge was discussed in the full group, and outcome decisions are summarised in Appendix 6. Any recommended changes that were agreed were prepared for consideration by the Expert Reference Group (ERG).

After ACP's decision to step aside from active involvement in SCoPEd, the TG discussed and reviewed the challenges they had raised to consider whether any decisions and recommendations made in response to these challenges were still relevant to the development of the framework. After reviewing, it was agreed that the recommendations from their challenges would be retained as they were relevant to the framework, within scope and supported by appropriate evidence.

In addition to challenges brought by the new partners, feedback was collated via open text comments from the questionnaire, bulletin board, open letters, events and emails. Every item of feedback was read to assess whether it was in scope for consideration by the TG. Where possible, feedback comments were examined in full by the TG, though

the volume of feedback from different sources meant that additional work was undertaken to compile feedback into themes for consideration and discussion within the TG (see Appendix 6).

Two particular areas of feedback required exploration of additional evidence, relating to the therapeutic relationship and to competences relating to working with trauma. In order to address these areas the independent Information Analyst (IA) was tasked with searching relevant evidence to bring back to the group for consideration. Additional evidence sources examined by the IA are given at Appendix 7. TG discussion of the feedback audit and of additional evidence consulted by the IA, as well as outcomes and decisions from the discussions are summarised in Appendix 6.

Recommendations from the TG for any potential changes were presented to the reconvened ERG for consideration. Details of discussion and decisions are summarised in Appendix 6. Based on decisions agreed, amendments and changes made to the previous version of the framework have been mapped and are documented in Appendix 8.

5.0 Final agreement and publication

Upon completion of these steps, the latest version of the framework was ratified by the Expert Reference Group before final sign off by the SCoPEd Oversight Committee and preparation for publication.

Appendix 1: Summary of methods and stages from the first two methodology documents, October 2016–July 2020

[Full details can be found in the *SCoPEd Methodology 2018* and *SCoPEd Methodology Update July 2020* documents]

- Agreement to base the work on Roth and Pilling methodology (Roth, A.D. and Pilling, S. (2008) Using an Evidence-Based Methodology to Identify the Competences Required to Deliver Effective Cognitive and Behavioural Therapy for Depression and Anxiety Disorders. *Behavioural and Cognitive Psychotherapy* 36: 2: 129-147), adapted to include evidence sources from published competence frameworks and other sources from grey literature such as textbooks, curricula and codes of ethics
- Systematic scoping and mapping of sources
- Initial organisation of evidence into working header themes followed by a group summary analysis process, informed by thematic analysis and nominal group technique. The Technical Group (TG) produces an initial consensus summary from this analysis. Sign off by the Steering Group (SG) ready for presentation to the Expert Reference Group (ERG) and further analysis
- Recruitment and formation of the ERG. Initial consensus summary presented to the ERG for consideration. Eleven additional areas for research highlighted by the ERG with recommendations for additional evidence sources to search. Literature searching within these areas was undertaken by an Information Analyst. Results of searching considered by both the TG and ERG and any recommendations agreed incorporated into the framework
- All competences drafted into the working header themes then given a thematic sort in order to develop a more appropriate structure to present the framework. Competences then analysed thematically into these themes. Additional data search to cover any outstanding gaps or questions. TG completes framework for agreement, ratified by the ERG
- Framework and first methodology document published by partners (January 2019)
- A four-week consultation process for members of all three organisations launched with the framework by an independently commissioned research agency, consisting of a quantitative survey focussed on members' views of the potential impact of the framework, and an open-ended question asking for views on gaps or omissions in the framework and any other comments
- Analysis of responses. Themes from the qualitative analysis presented to the TG and ERG. ERG membership expanded and concerns about methodological limitations revisited in light of feedback received
- Additional themes from feedback systematically considered by the TG and ERG to further develop the framework. Wider and more comprehensive mapping of practice standards undertaken. Revised framework and practice standards mapping agreed, ratified by the ERG
- Small group clarity check of the framework and practice standards by critical readers identified by each of the partners. Final revisions made from this feedback to improve clarity and formatting, and agreed by the TG; ratified by the ERG and SG
- Revised framework published (July 2020)

Appendix 2: Full list of sources, stages one and two, October 2016–July 2020

ABC Awards Level 4 Diploma in Therapeutic Counselling: Unit Title: Self-awareness for Counsellors

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

Agenda4Change: Profile – Level 5, 6 and 7 Counsellor

AIM Awards Level 4 Diploma in Counselling Practice

AIM Awards Level 4 Diploma in Counselling Practice: Unit Title: Counselling: Embarking on Practice

BACP Accreditation of Training Courses: Criteria for BACP Course Accreditation

BACP Competences – working online and by telephone

BACP Core Generic Competencies for Counselling and Psychotherapy

BACP Course Accreditation Criteria ('Gold Book')

BACP Ethical Framework for the Counselling Professions

BPC Standards

BPC Training criteria: Psychoanalytic psychotherapy, psychoanalytic and Jungian analytic trainings

BPC Training criteria: Psychodynamic Counselling

BPC Training criteria: Psychodynamic psychotherapy trainings and Jungian psychotherapy trainings

COSCA Counselling Skills Certificate Course Module 1: Advanced Communication Skills Module 3 – Review & Reflection

CPCAB Level 4 Diploma in Therapeutic Counselling

CPCAB Level 5 Diploma in Psychotherapeutic Counselling

European Association for Counselling (EAC), Training Standards (2013)

European Association for Psychotherapy (EAP): The Professional Competencies of a European Psychotherapist

IAPT Band 7 CBT Therapist role profile

Level 4 and Level 5 counselling courses: learning outcomes – (CPCAB), (AIM Awards), (ABC), (OCN), (BTEC)

National Occupational Standards (NOS) Framework (counselling and mental health), particularly:

- NOS SFHMH100 Establish and maintain the therapeutic relationship
- NOS SFHMH97 Identify models of personality and mind development in relation to the client in counselling and develop appropriate intervention
- NOS LSICLG8 Demonstrate equality and diversity awareness when working in counselling

NCS Training Standards

Open College Network Level 4 Diploma in Counselling: Unit Title: Personal Development

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

QAA Subject Benchmark Statement Counselling and Psychotherapy

Revised Cognitive Therapy Scale (CTSR) Manual

University College London competence frameworks:

- Cognitive and Behavioural Therapy
- Counselling for Depression
- Couples Therapy for Depression
- Dynamic Interpersonal Therapy
- Humanistic Therapy
- Interpersonal Psychotherapy
- Psychoanalytic/Psychodynamic Therapy
- Systemic Therapy

UKCP Ethical Principles and Code of Professional Conduct (2009)

UKCP Guidelines for Mental Health Familiarisation

UKCP Professional Occupational Standards

UKCP Standards of Education and Training

Appendix 3: Combined questionnaire findings – quantitative questions

A total of 8,364 members responded to the July 2020 questionnaire, a response rate of 14% across the three partners.

I am familiar with the updated SCoPEd framework:

- 60% strongly agreed or agreed (6% strongly agreed, 54% agreed)
- 23% were neutral
- 16% disagreed or strongly disagreed (12% disagreed, 4% strongly disagreed)

I understand the aims of the SCoPEd project:

- 66% strongly agreed or agreed (7% strongly agreed, 59% agreed)
- 18% were neutral
- 14% disagreed or strongly disagreed (10% disagreed, 4% strongly disagreed)

I feel supportive of the SCoPEd project aims:

- 46% strongly agreed or agreed (8% strongly agreed, 38% agreed)
- 31% were neutral
- 22% disagreed or strongly disagreed (13% disagreed, 9% strongly disagreed)

I can see where I'd fit within the SCoPEd framework:

- 48% strongly agreed or agreed (7% strongly agreed, 41% agreed)
- 27% were neutral
- 24% disagreed or strongly disagreed (17% disagreed, 7% strongly disagreed)

I feel that my voice as a member is being heard in relation to the SCoPEd project:

- 30% strongly agreed or agreed (3% strongly agreed, 27% agreed)
- 39% were neutral
- 26% disagreed or strongly disagreed (14% disagreed, 12% strongly disagreed)

I feel positive about the SCoPEd project being able to deliver on its aims:

- 31% strongly agreed or agreed (3% strongly agreed, 28% agreed)
- 39% were neutral
- 28% disagreed or strongly disagreed (16% disagreed, 12% strongly disagreed)

In its current format I would support this iteration of the SCoPEd framework as a structure for the future of the profession:

- 34% strongly agreed or agreed (4% strongly agreed, 30% agreed)
- 31% were neutral
- 31% disagreed or strongly disagreed (16% disagreed, 15% strongly disagreed)

Percentages do not add up to 100% as the 'Do not wish to respond' option has not been included.

Appendix 4: Membership of Technical Group and Expert Reference Group, and Experts by Experience

Name	Theoretical orientation	Membership body	Role or group membership	Representative of SCoPEd for which membership body
Independent roles				
Professor Alessandra Lemma	Psychoanalytic	BPC, Institute of Psychoanalysis	Independent Chair of ERG	
Dr Alan Dunnett	Humanistic Integrative	BACP	Information Analyst	
Expert Reference Group (ERG) and Technical Group (TG) Members				
Dr Heather Churchill	Integrative	ACC, BACP	ERG, TG	ACC
Fiona Ballantine Dykes	Humanistic Integrative	BACP	ERG, TG	BACP
Dr Sally Beeken	Psychoanalytic	BPC	ERG, TG	BPC
Ms Fiona Biddle	Hypno-psychotherapy	UKCP	ERG, TG	UKCP
Lindsay Cooper	Humanistic	NCS	ERG, TG	NCS
Ms Ani de la Prida	Person-Centred and Pluralistic	BACP	ERG	*[None – recruited subsequently as additional ERG member]*
Ms Maxine Dennis	Psychodynamic, Psychoanalytic	BPC, Tavistock Society of Psychotherapists, Institute of Psychoanalysis	ERG	BPC
Professor Lynne Gabriel	Pluralistic	BACP	ERG	BACP

Name	Theoretical orientation	Membership body	Role or group membership	Representative of SCoPEd for which membership body
Dr Jan McGregor Hepburn	Psychoanalytic	BPC	ERG, TG	BPC
Claire Hopkins	Psychodynamic	ACP	ERG, TG *[until October 2021 after which took observer role]*	ACP
Keri Johnson	Humanistic Integrative	BACP	ERG, TG	BACP
Kathryn Marlow	HG practitioner	HGI, NCS	ERG, TG	HGI
Professor John Nuttall	Integrative	UKCP, BACP	ERG	UKCP
Ms Katy Rose	Psychodynamic	UKCP	ERG, TG	UKCP
Professor Alistair Ross	Psychodynamic	BACP	ERG	BACP
Kathy Spooner	Integrative	ACC, BACP	ERG, TG	ACC
Dr Clare Symons	Psychodynamic	BACP	ERG, TG	BACP
Dr David Vincent	Freudian, Foulksian	BPF (BPC), IGA	ERG	BPC
Dr Brinley Yare	Psychoanalytic	UKCP	ERG *[Resigned from ERG effective from 18.10.21]*	*[None – recruited subsequently as additional ERG member]*

Experts by Experience (membership of SOC, ERG and TG): **SCoPEd's Experts by Experience have consented to sharing their first names and brief biographical details that they have each written.**	
Alex	Alex is new to the lived experience field, having been encouraged by peer support in London. He hopes to see geographical disparities in publicly-funded talking therapies addressed, particularly for LGBT+ communities. A service user for 19 years, Alex combines his life experience with an academic interest in the field.
Emily	Emily is a long-time service user and survivor who has experienced mental distress since her teenage years. She currently works full time in the user-led mental health world, and is deeply passionate about social justice, involvement, and the political nature of mental health. She has been a client or patient in a number of different settings. She has had Dialectical Behaviour Therapy (DBT) and Cognitive Behavioural Therapy (CBT) on the NHS, seen counsellors, and was in analysis for several years. She brings with her both a passion about the benefits of psychotherapy and counselling and an academic interest in the subject.
Julian	Based in Leicester, Julian works both as a freelance Equality and Diversity Consultant and in mental health – his diagnosis is clinical depression, OCD and Anxiety Disorder – for various projects and areas of work that require a lived experience perspective. The latter involves work with universities, within the NHS and for mental health organisations locally and nationally. He is also an author and has published three books – on rugby league, on the Holocaust and on living with mental illness. He has had a number of experiences of different forms of counselling and psychotherapy – as an individual and in groups – and has found every single context and type of work to be beneficial and, in some cases, inspirational. The opportunity to work at such close hand with professionals is so valuable in mental health recovery.

Administrative support:

Miss Debbie Delves, Project Manager (BACP)
Ms Kathy Roe, Senior Administrator (BACP)

Appendix 5: Additional sources consulted

APPG prescribed drug dependence: Guidance for Psychological Therapists. Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs (revised 2021)

ACC application for the Christian Content Recognition of a Counselling Training Course by ACC

ACC Waverley BA curriculum

ACC London School of Theology, Theology & Counselling Programme Handbook 2020-2021

ACC Level 5 Diploma in Integrative Therapeutic Counselling; mental and spiritual health content

ACC The Churchill Framework (2021)

ACP Competence map for Child and Adolescent Psychotherapists at the point of qualification (revised, 2020)

ACP Quality Assurance Framework for Training in Child and Adolescent Psychoanalytic Psychotherapy

BACP Online and phone therapy (OPT) competence framework (2021)

BACP Supervision competence framework (2021)

BACP Workplace counselling competence framework (2021)

HGI Ethics and Conduct Policy

HGI Observed Therapy Sessions Assessment Criteria

Human Givens Diploma Guidance for students

Human Givens Diploma Supervisors' Handbook

NCS Standards for Education and Training for accredited Courses 2020 with addendum

NCS accreditation full application form

QAA leaflet Qualifications can Cross Boundaries. A guide to comparing qualifications in the UK and Ireland

Appendix 6: Summary of feedback and decisions

Feedback	Action taken	Rationale
The definition of 'worldview' is not broad enough with regard to spirituality	Framework definition of 'worldview' extended. See glossary	Evidence established precedent for use of religion and spirituality – TG accepted that spirituality was not included and (or) was implied to be understood within 'religion'
The framework competences surrounding mental health should be revisited with regard to differentiated competence of column A and B therapists and to ensure consistency over terminology	• Competence 2.1 column B wording enhanced • Competence 2.2 column B removed, with 2.2 column A enhanced to reflect therapists' ability to work within appropriate limitations • Competence 2.4 column A wording enhanced to mirror appropriate content in column B (psychological distress an understanding of cultural norms) • Competence 2.4 column B wording enhanced to mirror appropriate content in column A (mental health problems) • Mental health problems used as a singular term in place of various others (common, chronic, enduring, conditions etc)	• Evidence suggests differentiation is in the ongoing strategy that is coherent, consistent, in-depth with theoretical approach • Revisiting the evidence to refine the criteria resulted in further lack of differentiation. Autonomy and therapist limitations can be addressed within one criterion • Mirroring language showed differentiation more clearly • Glossary work picked up inconsistencies within the use of terms and variable understanding of terms
Ability to establish and maintain emotional contact with those worked with not represented in column A	Technical Group (TG) discussed and felt this was covered implicitly No further action	Evidence of implied competence found in primary source

Feedback	Action taken	Rationale
Ability to draw on knowledge that enactments are inevitable and will require the therapist to work to regain a reflective stance to be added to column B and (or) C	TG considered definitions of enactments No further action	Speaks to themes already covered in 3.12 columns B and C
Ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining an optimal level of emotional arousal (i.e. ensuring that the patient is neither remote from nor overwhelmed by his or her feelings) to be added to column B and (or) C	Competence 3.9 column B had a further competence added	TG discussed and agreed that this wasn't about what therapists do, but what was assessed within training and the evidence was found to be in column B Wording of optimal and arousal were amended due to variable understanding
Ability to distinguish countertransference feelings from feelings with other origins, and to identify and make use of the countertransference as a source of information and understanding to be added to column C	No further action	Speaks to themes already covered in those referencing 'unconscious' or 'out of awareness' processes and within applying your own model as outlined in 4.2
When discussing assessment does the framework mean just initial or ongoing monitoring?	TG discussed potential for expanding the definition of assessment within the footnote (footnotes now housed in glossary for accessibility purposes) • TG recommend 'initial and ongoing' be added to competences 2.1, 2.7, and 2.10	Amending wording of specific criteria was more suitable than overall definition due to other competences already containing similar language
Ability to be aware of possible transference responses and meanings for the patient if the therapist takes external action, to be added to column B and (or) C	TG discussed with regard to competences referencing both suicide and unconscious processes • An additional bullet point added to existing competence 3.14 in column A	Group agreed that this was something that spoke to all modalities when removing the concept of transference, that all practitioners would discuss what it means to break confidentiality, and that it fell more thematically within the relationship suite of competences

Feedback	Action taken	Rationale
Addition to column A: Ability to follow legal, organisational, local, and professional guidelines and procedures in relation to the assessment, management and monitoring of risk	TG discussed this within a safeguarding perspective as it was raised by those working with children No further action	Group agreed unnecessary to specify range of relevant sources for safeguarding as in challenge as existing 2.7 states: comply with safeguarding guidance, appropriate to the therapy setting
Addition to column B: Ability to make balanced and informed judgments and decisions about when matters of risk can safely be managed and contained within the therapeutic frame and relationship, and when they require discussion, consultation or action involving colleagues, other professionals, or other agencies	TG discussed whether evidence existed as to ability to 'do' something before or instead of referral No further action	Evidence was not specific enough to warrant 'more' or 'different' than expressed in enhanced 2.7 (column A) and NEW 2.7 column C – see below
Does 2.7 sufficiently cover depth and complexity of risk?	TG discussed depth and complexity of risk associated with different level therapists and management of high-risk clients or patients generally • Competence 2.7 column A enhanced to reference therapist's level of competence • Competence 2.7 added in column C to reference ongoing work with high-risk and complex clients or patients	• Need to capture working with high-risk clients or patients generally, as it is already noted specifically within technologically mediated context • Capturing the elements of ongoing work and appropriate action was needed for differentiated column C via EAP source evidence
Addition to column C: Ability to draw on countertransference as a source of information about risk	TG discussed whether there was evidence for something more or more specific than already covered that wasn't modality or setting-specific No further action	Themes already covered by 'unconscious' or 'out of awareness' process and general ability to make risk assessments (e.g. 4.3, 2.7)

Feedback	Action taken	Rationale
Addition to column B: Ability to draw on knowledge of methods for monitoring change resulting from treatment, with the aim of identifying the impact (positive or negative) of an intervention	TG discussed whether and how well the framework captures ongoing evaluation as opposed to just end outcomes • Competence 4.4 enhanced	Process of change is implied throughout therapy and not just outcomes. However, framework could be strengthened by explicitly noting the ability to 'track change' as part of therapeutic process in column A
Addition column C: Ability to draw on one's own countertransference experiences for assessment	TG discussed with regard to ongoing and ending assessments • Competence 5.1 column C enhanced	The use of 'therapeutic process' in 5.1c could more sufficiently cover assessment and endings by adding the word 'throughout' for clarity
Addition column B: Ability to identify changes within the psychotherapy that have generalised to other settings and contexts	TG discussed with regard to whether a marker of change or progress is a generic competence and whether the theme of the feedback was already sufficiently covered No further action	Sufficiently covered by enhancement of 4.4 'tracking' change
Addition column A: Ability to draw on knowledge of other psychological therapies as a basis for considering more suitable alternatives or choices for the patient	TG discussed with regard to purpose of initial assessment • Competence 2.1 enhanced	Group consensus that initial assessment is not just about suitability for therapy but for that specific therapy
Addition to column C: Ability to draw upon conscious and unconscious communications that the process of referral and assessment conveys about the supportive environment in deciding upon an approach	TG discussed with regard to generic support structures and whether already sufficiently covered in the framework No further action	Group consensus that theme already covered by competence 3.4
Addition column C: Ability to help the patient to be aware of, and where possible reflect on, his or her conscious and unconscious experience of the assessment	TG discussed with regard to differentiated competences 3.6 and 4.7 No further action	Group consensus that themes already covered by competences reacting to unconscious processes throughout therapy including assessment

Feedback	Action taken	Rationale
Addition column C: Using knowledge of client's external systems and (or) dynamics to inform thinking	TG discussed in line with earlier challenge on 'supportive environments' and also with relevance to professional communities and multiagency working etc. No further action	Group consensus that themes already covered in competences 3.4 and 1.12
Addition column C: Ability to apply the formulation of internal dynamics to an assessment of risk with regard to: Acting out and self-harm; Suicide; Vulnerability to abuse or neglect or injury; Danger to others	TG discussed with regard to assessment, unconscious processes and working within own therapeutic model No further action	Group consensus that themes already covered in competence 4.2
Addition column B: Ability to communicate the formulation to others in a coherent and appropriate language and manner, both verbally and in writing, taking into account: Who it is addressed to, the purpose of the assessment, issues of consent, confidentiality, risk and child and (or) adult protection	TG discussed with regard to whether specifics of formulation were required and (or) covered No further action	Previous TG discussions were referenced around lack of agreement across approaches for 'formulation' and that evidence suggested this was sufficiently covered by 'conceptualise' Group consensus that theme already covered in competences 2.1 and 2.2
Addition column B and (or) C: Ability to distinguish between factors of severity, chronicity, complexity, and comorbidity that may have implications for treatment duration and intensity	TG discussed with regard to whether this was more than determining whether a client or patient was right for therapy at this time and (or) this therapy being offered No further action	Group consensus that this was sufficiently covered by enhancement to competence 2.1

Feedback	Action taken	Rationale
Confusion and (or) ambiguity around what 'Levels' mean on practice standards table	TG discussed the difference of Level 4s in Further and Higher Education in terms of diploma and certificate Agreed to add the word 'diploma' to Level 4 in column A of practice standards table to ensure it covers full practitioner trainings not entry certificates	QAA leaflet: Qualifications can cross boundaries
Do minimum Guided Learning Hours (GLH) need to be added to practice standards?	TG discussed this in regard to Total Teaching Hours • Definition agreed and added to glossary • Total Teaching Hours added to each column within practice standards table	• Group consensus that terminology and definition needed consideration due to changes to the landscape i.e. following pandemic and move to online • Group agreed this was a suitable inclusion given membership bodies have this as a requirement for registration
Do new competence frameworks etc. have a place in the framework?	TG discussed that though the project is a mapping of what is (as opposed to what might be in the future or what should be), there is a requirement for additions and updates to be taken into consideration as standards change and evolve • Agreed members of TG should submit any new or recent frameworks as evidence via the proforma review process to enable discussion within competence mapping items at the TG meetings	Group agreed that standards change and evolve and cited previous evidence of this being taken on board within the SCoPEd framework when the self-harm and suicide prevention framework was looked at in the previous round of feedback and revisions

Feedback	Action taken	Rationale
The framework should be revisited in line with updates to the Online and phone therapy (OPT) competence framework published in February 2021	TG discussed new evidence source with regard to ways of training and (or) working under the pandemic restrictions • Competence 1.11 wording enhanced • Competence 2.3 wording enhanced • Competence 2.10 wording enhanced • Competence 2.10 column B reworded to show differentiated competence more clearly	Group consensus that this source constituted evidence of updated and evolving standards in the current landscape • Group considered that current framework criteria reference only 'online' working but the OPT noted more than this via *technologically mediated therapy* which would encompass e.g. phone, text etc.
Current wording does not show meaningful differentiation between column A and B with regard to clinical and comprehensive risk assessment, and the wording of 'competent' in column B is problematic	TG discussed with regard to competences 2.1 and 2.7 • Competence 2.1 column B amended • Competence 2.7 column A enhanced	• Group consensus was to remove the word 'competent' from column B as numerous pieces of feedback evidenced that readers were interpreting the presence of it in B along with the absence of it in A as implying that column A therapists were not deemed 'competent' • Group discussed evidence for differentiated competence in item 2.7 and use of term 'comprehensive' in column B, and agreed to enhance column A criteria with initial and ongoing, but that the differentiated aspect of the competence held and was in relation to the use of 'strategy' – comprehensive risk assessment strategy relates to the deeper understanding and risk and overall strategy whilst column A evidence is focused on risk associated with a particular client or patient

Feedback	Action taken	Rationale
Current wording does not show meaningful differentiation between column A and B, and the wording of 'interpersonal risk' in column B is problematic	TG discussed with regard to competence 2.10 No further action	Group consensus that evidence showed a differentiated competence, but that wording was not currently showing this, had now been addressed after reviewing the competence under the OPT evidence source suite of challenges
Current wording does not show meaningful differentiation between column A and B, and column C appears to be about organisations and (or) not relevant to therapists in private practice	TG discussed with regard to competence 3.6 No further action	Group discussed and agreed that competences found in evidence cannot be removed, that they are additional competences whether or not people do them. Trainings mapped to column C do expect people to apply issues of power dynamics to organisational settings and this is very important in some settings. It may not be relevant to or evidenced by someone who solely works in private practice and did not complete a column C training, but it remains an evidenced additional competence beyond column A and B trainings. Many therapists may have these competences and work in private practice while others may not. The context of therapy is not a feature of the framework Group agreed that shared communications, website FAQs etc. should better address the idea of relevance and training content, onward evidence of further training and experience (where this may be gained) and the idea that not everyone has to evidence meeting criteria or being in a column if it is not relevant to their work

Feedback	Action taken	Rationale
Differentiation between column A and B appears limited and more about noting the importance of transference and therefore privilege one modality over others	TG discussed with regard to competence 3.12 • Competence 3.12 column B wording enhanced	Group discussed original source as being BACP Core Competences, which is degree level training so both higher than Level 4 and not biased towards a psychodynamic modality, however it was noted this issue had been raised in the previous round of feedback Group agreed that the work on evidencing and wording ruptures in column A had perhaps diluted the differentiation in B so the group would reword B to reflect that A is about managing ruptures and B is about using them, understanding the meaning of them, and getting a therapeutic outcome from them UCL source used for rewording
Differentiation between column A and B appears limited	TG discussed with regard to competence 4.6 • Competence 4.6 column B wording enhanced	Group considered previous evidence and decision making document to ascertain that it was the modification element that gave the differentiation, and in discussing further noted that the higher order skill was better represented as being about adaptation given it is more responsive to process
Communicating 'both in writing and verbally' is problematic for therapists with dyslexia, or visual impairments	TG discussed with regard to 4.13 • Competence reworded	Group discussed that there would be accessibility considerations likely covered in the individual interpretation of this competence, and suggested removing the explicit clarification and stipulations

Feedback	Action taken	Rationale
Any movement through these columns is a function of experience rather than training or academic achievement. Dividing this spectrum into discrete gradations of competence gives a false impression of the reality of practice. It is also implied that column A therapists are not competent of doing 'potentially taxing work' due to the wording presence in column B and absences from column A	TG discussed with regard to 5.1 and self-awareness generally • Competence 5.1 column B reworded	Group consensus was that this competence was about self-awareness more specifically and how this increased over time (via longer trainings and (or) experience). Previous decision and evidence documents were consulted which reaffirmed the differentiation, however the point was noted about understanding of 'taxing work' and group agreed to remove
Is this not discriminatory in terms of differing levels and degrees of health?	TG discussed with regard to 5.4 and the themes of psychological and physical health, self-care, and wellbeing • Competence 5.4 reworded	Group consensus was to reframe to be more inclusive and found evidence of more appropriate wording referencing self-care and wellbeing in key sources
Differentiation between column A and B appears limited	TG discussed with regard to 5.5 No further action	Group discussed previous decision-making and evidence documentation and agreed differentiation was in the responsibility for adaptation of supervision. Group consensus was that column B use of supervision was more proactive and referenced higher reflection on needs
What does 'maximise therapeutic outcomes' mean?	TG discussed with regard to 1.12 • Competence 1.12 column B amended	Group agreed that 'maximise' raised questions as to meaning and quantifiability, and that the context (working in teams) was about enhancing outcomes, so 'enhance' was deemed a more accurate reflection of the competence being described

Feedback	Action taken	Rationale
Wording such as 'critically appraise' and 'understand discourses' relates to academic criteria rather than vocational competences and isn't relevant to clinical work. Understanding of diagnosis, pathology and mental disorders does not fit with person-centred experiential modality	TG discussed with regard to 2.4 • Competence 2.4 column B amended	Group discussed previous evidence and decision-making documents and – as with challenges relating to organisational power dynamics – evidence showed that training in column C does contain this content, further discussion reached consensus that although some modalities may not need, use or agree with something doesn't mean that it doesn't exist, and a competence is required to be able to understand it in order to work with professionals who do Group however agreed that the wording of 'critically appraise' was unhelpful and that the skill was to take account of and hold in mind, so could be reworded to reflect this
3.6b seems relevant only to those in a managerial role	TG discussed 3.6 No further action	As with above and previous on organisational dynamics, this is a competence found within column C trainings so cannot be removed. However, it was noted again that stronger shared communications, website FAQs etc. are needed to deal with understanding issues of relevance and evidence
Critical awareness is an academic competence rather than vocational	TG discussed with regard to 3.12 • 3.12 column B reworded • 3.12 column C amended	Group considered previous evidence and decision-making documents as well as other current feedback challenges relevant to themes here. Consensus was reached that evidence for differentiation from A to B existed, but wording could be strengthened to reflect this – using UCL source, and that removing 'critical' in column C left the practical skill whilst removing the implication of academic attainment

Feedback	Action taken	Rationale
Are 'Ability to describe the philosophical assumptions' and 'integrate relevant theory and research' academic competences, rather than vocational ones?	TG discussed with regard to 4.8 • 4.8 column B amended	Group agreed this had academic-sounding connotations and that the differentiated competence was about recognising and exploring assumptions more generally to reach understanding
Academic language in column B and the requirement to do a Masters to enter column C	TG discussed with regard to 4.12 • 4.12 column B amended • 4.12 column C amended	Group consensus that differentiation between columns B and C were ranges from looking at research to actually conducting research, but that a Master's degree wasn't a requirement – that for example a literature review at L6 would satisfy or 'a systematic case study'. Similarly, L4 courses do look at research – the differentiation is in being able to integrate research which is a higher-order skill. Group agreed that academic-seeming language could be amended but that the level of engagement with research is still differentiated
If you can 'understand the impact of something' does it not follow that you are capable of critically challenging it?	TG discussed with regard to 5.3 No further action	Group agreed that column A counsellors develop the habit of self-awareness and how this impacts on their work, but that a next order competence is about challenging beliefs etc. Similar themed challenges were found within the decision-making documents and applied here – differentiation is about focus on self as therapist shifting to greater ability to challenge self and be aware of impact on client or patient

Feedback	Action taken	Rationale
This describes a way of working familiar to psychodynamic and process-based practitioners. It does not fit with an autonomy-based approach in which therapy takes place in a collaborative context, not one of treatment by an expert	TG discussed with regard to 1.5 No further action	Consensus was that this was a perception of the word 'framework' meaning this was psychodynamic working, but group agreed no issue with the word. Group suggested again this was a case for stronger communication around the work and specifically here that the terms used are not associated with an approach
Wording is modality specific and should not be in column C due to relevant conditions and ways of working being covered at diploma level	TG discussed with regard to 2.1 No further action	Group agreed that not all would consider the wording modality specific and that whilst for example L4 CBT diploma students might cover this, there was no evidence that all column A trainings assessed competence around the differentiated aspect of chronic and enduring
Wording is modality specific and private practitioners cannot access column C	TG discussed with regard to 2.4 No further action	Group discussed in line with previous challenges of being able to understand certain modalities in order to work in multidisciplinary teams in mental health settings. Being able to understand different discourses does not imply agreeing to that discourse which might be more associated with another modality. Private practice is a 'setting' not a competence. Therapists in private practice may or may not have these competences or work in other settings too. Group again noted importance of relevance, settings, etc. for communications and FAQs

Feedback	Action taken	Rationale
Unclear with whom collaboration is meant	TG discussed with regard to 2.8 • Competence 2.8 amended	Group discussed original evidence sources and issues with interpretation in terms of settings, and agreed to be more explicit and inclusive in the wording
Is suicidal ideation always 'conflictual and paradoxical'?	TG discussed with regard to 4.3 • Competence 4.3 amended	Group discussed original wording source as being a distillation, and the base of the competence being about the complex nature of suicide ideation so amended to better reflect this
These competences describe a way of working familiar to psychodynamic and process-based practitioners	TG discussed with regard to 4.7 No further action	Group discussed and agreed that all could interpret the progression regardless of modality
Differentiated competence is role-specific, relevant only to a team leader or practice manager and not relevant to private practice	TG discussed with regard to 4.11 No further action	Group discussed original source material and decision-making documents and agreed it held
Is this not modality specific?	TG discussed with regard to 5.1 No further action	Group discussed along with other challenges on concerns over the use of 'unconscious' and 'out of awareness'

Feedback	Action taken	Rationale
Are the equality and diversity provisions in SCoPEd sufficient?	TG discussed with regard to 1.9, 3.4, and 4.9, and went on to review new evidence source on EDI, resulting in: • Amended footnote wording on Equality Act (and moved all footnotes to glossary for accessibility purposes) • Amended 3.3 • Added NEW between 3.3 and 3.4 • Amended 3.4 • Amended 3.14 • Amended 4.8 • Amended 4.9 • Amended 5.2	See individual entries for each criterion
Is 'reflecting upon impact' sufficient?	TG discussed with regard to 3.2 • Competence 3.2 amended	Group agreed there was more expected, and amended wording of criteria to reflect the shared exploration and use of this
Should the ability to critically appraise and (or) conceptualise symptoms be evidenced in column A?	TG discussed with regard to 2.1 and 2.4 No further action	Group agreed the themes of the challenge had been addressed already via wording amended in 2.1 and 2.4
Should knowing how to refer on be evidenced in column A?	TG discussed with regard to 2.2 and 2.6 No further action	Group agreed the themes of the challenge had been addressed already via wording amended in 2.2

Feedback	Action taken	Rationale
Should devising a comprehensive risk strategy be evidenced in column A?	TG discussed with regard to 2.7 and 2.8 No further action	Group agreed the themes of the challenge had been addressed already via wording amended in 2.7 Group agreed suggested changes are not around differentiation or being evidenced in column A because consensus held that assessing an individual client or patient is different from having a comprehensive risk assessment strategy
Is there not an inconsistency here concerning monitoring, recognising and responding?	TG discussed with regard to 3.10 • Competence 3.10 column A amended • Competence 3.10 column B amended	Group agreed there was evidence that column A do not simply monitor but manage responses to clients or patients and that differentiated competence is seen in the active use of self in this process. Column A and B wordings amended to reflect
Are column A counsellors really unable to 'find ways of making progress'?	TG discussed with regard to 3.14 • Competence 3.14 column A amended • Competence 3.14 column B amended	Group agreed that the differentiation in column B required more explicit language to reference the ability to analyse and address in the moment and move past difficulties Group agreed column A would be addressed via slight amending to wording, which would be further strengthened by other additions and amendments to the same competence via other challenges

Feedback	Action taken	Rationale
Should we acknowledge that column A counsellors can critically reflect?	TG discussed with regard to 3.9 • Competence 3.9 column B amended	Group agreed that evidence showed a differentiation but that current wording was unhelpful in showing this Due to other feedback for 3.9 in column B, the group suggested two competences would reflect all challenges, with this specific challenge being addressed via the outcome of enhancing the client's or patient's self-awareness and understanding of themself in relationship
Should we acknowledge that using our own responses to the client in a way that is therapeutic is a competency which is exhibited in column A?	TG discussed with regard to 3.10 No further action	Group agreed the theme of this challenge had been addressed in previous wording amendments
Should we acknowledge that analysing difficulties and making progress in therapy are competences exhibited in column A?	TG discussed with regard to 3.14 No further action	Group agreed the theme of this challenge had been addressed in previous wording amendments
Should the ability to consider the potential issues arising at the end of therapy be acknowledged as a competency widely exhibited in column A?	TG discussed with regard to 3.15 • Competence 3.15 column B amended	Group agreed evidence of differentiation was present but not well captured
Is the ability to understand and apply the Equality Act and other relevant legislation (at entry level) necessary to ensure safe and ethical practice within the law?	TG discussed with regard to 1.2 and 3.2 No further action	Group agreed that evidence sources say you must work within the law
Is responding to practical and ethical demands of online therapeutic provision an 'as is' requirement of most courses or simply something of greater importance following the pandemic?	TG discussed with regard to 1.11 No further action	Group agreed that this area represented a gap that needed strengthening and that evidence sources existed to do so

Feedback	Action taken	Rationale
It is not a requirement of some training to recognise, understand and work with issues of power	TG discussed with regard to 3.6 No further action	Group discussed the modality-based challenge and agreed that though the terminology is not recognised the concept is
Sense checking what is captured as critical reflection on client processes as being – understanding and reflecting to what extent a client's emotional and physical needs are met, what attempts are being made to meet these needs, and whether the attempts would be viewed as balanced and healthy? Their capacity to utilise innate resources and skills in a healthy way to aid the meeting of needs and to recognise neurological processes such as pattern-matching and patterns of behaviour	TG discussed with regard to 3.9 and 5.1 No further action	Group discussed the modality specific interpretation and confirmed the understanding, citing also 4.2 as the application of theory and practice from your model
The use of own responses as part of the therapeutic process is not a recognised competency within some modalities	TG discussed with regard to 3.10 No further action	Group discussed the modality-based challenge and agreed that though the terminology is not recognised, the concept is and that for some modalities this may not be something you explore, it is about what is consistent with your therapeutic approach
Our approach is solution focused and predominantly short-term, where sessions are booked one-session-at-a-time. Discussions regarding holidays and breaks on both sides are addressed on a session-by-session basis. The seeking of support in case of emergency is considered best practice in the management of risk between sessions regardless of time frames and would be in competences associated with risk management and client safety	TG discussed with regard to 3.11 No further action	Group discussed that as the modality is not longer term or pre-arranged, the competence does not affect their model and their argument for risk, best practice covers this

Feedback	Action taken	Rationale
Feedback from partner that their members do not work specifically with 'unconscious' processes, rather behaviour based on pattern-matches relating to previous experiences and would seek to highlight these to clients	TG discussed with regard to 3.12 No further action	Group discussed the modality-based challenge and agreed that though the terminology is not recognised the concept is with evidence of identifying patterns in sources at Level 4
Feedback from partner that their members are trained to work with both suicidal risk and self-harm, and to recognise how it is possible for clients to feel conflicted due to the potentially paradoxical nature of these experiences	TG discussed with regard to 4.3 No further action	Wording around 'conflictual' and 'paradoxical' removed as part of other discussion – evidence of differentiation remains
The competences referencing 'unconscious' and (or) 'out of awareness processes' shaping perceptions and experiences are taught at entry level within our framework as 'trance vs observing self', pattern matching and other neurological processes	TG discussed with regard to 4.7 No further action	Group agreed that pattern matching was equivalent to unconscious etc., and recognised that though this is included in core training at column A for some approaches, it is not included in column A training for all
There is a gap in terms of referencing blind sessions and commitment to engaging with research for newly qualified practitioners	No further action	Group discussed and agreed blind sessions were an assessment method as opposed to a competence itself Group agreed that higher-level engagement with research is not expected at column A for all
Is the framework missing psychoeducation with the client?	No further action	Group agreed that evidence is required in order to add but consensus was that this didn't exist. It may be a by-product of what happens alongside therapy as opposed to an actual competence and can be best described in other ways e.g. 3.5, 3.7 and 3.8

Feedback	Action taken	Rationale
Is 'advance competence' the same as 'advance practice'?	No further action	Group discussed and agreed there were issues with perceptions of column A in comparison to column C, understanding of longer and deeper trainings, and progressions without hierarchy. Group agreed this should be picked up in better communication
Is there a gap around ability to tolerate uncertainty?	TG discussed with regard to QAA benchmark statement • Group agreed to add NEW competence	Group discussed and agreed this was a competence found across modalities and within column A
Is there a gap around ability to introduce a new perspective?	No further action	Group discussed and agreed there were issues with the challenge in terms of it not being client or patient led and potential for pre-setting the agenda, and considered whether this might already be sufficiently encompassed within 4.2's generic wording on model of change
Is there a gap around reflecting on the client's or patient's verbal and non-verbal behaviours?	TG discussed with regard to UCL Core • Group agreed to add NEW competence	Group discussed multiple evidence sources and agreed this was a column A competence
Is there a gap around the use of the client's or patient's imagination?	TG discussed with regard to imagination and imaginative life • Group agreed to add NEW competence	Group discussed and agreed beneficial to be explicit around the competence within column A

Feedback	Action taken	Rationale
Is there a gap with regard to focus on the transference relationship within a session and over time?	TG discussed with regard to patterns and work 'in the room' • Group agreed to add NEW competences in column A and B	Group discussed and agreed transference and countertransference were modality specific and higher-level competences but that the theme of the challenge offers opportunity to be more explicit around the issue of patterns, which had been previously raised and agreed within column A
Is there a gap around avoiding excessively protracted or interminable treatment which is an avoidance of ending?	TG discussed the issue of proposing something in the negative (i.e. what one shouldn't do as opposed to what one should know or do) No further action	Group discussed and agreed this was an ethical framework issue, not a competency framework issue
Is there a gap with regard to setting limits or boundaries in the moment?	TG discussed with regard to if client or patient behaviour threatens injury or damage or underlines the viability of therapy • Competence 1.5 amended	Group agreed to add something about protecting oneself as therapist as well as the client or patient
Is there a gap with regard to recognising and managing disinhibition?	TG discussed in line with updates following Online and phone therapy framework • Group agreed to add NEW competence	Group agreed there was a column A competence in recognising and understanding disinhibition in technologically mediated therapy
Is the footnote referring to the Equality Act 2010 sufficiently inclusive?	TG discussed with regard to EDI good practice • Group agreed to enhance footnote wording (footnotes now housed in glossary for accessibility purposes)	The group noted that the current framework wording does not make direct reference to protected characteristics, yet the footnote is based upon this and does not include the full list and that there are areas of discrimination and equality that impact upon EDI (e.g. class, socio-economic background and geography)

Feedback	Action taken	Rationale
Is a new competence required to sufficiently capture the establishing and maintaining of an effective therapeutic relationship?	TG discussed with regard to trust, rapport, acceptance and humanity • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Does competence 3.3 need to better reflect its relational focus?	TG discussed with regard to the content being more thematically covered by similar in theme 5, and opportunity to focus on the more relational aspects of diversity within theme 3 • Competence 3.3 reworded	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Does the framework need to add something to reference intersectionality?	TG discussed intersectionality as crucial to current conversations and work around EDI • Group agreed to add NEW competence	Group reviewed an EDI competence in the Supervision competence framework as a new source of evidence
Does the existing competence reference the ability to view the needs of the client or patient need to be expanded to cover wider context and better reflect the sense of the client's or patient's own identity?	TG discussed coverage and positioning of 3.4 • Competence 3.4 amended	Group agreed new source of evidence offered open language which includes systemic context and focus on the uniqueness and client's or patient's own sense of identity
Does the existing competence require an additional bullet point to address how EDI issues might impact upon therapy?	TG discussed coverage of 3.14 • Competence 3.14 amended	Group agreed further wording was required as to how ruptures that relate to EDI issues, as opposed to therapeutic issues, might impact upon therapy
Does the framework need to add a competence which explicitly references a practitioner's ability to adopt a trauma informed approach?	TG discussed various feedback challenges on the absence of trauma from the framework • Group agreed to add NEW competence	Group considered a paper by an independent analyst to determine if, how, and where trauma could be referenced within the framework. It was agreed to add a column A competence which referenced the key themes of recognising trauma and importance of working to own competence at each level

Feedback	Action taken	Rationale
Does existing competence 4.5 need to move themes from 4: Knowledge and skills to 3: Relationship?	TG discussed theme of 4.5 • Competence 4.5 moved, and wording enhanced	Group agreed when looking at the overarching work on the therapeutic relationship that ability to understand and respond to emotional content was better aligned with the new and revised competences in theme 3
Does a new competence need to be added to reference a practitioner's ability to respect client or patient autonomy?	TG discussed an agreed key outcome for therapy as being client or patient autonomy and empowerment • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Does the existing competence need to be strengthened in terms of communication and anti-oppressiveness?	TG discussed coverage of 4.8 and the difference between inclusion, anti-oppressiveness, and non-oppressiveness • Competence 4.8 amended	Group reviewed an EDI competence within the Supervision competence framework as a new source of evidence which suggested that the inclusion of 'non-oppressive communication' is an additional, important distinction to non-discriminatory behaviour
Does the existing competence need to mirror EDI awareness outcomes of valuing and respecting and using difference (as opposed to defining it)?	TG discussed wording of 4.9 with regard to what was important • Competence 4.9 amended	Group agreed that defining difference is not the important skill, rather the focus on difference and the impact it can have are
Does the existing competence, referencing therapist ability to communicate, need to be more explicit in terms of aspects of communication?	TG discussed wording of 4.13 with regard to therapist's ability to take into account a number of aspects to ensure clear communication with clients or patients • Competence 4.13 amended	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst

Feedback	Action taken	Rationale
Does the existing competence need strengthening to mirror the EDI competences that suggest the skill is not in understanding your preconceptions and biases, but in challenging them?	TG discussed wording of 5.2 with regard to need for therapists to work on their own bias as opposed to simply understanding its relevance • Competence 5.2 amended	Group reviewed an EDI competence within the Supervision competence framework as a new source of evidence
Can we draw upon findings to say more about the therapist's ability to bring trust and connection into the therapeutic relationship?	TG discussed wording of 3.9 with regard to need for therapists to work on their own bias as opposed to simply understanding its relevance • Competence 3.9 amended	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Is the specific ability around being responsive to the client's or patient's agenda adequately covered by the current framework?	TG discussed with regard to client or patient needs • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Is the specific ability around being able to help the client or patient express their emotions adequately covered by the current framework?	TG discussed with regard to the enablement of client's or patient's emotions and in the importance of discussing their emotional reactions, and in relation to the theme of responding appropriately to emotional content, as noted in existing competence 4.5 which was earlier moved to theme 3 • Group agreed to add additional content to competence 4.5	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Is the specific ability around being able to work with client's or patient's emotions sufficiently covering the potentially differentiated or higher-order skill competence of working with intense emotions?	TG discussed with regard to potential for column C competence within theme 3 but agreed this addition was not helpful beyond that already covered in the moved 4.5 No further action	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst

Feedback	Action taken	Rationale
Is the specific ability around being able to note an unspoken client's and (or) patient's agenda sufficiently covered within the current framework?	TG discussed with regard to the potential of unspoken material 'in the room' • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Does the existing competence require strengthening to note the relationship must be rooted in courtesy and respect?	TG discussed wording of 3.5 with regard to working in collaborative and boundaried ways with clients or patients • Competence 3.5 amended	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
All competences should replace binary gender pronouns 'his' or 'her' with 'their'	TG discussed in relation to a proposed competence which was ultimately not agreed No further action	Group agreed given work and conversations arising out of EDI source, however no binary gender pronouns were subsequently found throughout framework, methodology or narrative
Is it convoluted or necessary to use 'respond therapeutically' (and similar) as opposed to a simpler 'respond' etc.?	TG discussed in relation to 2.10, extending to others also including 'respond appropriately' • 2x competences had unnecessary terminology removed • 3x competences no further action, remain as drafted	Group agreed phraseology helpful in some cases when it may relate to situations when it might be easy to respond untherapeutically
Is there a gap relating to therapist ability to reflect and (or) learn from when things go poorly, and they can't be repaired?	TG discussed the framework in regard to 'learning from' • Competence 5.1 amended	Group discussion of the additional bullet point for 3.14 wording (of when therapists work to repair relationships) raised the question of where the framework addressed what therapists do when they can't. Group agreed existing content should be strengthened to show ability to learn via practice and supervision

Feedback	Action taken	Rationale
Is there anything else that needs to be addressed in competence 1.12 in terms of strengthening wording?	TG discussed with regard to issues of differentiation, relevance and language • No further action with regard to use of professional community in columns B and C • Competence 1.12 column C wording amended	Evidence shows working in multidisciplinary teams is a skill gained in higher-level trainings often connected to specific placement
Does the group need to revisit competences containing mental health criteria in light of changes already made, outstanding feedback to be processed and standardised wording?	TG returned to discuss competences 2.1, 2.2 and 2.4 as a suite following several individual challenges • Competence 2.1 amended • Competence 2.2 column A enhanced using appropriate wording from column B competence • Competence 2.2 column B removed • Competence 2.4 column A amended • Competence 2.4 column B amended	In compiling the glossary, the group recognised issues with interchanging terms and the loss of clarity and consistency post amends
Does 2.7 sufficiently cover depth and complexity of risk?	TG discussed competence 2.7 with regard to all therapists facing complex and high-risk clients or patients • Competence 2.7 amended • Competence added to 2.7 column C	Group discussed and agreed that all therapists need to work within own levels of competence, and that therapists having completed training for entry to column C would work to higher thresholds in terms of continuing therapy with high-risk clients or patients

Feedback	Action taken	Rationale
Is a third-party harm and risk to therapy sufficiently covered within the current framework?	TG discussed with regard to context of assessing risk to therapy when clients or patients are at risk outside of the therapy room • Competence 2.8 enhanced	Group agreed that there was a gap in covering assessment of clients or patients who may be at risk of ongoing third-party harm
Does language need to be included in competences relating to culture?	TG discussed with regard to competences referencing identity, culture, values, and worldview • Competences 1.9, 3.2 and 5.3 enhanced	Group agreed that language be added in relation to competences whereby the list referred to working with the client or patient
Does the framework need to address working with third parties in the room?	TG discussed third parties may be in the room in roles as carers, signers, translators etc. and that this can impact on the work • Group agreed to add NEW competence	Group identified the gap during discussion on language when the issue of translator's and interpreter's presence was noted. Evidence found suggesting a column A competence
Wording relating to 'unconscious' and 'out of awareness' working implies expert and patient, and prizes psychodynamic ways of working	TG discussed with regard to 3.12, 4.3, 4.7 and 5.1 No further action	Group agreed the theme of the feedback has been sufficiently discussed throughout various challenges (e.g. patterns) and that there are other techniques (e.g. Gestalt) which bring things into awareness without being psychodynamic
Does the framework sufficiently cover the concept of time with regard to ability to ensure interventions fit the time constraints?	TG discussed the competence of adapting interventions with regard to time and skills of the therapist comparing to criteria 1.3, 2.1, 3.7 and 3.8 • Group agreed to add NEW competence	Group agreed evidence showed this was an additional competence not already covered
Is there a gap within the framework when it comes to review of progress?	TG discussed with regard to 1.3 which talks about 'review' but only in terms of the contract, not review of progress or goals • Group agreed to add NEW competence	Group agreed this was an important gap to capture, as evidence indicates review of progress does enhance therapy and provide opportunities for client or patient to feed back to therapist

Feedback	Action taken	Rationale
Is there a gap in the framework with regard to explicit consent?	TG discussed with regard to lack of noting the client or patient is being 'informed' or establishing consent • Competence 1.3 enhanced	Group agreed that 1.3 could be strengthened to go beyond the negotiation of contract by explicitly naming informed and freely given consent
Does the framework adequately cover what is expected of referrals?	TG discussed with regard to lack of acknowledgement that therapists may do more than simply 'make' referrals • Competence 2.6 enhanced	Group agreed 2.6 could be strengthened to reflect that therapists may need to manage the process of referral
Does the framework adequately cover the required therapist knowledge of legislation (beyond the Equality Act)?	TG discussed the lack of explicit note of therapist working to legal frameworks (beyond the Equality Act) • Competence 1.1 enhanced	Group agreed that there was a need to ensure the framework covered working to legal frameworks as well as professional and ethical
Should theme 3 be renamed as Therapeutic relationship (as opposed to current 'Relationship')?	TG discussed with regard to extent of feedback provided and IA research on the theme of the therapeutic relationship • Theme 3 title enhanced	Group agreed that the original theme name came out of a thematic sort and so the additional work provided evidence for a rename
Does the framework adequately cover an entry level skill of use of self?	TG discussed evidence with regard to strengthening content within theme 5: Self-awareness and reflection • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst
Is empathy sufficiently covered?	TG discussed evidence with regard to strengthening the communication of empathy • Group agreed to add NEW competence	Group reviewed evidence captured in a summary paper from the sources listed on the therapeutic relationship compiled by an independent analyst

Feedback	Action taken	Rationale
Challenge to definition of assessment as believed it should be about the counsellor's ability to work with the person, as much as the state the person is in	TG agreed themes of the challenge – rapport and trust – are key to relationship and thus successful outcomes, however believed to be covered by new work elsewhere in the framework No further action	Group agreed this was covered by new criteria relating to therapeutic relationship
Counsellors have written essays critically appraising psychological ideas, cultural and socio-political concepts [4.2] in their work in columns outside column C, and lower education levels than L7. This [4.2] implies that (column) A and B practitioners are oblivious to – and so cannot engage with – the history of ideas and their social context	TG discussed in line with other thematically similar challenges (e.g. 4.8 and 4.12) No further action	Group agreed issue is not that column A and B practitioners are not able to engage with ideas and social context, but the evidence is that there is differentiation in terms of what is expected and assessed in different levels of training and practice
There is a false differentiation in competence 4.3	TG discussed after processing a reword in 4.3 column B No further action	Group agreed differentiation in evidence sources existed and rewording made this clearer
There is a false differentiation in competence 4.11	TG discussed 4.11 content overall during earlier feedback challenges on relevance to settings No further action	Group agreed differentiation was clear in evidence with regard to understanding, use of, and wider engagement
There is a false differentiation across the whole of theme 4: Knowledge and skills whereby column B competences are the same as column C competences (except for 4.12)	TG discussed with regard to the competences in theme 4, noting there had been earlier discussions and individual revisions made prior to this overarching challenge No further action	Group discussed false differentiation as a concept and via individual competences extensively throughout this framework version's feedback stage and made revisions where appropriate and where evidence existed

Feedback	Action taken	Rationale
There is a gap with regard to organisational culture and how this can impact on counselling services and individual counselling sessions	Out of scope No further action	Group agreed this is beyond therapy itself
There is a gap related to embodiment	TG suggested this might be covered more broadly within non-verbal communication No further action	Group agreed there wasn't evidence to warrant a separate competence
There is a gap related to social justice	Out of scope No further action	Group agreed this was important but that it could not be said to be a competence
Is this relevant and using input from Northern Ireland?	TG not aware of any specific standard for NI as standards are UK wide No further action	Group agreed this may be an issue for communications on relevance
Does criterion 2.1b [chronic and enduring mental health conditions] mean BACP accredited counsellors will no longer be able to work within NHS IAPT services [as the competence has been taken to be understood]?	TG agreed that the framework does not prevent people working within their competence, so this does not prevent accredited counsellors working in IAPT services. However, not all accredited counsellors will have had this level of training as it sits in training standards at column C	Group agreed this is a communications issue

Feedback	Action taken	Rationale
Various comments on framework accessibility	TG discussed and made various changes and recommendations to framework, methodology and narrative documents including: • Plain English • Inclusive language • Adding a glossary • Framework re-numbering • Accessible versions of all documents	Group agreed that various issues existed with understanding and ability to access the July 2020 version of the framework
Layout suggests a linear progression and academic template	TG discussed and made various changes and recommendations to framework, methodology and narrative documents including: • Graphic interpretation of entry and transition points • Language within practice standards table	Group agreed that various issues existed with understanding and interpretation of the July 2020 version of the framework Group agreed this is also broadly within the scope of communications
The framework is suited to a clear understanding of the employment of practitioners across generic roles. However, this would be strengthened further by giving some examples of existing roles and job titles that the framework maps onto	TG discussed more broadly during earlier feedback the issues with applying settings and roles to specific columns or competences, as this is both too prescriptive and out of scope of the work No further action	See Action

Feedback	Action taken	Rationale
Various concerns and comments on perceived access to employment (including impact on current work)	Both TG and SCoPEd Oversight Committee (SOC) have discussed this and see both the increased partnership and clearer and joint communications as helpful to addressing this in the future, however noting that the framework is not changing therapists' current training, knowledge and skills nor the requirement to work ethically within their competence	See Action
Various concerns and comments on the value of specialisations	The current framework remit is to map generic shared minimum standards across core training, practice and competence requirements for therapists working with adults, specialisms are out of scope No further action	See Action
Various concerns and questions on gateways, including your individual circumstances and where you 'fit' and issues related to access, cost and privilege related to progression	The SOC agreed that work on gateways will fall into phase two of this work, to be commenced after publication of the current framework	See Action
Various concerns and questions on titles	The SOC agreed that work on titles will fall into phase two of this work, to be commenced after publication of the current framework, however noting that in an environment without regulation or legal protection of titles, this is an issue relating to ethics and representation rather than membership body policing	See Action

Feedback	Action taken	Rationale
Various comments on use of CPD	CPD is typically a requirement of membership bodies and not within the remit of current mapping No further action	See Action
Various comments on bodies outside the PSA and different trainings (e.g. BPS, doctoral study, psychology degrees)	Out of scope No further action	See Action
Various comments on use of personal therapy	The current framework remit is to map shared minimum standards. The TG and SOC have discussed and agreed that there are no shared minimum agreements on personal therapy at present, and the current framework remit is not to set a standard for personal therapy No further action	See Action
Various comments on the evidence and work completed and need for transparency	The methodology contains all information on the sources and processes used to produce the current framework This documentation has been agreed and signed off by the TG, Expert Reference Group (ERG) and SOC No further action	See Action
Various concerns about negative attitude towards SCoPEd, threat of fragmentation, social media behaviours	Both TG and SOC have discussed this and see both the increased partnership, and clearer and joint communications as helpful to addressing this in future	See Action

Feedback	Action taken	Rationale
Various opposition related to themes of seniority, hierarchy, access to column C, power, devaluing of vocational qualifications, perceptions of medicalised model, conflation of competence and competences	Both TG and SOC have discussed and agree not everyone will support the work in ideological or practical terms, but hope the increased partnership, and clearer and joint communications will be helpful in addressing this for those whose views or understanding are less philosophically opposed	See Action
Various comments on audience benefit, rationale, scope etc.	Improved communications agreed within extended partnership	See Action
Various comments on regulation and professionalisation	Improved communications agreed within extended partnership	See Action

Appendix 7: List of sources consulted by the Information Analyst

Representations of the therapeutic relationship: List of sources accessed July 2021

ACC Core Competence Framework

ACP Competence Map for Child and Adolescent Psychotherapists (2020)

ACP Quality Assurance Framework for Training in Child and Adolescent Psychoanalytic Psychotherapy

Agenda for Change Band 5 (Counsellor Entry Level) (2005)

Agenda for Change Band 6 (Counsellor) and Band 7 (Counsellor Specialist)

AIM Qualifications Level 4 Diploma in Counselling Practice

AIM Qualifications Level 5 Diploma in Psychotherapeutic Counselling

AIM Qualifications Level 6 Diploma in Psychotherapeutic Counselling (informed by research)

American Counseling Association Code of Ethics 2014

American Psychological Association Ethical Principles of Psychologists and Code of Conduct

Australian Counselling Association Scope of Practice (2016)

BACP Generic Core Competences (2007)

BACP Ethical Framework for the Counselling Professions (2018)

BACP Counselling Skills Competence Framework (2020)

BACP The competences required to deliver effective counselling in further and higher education

British Psychoanalytic Council: Accreditation Criteria: Psychodynamic Psychotherapy

CPCAB Level 4 Diploma in Therapeutic Counselling

CPCAB Level 5 Diploma in Psychotherapeutic Counselling

CPCAB Model of helping work and counselling practice (2015)

EAC Training Standards (2013)

Elliott, R., Bohart, A.C., Watson, J.C., & Murphy, D. (2018). Therapist Empathy and Client Outcome: An Updated Meta-Analysis. *Psychotherapy*, 55, 4, 399 – 410

ENTO National Occupational Standards for Counselling (2007)

European Association for Psychotherapy: EAP Quality Standards

Everall, R.D. & Paulson, B.L. (2002). The therapeutic alliance: Adolescent perspectives. *Counselling and Psychotherapy Research.*, 2, 2, 78 – 87

Farber, B.A., Suzuki, J.Y. & Lynch, D.A. (2018). Positive Regard and Psychotherapy Outcome: A Meta-Analytic Review. *Psychotherapy*, 55, 4, 411 – 423

Gelso, C.J., Kivlinghan, D.M. Jr & Markin, R.D. (2018). The Real Relationship and Its Role in Psychotherapy Outcome. *Psychotherapy*, 55, 4, 434 – 444

Hayes, J.A., Gelso, C.J., Goldberg, S. & Kinvlinghan, D.M. (2018). Countertransference Management and Effective Psychotherapy: Meta-Analytic Findings. *Psychotherapy*, 55, 4, 496 – 507

HCPC Standards of Proficiency: Practitioner Psychologists (2015)

HCPC Standards of Education and Training (2017)

HCPC Standards of Conduct (2016)

National Counselling Society Standards of Training and Education for Accredited Courses (2020)

National Occupational Standards (NOS) for Psychological Therapies (Skills for Health)

Norcross, J.C. & Lambert, M.J. (2018). Psychotherapy Relationships That Work III. *Psychotherapy*, 55, 4, 303 – 315

Noyce, R. & Simpson, J. (2018). The Experience of Forming a Therapeutic Relationship from the Client's Perspective: A Metasynthesis. *Psychotherapy Research*, 28, 2, 281 – 296

Open College Network Level 4 Diploma in Counselling

QAA Subject benchmark statement Counselling and Psychotherapy (2013)

SEG Awards ABC Level 4 Diploma in Therapeutic Counselling

Skills For Health (NOS) MH100 Establish and maintain the therapeutic relationship (2010)

UCL Generic Therapeutic Competences

UCL Basic Analytic Dynamic Competences

UCL Basic Competences for Humanistic Psychological Therapies

UCL Assessing Competences against the Cognitive Behaviour Therapy Framework (2007)

UCL CBT Basic Competences

UKCP Guidelines for Mental Health Familiarisation

UKCP Professional Occupational Standards

UKCP Standards of Education and Training (2017): The Minimum Core Criteria: Psychotherapy with Adults

UKCP PCIPC Standards of Education and Training for Psychotherapeutic Counselling

Trauma: list of sources accessed October 2021

APA work on trauma-informed counsellor competences https://www.ncbi.nlm.nih.gov/books/NBK207194/box/part2_ch2.box7/?report=objectonly

APP training for psychoanalytic psychotherapy http://psychotherapytraining.co/training/psychoanalytic-psychotherapy-training

BACP information for clients on what to expect when being counselled for trauma and post-traumatic stress disorder: Information for clients – August 2017 (Authors: Stephen Joseph, Steve Regel, Belinda Harris and David Murphy)
https://www.bacp.co.uk/about-therapy/trauma-and-ptsd

BACP Supervision competences 2021

Cert and Diploma in trauma therapy delivered by The Grove – private psychotherapy centre

Cook, J. M.; Newman, E. & Simiola, V. (2019) 'Trauma training: Competencies, initiatives, and resources.' *Psychotherapy (Chicago Ill)* 56: 3: 409 – 421

European Association for Psychotherapy: EAP Quality Standards

NHS Education for Scotland
https://transformingpsychologicaltrauma.scot/media/cuzhis0v/nesd1334-national-trauma-training-programme-online-resources_0908.pdf

Sources of further information on trauma in counselling and psychotherapy:

Herman, J.L. (1992) Complex PTSD. In G.S. Everly Jr and J. M. Lating (Eds). *Psychotraumatology*. New York: Plenum. pp 87 – 100

Horowitz, M.J. (1986) *Stress Response Syndrome*. (2nd edn.) New York: Aronson

Spiers, T. (ed.) (2001) *Trauma: A Practitioner's Guide to Counselling*. Hove: Brunner-Routledge

Wastell, C. (2005) *Understanding Trauma and Emotion*. Maidenhead: Open University Press

Wilson, J. and Družđek, B. (Eds). (2004). *Broken Spirits. The Treatment of Traumatized Asylum Seekers, Refugees and Torture Victims.* New York: Brunner-Routledge

Yule, W. (Ed.) (1999). *Post-Traumatic Stress Disorders. Concepts and Therapy.* Chichester: Wiley

Appendix 8: Changes to the framework

Theme 1

Professional framework

Blue = changes from the July 2020 version
Competence numbers relate to the July 2020 version and may have changed in the January 2022 version

Therapist A		Therapist B	Therapist C
1.1	Knowledge of and ability to operate within professional, **legal** 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, **ensuring that the client's or patient's consent is explicitly informed and freely given**		
NEW:	**Ability to create regular opportunities for the client or patient to review and feed back their experience of the therapy**		
1.4	Ability to protect the confidentiality and privacy of clients or patients from unauthorised access or disclosure by informing them in advance about any reasonably foreseeable limitations of confidentiality and privacy		
1.5	Ability to provide and maintain a secure framework for **both therapist and** clients or patients, in terms of meeting arrangements and the therapy setting		

Therapist A	Therapist B	Therapist C
1.6 Ability to evaluate own work within an ethical framework and apply the framework to resolve conflicts and ethical dilemmas		
1.7 Ability to address and respond to ethical dilemmas and recognise when to consult with supervisor and (or) other appropriate professionals		
1.8 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		
1.9 Ability to incorporate equality awareness and consideration of diversity of client's or patient's identity, culture, **language,** values and worldview into ethical decision-making		
1.10 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		

Therapist A	Therapist B	Therapist C
1.11 Ability to manage and ~~appropriately~~ respond **appropriately** to the practical and ethical demands of ~~online therapeutic provision and~~ all forms of technologically mediated **therapy and** communication		
1.12 Ability to use team-working skills to work with others	**1.12.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 **1.12.b** Ability to work in multi-disciplinary teams with other professionals to ~~maximise~~ **enhance** therapeutic outcomes	**1.12.c** Ability to take an active role within the professional community locally and nationally. Be able to communicate effectively with other professionals in ~~imparting~~ **sharing** information, advice, instruction and professional opinion

Theme 2

Assessment

Blue = changes from the July 2020 version
Competence numbers relate to the July 2020 version and may have changed in the January 2022 version

Therapist A	Therapist B	Therapist C
2.1 Ability to make an **initial and ongoing** assessment of the client's or patient's problems and suitability for therapy **being offered**	**2.1.a** Ability to ~~undertake a competent~~ **use an initial and ongoing** clinical assessment **strategy** that is **informed by a** consistent, ~~with own~~ **coherent and in-depth** therapeutic approach	**2.1.b** Ability to conceptualise and (or) formulate ways of working with clients or patients with chronic and enduring mental health conditions
NEW: Ability to establish agreement on the therapeutic work which attends to the needs of the client or patient, the skills of the therapist and the time available		
2.2 Ability to **recognise own professional limitations, and in** collaborati**on** ~~vely manage the process of referral~~ with clients or patients and ~~(or)~~ other professionals **as appropriate, manage the process of referral** during assessment and throughout therapy	**Incorporated into 2.2** ~~**2.2.a** Ability to recognise more significant mental health symptoms and difficulties, and know when and how to refer on~~	
2.3 Ability to assess **the** client**'s** or patient**'s** suitability for ~~online~~ **technologically mediated** therapy		

Therapist A	Therapist B	Therapist C
2.4 Ability to draw upon knowledge of common mental health problems and **symptoms of psychological distress (with due understanding of cultural norms)** ~~and their presentation~~ during assessment and throughout therapy	**2.4.a** Ability to ~~critically appraise and~~ conceptualise, **evaluate and take account of** a range of **mental health problems,** symptoms of psychological distress, functioning and coping styles (with due understanding of cultural norms), during assessment and throughout therapy	**2.4.b** Ability to understand the language and discourses around diagnosis, psychopathology and mental disorders
2.5 Ability to understand core issues relating to the role of psychiatric drugs, dependence and withdrawal and the implications these have for clients or patients in therapy		
2.6 Ability to work within own scope of practice and professional limitations and **manage the process of** ~~make~~ referrals where appropriate		
2.7 Ability to make **initial and ongoing** risk assessments regarding clients' or patients' and (or) others' safety, and comply with safeguarding guidance, appropriate to the therapy setting **taking into account own limits of competence**	**2.7.a** Ability to devise and use a comprehensive risk assessment strategy	**NEW** **Ability to make complex judgments about ongoing work with high risk clients or patients and take appropriate action as needed**

Therapist A	Therapist B	Therapist C
2.8 Ability to ~~undertake a collaborative~~ **collaborate with clients or patients and (or) others as appropriate to** assess~~ment of~~ risks, needs and strengths when working with imminent and ongoing: • suicidal ideas and (or) behaviour~~, and~~ • self-harming ideas and (or) behaviour • **risk of harm to clients or patients from third parties e.g. situations of domestic abuse**		
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 ~~assess~~ **make an initial and ongoing assessment of** the risks for both parties specific to the ~~online~~ environment **of technologically mediated therapy**	**2.10.a** Ability to identify and respond to the ~~interpersonal risks that are specific to working online as they impact on the therapeutic process or interaction with a client's or patient's presenting problems~~ **impact of the technologically mediated environment on issues of identity and presence, including fantasies and assumptions about the therapist and client or patient**	

Theme 3

Therapeutic Relationship

Blue = changes from the July 2020 version
Competence numbers relate to the July 2020 version and may have changed in the January 2022 version

Therapist A	Therapist B	Therapist C
3.1 Ability to understand the central importance of the role and purpose of the therapeutic relationship within the therapeutic approach		
NEW: **An ability to demonstrate personal qualities associated with supporting a strong therapeutic relationship including:** • **showing appropriate levels of empathy, warmth, concern, confidence and genuineness, matched to the client's or patient's need** • **experiencing and communicating a fundamentally accepting attitude** • **being respectful, non-judgmental, and approachable with an ability to establish rapport** • **being flexible and allowing the client or patient to discuss issues which are important to them**		
3.2 Ability to **explore with the client or patient and** reflect upon the impact that diversity of ~~the client's or patient's~~ **their** identity, culture, **language**, values and worldview (including protected characteristics) has upon the relationship **and the therapeutic process,** and use this **shared** understanding in ongoing work		

Therapist A	Therapist B	Therapist C
NEW: **Ability to reflect on and understand the impact of working with a third party present in the therapy sessions (e.g. as translator, interpreter, signer, carer)**		
3.3 Ability to ~~reflect on own identity, culture, values and worldview and the impact of these on the therapeutic relationship~~ **communicate empathy, sensitivity, acceptance, openness and curiosity towards all aspects of diversity and respond in a way that shows an understanding of the client's or patient's perspective**		
NEW: **Ability to work therapeutically with issues of diversity and intersectionality, taking account of the different dimensions of diversity within a person**		
3.4 Ability to ~~view the needs of the client or patient~~ **value and understand the person** within ~~a number of~~ **their unique** context~~s~~ including but not limited to, their family, social, **community** and cultural setting **alongside their personal history and sense of identity**		
3.5 Ability to establish and hold appropriate boundaries ~~and create and maintain~~**, creating and maintaining** a collaborative relationship **rooted in courtesy and respect**		
NEW: **Ability to be responsive to the client's or patient's agenda, focus, therapeutic needs and pace**		
3.6 Ability to recognise, understand and work with issues of power and how these may affect the therapeutic relationship	**3.6.a** Ability to work with issues of power and authority experienced in the 'unconscious' or 'out of awareness' processes of the client or patient as part of the therapeutic process	**3.6.b** 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

Therapist A	Therapist B	Therapist C
3.7 Ability to explore the client's or patient's expectations and understanding of therapy and the relationship with the therapist		
3.8 Ability to agree a shared understanding of the purpose, nature and process of therapy and the therapeutic relationship with the client or patient		
3.9 Ability to establish, sustain and develop the therapeutic relationship **and to engender trust and authentic connection**	**3.9.a** Ability to critically reflect ~~up~~on the client's or patient's process ~~within the therapeutic relationship~~ **to enhance the client's or patient's self-awareness and understanding of themself in relationship**	
	NEW: **Ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining a level of emotional engagement appropriate for each circumstance**	
NEW: **Ability to form an empathic connection which communicates understanding of the client's or patient's experience**		
MOVED from 4.5. plus enhancements in blue Ability to **enable the appropriate discussion of and (or) expression of the client's or patient's emotions, and** understand and respond ~~appropriately~~ **therapeutically** to the emotional content of sessions		

Therapist A	Therapist B	Therapist C
3.10 Ability to ~~use self-awareness to monitor~~ **be aware of and manage** own emotional or physical responses to the client or patient	**3.10.a** Ability to **actively** use own responses to the client or patient in a way that is therapeutic and consistent with the theoretical model or approach	
3.11 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		
NEW: Ability to be open and aware that the client or patient may have an unspoken agenda		
NEW: Ability to reflect on and tolerate uncertainty, responding therapeutically while maintaining appropriate boundaries		
NEW: Ability to attend to, reflect on and respond to the client's or patient's verbal and nonverbal communication as part of the therapeutic process		
3.12 Ability to recognise and respond to difficulties or ruptures in the therapeutic relationship	**3.12.a** Ability to ~~recognise difficulties or~~ **make use of** ruptures **or impasses** in the ~~therapeutic relationship~~ **therapy** ~~and explore with~~ **as opportunities for expanding the understanding of** the client**'s** or patient**'s** ~~similarities with other relationships~~ **subjective experience of their difficulties**	**3.12.b** Ability to work therapeutically with ruptures or difficulties within the therapeutic relationship using ~~critical~~ awareness of and skills associated with 'unconscious' or 'out of awareness' processing
3.13 Ability to make professional arrangements in the event of a sudden or unplanned break or ending and communicate the arrangements to the client or patient		

Therapist A	Therapist B	Therapist C
3.14 Ability to foster and maintain a good therapeutic relationship~~, and to understand the client's or patient's identity, culture, values and worldview~~ **including**: • capacity to recognise and ~~to~~ address threats to the therapeutic relationship • ability to recognise **and respond** when strains in the relationship threaten the progress of therapy • ability to use appropriate interventions in response to disagreements about tasks and goals • **being aware of possible responses and meanings for the client or patient if the therapist takes external action (e.g. when needing to implement risk management procedures)** • **ability to address difficulties related to equality, diversity, and inclusion in order to repair any damage to the therapeutic relationship**	**3.14.a** Ability to analyse **and address** difficulties ~~encountered as part~~ **in the immediacy** of the therapeutic ~~process~~ **encounter** to find ways ~~of making progress~~ **to overcome such difficulties**	
3.15 Ability to clearly communicate about endings with the clients or patients, and work to ensure these are managed safely and appropriately	**3.15.a** Ability to consider ~~the potential~~ **and manage complex** issues arising when ending therapy in the light of the client's or patient's previous experience **of endings**	
3.16 Ability to end a session appropriately		

Theme 4

Knowledge and skills

Blue = changes from the July 2020 version
Competence numbers relate to the July 2020 version and may have changed in the January 2022 version

Therapist A	Therapist B	Therapist C
4.1 Ability to articulate the rationale and philosophy underpinning own therapeutic practice		
4.2 An understanding of and the ability to apply 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
4.3 Ability to apply understanding of ~~a)~~ suicidal behaviours, and (or) ~~b)~~ self-harming behaviours, to work collaboratively with clients or patients	**4.3.a** Ability to work with suicidal risk and **the often complex nature of suicidal ideation and** (or) other self-harming behaviours and associated 'unconscious', or 'out of awareness' processes and perceptions, ~~including the conflictual and paradoxical nature of suicidal ideation~~	

Therapist A	Therapist B	Therapist C
NEW: **Ability to help the client or patient to become aware of recurring patterns in their relationships in order to facilitate therapeutic change**	**NEW:** **Ability to use the therapeutic relationship to work with the client's or patient's 'unconscious' or 'out of awareness' perceptions, experiences and distortions of the therapist and the therapeutic relationship to enhance therapeutic change**	
NEW: **Ability to recognise symptoms of trauma and acknowledge own limitations and level of competence in work with clients or patients showing such symptoms**		
4.4 Ability to understand **and track** the process of change within a core, coherent theoretical framework and adopt a stance as therapist in accordance with it		
MOVED to Therapeutic Relationship: ~~4.5 Ability to understand and respond appropriately to the emotional content of sessions~~		
4.6 Ability to select and use appropriate therapeutic interventions and (or) responses	**4.6.a** Ability to demonstrate the capacity, knowledge and understanding of how to select **and adapt interventions** ~~or modify~~ **and (or)** approaches to respond ~~appropriately~~ to the needs of the client or patient	
NEW: **Ability to recognise, respect and work to support and enhance the autonomy of the client or patient**		

Therapist A	Therapist B	Therapist C
4.7 Ability to use skills and interventions for the benefit of the clients or patients, that are consistent with underlying theoretical knowledge	**4.7.a** Ability to reflect upon the complex and sometimes contradictory information gained from clients or patients and to coherently describe their present difficulties and the potential origins using a clear theoretical model or approach	**4.7.b** Ability to understand the nature and purpose of therapy to evaluate and use theory to conceptualise how 'unconscious' or 'out of awareness' processes in both client or patient and therapist, may shape perceptions and experiences and influence the therapeutic process
NEW: Ability to invite the client's or patient's use of imagination to facilitate work towards therapeutic goals		
4.8 Ability to reflect upon own identity, culture, values and worldview, and have the capacity to work **and communicate** authentically in a non-discriminatory **and anti-oppressive** manner	**4.8.a** Ability to ~~describe~~ **recognise and explore with the client or patient** the ~~philosophical~~ assumptions that underpin ~~theoretical~~ understanding of identity, culture, values and worldview	**4.8.b** Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice
4.9 Ability to ~~define difference~~ **acknowledge diversity** and explore the impact of discrimination, prejudice and oppression on mental health		
NEW: Ability to a) recognise when technologically mediated therapy effects a lowering of inhibition in either the client or patient and (or) the therapist and b) regulate and understand the impact this has on the therapeutic relationship		
4.10 Ability to understand the inter-relatedness of psychological and physical illness		

Therapist A	Therapist B	Therapist C
4.11 Ability to understand the use of audit and evaluation tools to review own counselling work	**4.11.a** Ability to utilise audit and evaluation tools to monitor and maintain standards within practice settings	**4.11.b** Ability to utilise audit and evaluation methodologies to contribute to improving the process and outcomes of therapy
4.12 Ability to understand, assess and apply research evidence to own practice	**4.12.a** Ability to ~~critically appraise~~ **draw upon and evaluate** published research on counselling and psychotherapy, and integrate relevant research findings ~~into~~ **to enhance** practice	**4.12.b** Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings of ~~the discipline~~ **therapeutic practices**
4.13 Ability to communicate clearly**, appropriately and using understandable language** with clients or patients, colleagues and other professionals ~~both in writing and verbally~~ **providing and receiving information which may be complex, sensitive and (or) contentious**		

Theme 5

Self-awareness and reflection

Blue = changes from the July 2020 version
Competence numbers relate to the July 2020 version and may have changed in the January 2022 version

Therapist A	Therapist B	Therapist C
5.1 Ability to ~~engage in~~ **make use of** personal development, ~~that includes~~ self-awareness ~~in relation to clients or patients to~~ **and supervision to reflect on, learn from and** enhance therapeutic practice	**5.1.a** Ability to be emotionally prepared for intense and complex work, which requires **sustained** reflexivity~~, and which is potentially taxing for the therapist~~	**5.1.c** Ability to evidence reflexivity, self-awareness and the ~~therapeutic~~ **active** use of self to work at depth in the therapeutic relationship and **throughout** the therapeutic process
	5.1.b Ability to work with 'unconscious' and 'out of awareness' processes	
NEW: Ability to use awareness of self during therapy to enhance the therapeutic process		
5.2 Ability to reflect on aspects of own identity, culture, values and worldview that have most influenced 'self' and ~~understand the relevance of this when working with others~~ **work on own preconceptions and bias**		
5.3 Ability to understand the significance and impact of own identity, culture, **language,** values and worldview in work with clients or patients	**5.3.a** Ability to critically challenge own identity, culture, values and worldview	
5.4 Ability to monitor and evaluate fitness to practise, and maintain ~~personal, psychological and physical health~~ **own self-care and wellbeing**		

Therapist A	Therapist B	Therapist C
5.5 Understand 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		

Footnotes from the previous framework have been moved to the glossary in the January 2022 SCoPEd Framework for accessibility.

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