

Psychotherapists and Counsellors Professional Liaison Group (PLG)
19 October 2010

BACP position statement on regulation of psychotherapists and
counsellors

Executive summary and recommendations

Introduction

At the meeting held on 30 September 2010 it was agreed that this meeting would focus on differentiation and that information pertaining to the Psychological Profession's Alliance Group's (PPAG) discussions about the structure of the Register should be tabled.

The attached document has been produced by the BACP and includes some suggestions for the structure of the Register in light of the ongoing debate.

This paper is included in the agenda for the information of members of the PLG. (Please note the contents of this paper are owned by the BACP and the HPC has made no comment on the suggestions made within, save for the document 'Information for the Psychological Professions Alliance Group' included in the papers at this meeting.)

As noted in the paper 'Differentiation between psychotherapists and counsellors', given the complex issues that need to be resolved in this area it is not anticipated that the PLG will be working directly on the standards of proficiency at this meeting, in the sense of redrafting the standards. However, it is acknowledged that the issue of the structure of the Register does directly engage the standards of proficiency and the threshold level of qualification for entry to the Register and therefore these areas may be salient to the group's discussion.

Decision

This paper is for discussion.

Background information

The outstanding areas within the PLG's terms of reference are as follows:

- The question of whether the structure of the Register should differentiate between psychotherapists and counsellors.
- The question of whether the structure of the Register should differentiate between those qualified to work with children and young people and those qualified to work with adults.

- The standards of proficiency for psychotherapists and counsellors.
- The threshold level(s) of qualification for entry to the Register

Resource implications

None

Financial implications

None

Appendices

None

Date of paper

10 October 2010

Counselling and Psychotherapy

16 October 2007 (updated 2009)

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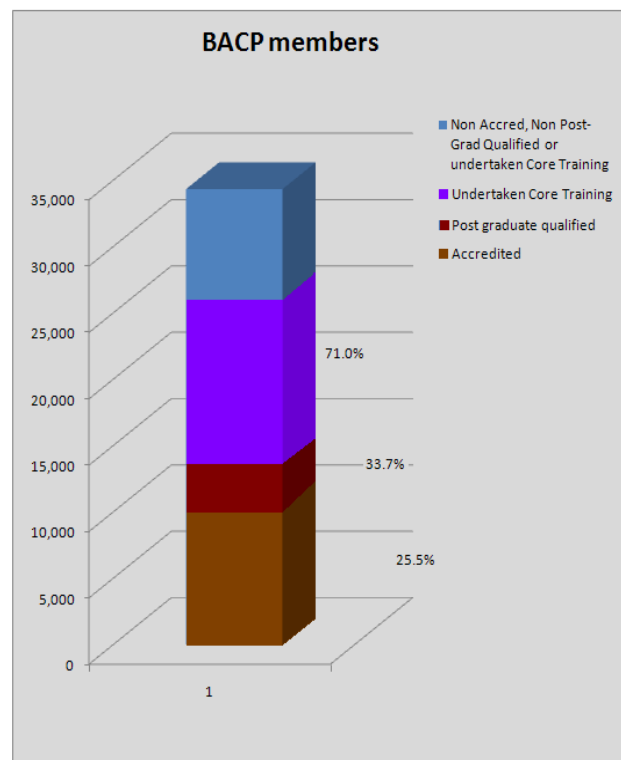
Introduction

We enclose, for discussion with the PLG, BACP's position statement on the regulation of counselling and psychotherapy. We note with curiosity the UKCP submission of un-attributed Standards of Proficiency for counsellors and psychotherapists which have not been subject to any discussion with other counselling and psychotherapy professional bodies. BACP considers that Standards of Proficiency can only be developed when the structure of the Register has been identified and agreed.

BACP is the largest professional association for counselling and psychotherapy in the United Kingdom with over 34,000 individual members. The Association was founded in 1971 and operates voluntary self-regulatory schemes for individual counsellors / psychotherapists, supervisors, training courses and services. At present BACP accredits post graduate courses at 30 UK Universities across all four home countries. Over 24,000 members have undertaken core training in counselling and psychotherapy. Approximately 9,000 members are accredited and registered on the United Kingdom Register of Counsellors and Psychotherapists (UKRCP) and approximately 12,000 hold post graduate qualifications or equivalent (see figure 1 below).

Figure 1

| | |
|--------------------------|--------|
| BACP members | 34,305 |
| Undertaken Core Training | 24,344 |
| Post Graduate Qualified | 11,570 |
| Accredited | 8,740 |



BACP Individual accreditation requires a minimum of 3 years post qualification for practice, supervision and continuing professional development to accumulate before submission for assessment.

Differentiation of counselling and psychotherapy

BACP holds the view that there is no difference between counselling and psychotherapy; attempts to differentiate arise from professional rivalries over work and status and have no place in a regulatory forum focused on public protection. Such rivalries and status seeking are common features in professions (Harris-Jenkins 1970). BACP's views on the issue of the differentiation between counselling and psychotherapy are based on evidence from a range of sources:

- The position statement presented to the Board of Governors by the research committee, an independent, international expert consultative group whose members include Professor Else Guthrie, Professor Louis Castonguay, Professor Bernhard Strauss, Dr Robert Elliot. (see appendix 1).
- The 2005 Department of Health mapping project which found that counsellors and psychotherapists worked across the same settings, working at the same breadth and depth with the same range of clients and issues (Aldridge and Pollard 2005).
- The Skills for Health National Occupational Standards for the Psychological Therapies (Fonagy, Alderdice et al. 2010), a suite of NOS differentiated by theoretical approach but not by level or professional title.
- The Standards and Training Requirements for Counselling and Psychotherapy (Dunnett, Cooper et al. 2007) (see appendix 2).

The Structure of the register: a proposal to break the current deadlock

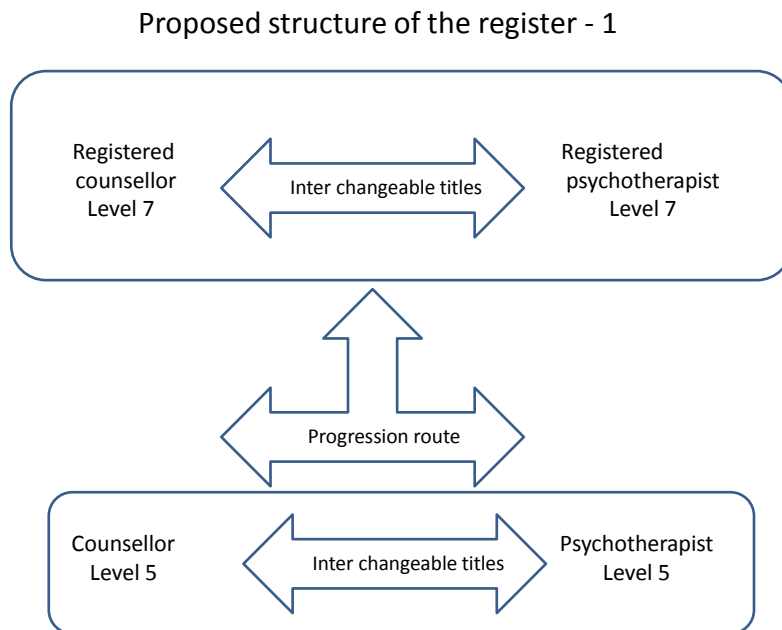
Since the HPC consultation report in December 2009 BACP has been seeking a way to resolve this issue, initially in collaboration with the Psychological Professions Alliance Group (PPAG). The two figures below outline two proposals that have been

discussed. In both the titles would be interchangeable at the same level, requiring only one set of Standards of Proficiency at each level. There would be clear progression routes from Level 5 to Level 7 that did not require registrants to retrain from the beginning.

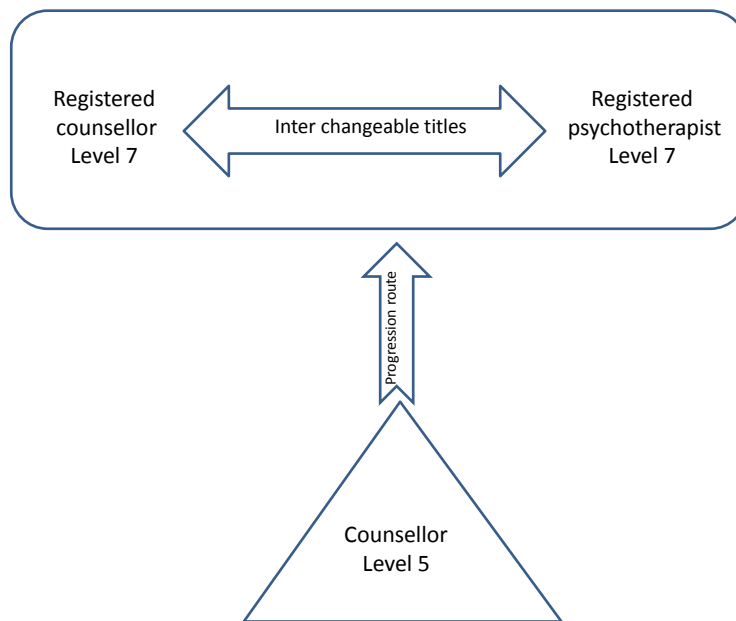
Option 1 recognises that psychotherapists and training courses exist outwith the psychotherapy associations represented at the PLG and at a different level.

Option 2 removes the option of lower level entry for psychotherapists and training courses.

Both options require a progression route from Level 5 to Level 7.



Proposed structure of the register - 2



The Board of Governors of BACP agreed that these proposals be put to the PLG in the interests of public protection, wishing it to be noted that any attempt at differentiation at Level 7 between counsellors and psychotherapists would be unacceptable to BACP.

References

Harris-Jenkins, G. (1970). Professionals in Organisations. Professions and professionalization. J. A. Jackson. Cambridge, Cambridge University Press. 3.

Aldridge, S and J. Pollard (2005). Interim Report on the Mapping of Counselling and Psychotherapy, Department of Health.

Fonagy, P., L. J. Alderdice, et al. (2010). Digest of National Occupational Standards for Psychological Therapies. P. Fonagy. Bristol. Skills for Health: 16.

Dunnett, A., M. Cooper, et al. (2007). The Standards and Training Requirements for Counselling and Psychotherapy. Lutterworth, British Association for Counselling and Psychotherapy.

Appendix 1

Below is an excerpt from a paper from BACP's Research Committee to the Strategic Direction Committee on the difference between counselling and psychotherapy.

The committee is made up of psychiatrists, psychologists, counsellors and psychotherapists from the UK and overseas. It is an independent committee including several non members of BACP that is tasked to offer independent advice on research issues to BACP.

REPORT FROM THE RESEARCH COMMITTEE

Strategic Direction Committee – 10 May 2006

The Research Committee meeting focussed on two questions:

1) Is there scientific evidence to support the regulation of the profession on the basis of modalities?

2) Is there a difference between counselling and psychotherapy?

The discussion took place with reference to the (then) recent UKCP report to the DH, advocating 'that statutory regulation is made on the basis of there being a generic recognition of the activity of psychotherapy'. In addition, the UKCP report outlined its views on the difference between counselling and psychotherapy stating that 'unlike counselling organisations, which are mostly structured by reference to presenting problem or issue and by reference to work context', the organisations of psychotherapy are 'mostly structured around differences in the knowledge base, theory and methodology'.

In response to the first question, as to the existence of a research base to support the regulation of the profession on the basis of modalities, the Committee advised that there is no scientific evidence for regulation on the basis of modality and there is abundant scientific evidence that modality makes no difference.

There is clear empirical evidence that the relationship (therapeutic alliance) is important across modalities and clinical problems (Castonguay and Beutler 2005). Even 'defined' methods such as CBT are not standard and simple interventions, they are complex approaches that involve sophisticated relationship skills and processes (Grosse Holtforth and Castonguay, 2005). Practitioners may practice different treatment modalities but across most disorders, these treatment modalities tend to have equivalently positive outcomes despite non-equivalent theories and techniques (Lambert and Ogles, 2005). Moreover, interviews with clients/consumers of therapy consistently indicate that modality is not experienced by those receiving it.

The Committee concluded that the UKCP report was not an evidence based report and its protectionist stance is weak.

With regard to the second question, as to whether there a difference between counselling and psychotherapy, the Committee again noted that the UKCP report is driven by professional protectionism rather than research or reference to practice. Members argued that this is not a research issue. In practice, counselling and psychotherapy are both generic terms, describing generic activities, with a huge overlap between them. Empirically, counselling and psychotherapy may be differentiated by setting and length of therapy (short or long term therapy, brief therapy etc), rather than by title. The differentiation is to do with practice rather than research, and should not be maintained through law and through the registration of titles.

Committee members suggested that the regulatory title 'psychological therapist' would include a range of practitioners currently practising under different titles. Like the title 'doctor', 'teacher' or 'nurse' or indeed 'counsellor' or 'psychotherapist' the title 'psychological therapist' is generic. Regulated psychological therapists could then specialise according to setting or client group, just as health care practitioners, for example, work in primary care (setting) or with adults with depression (client group).

Summary of discussion

In summary, the Committee stated that there is no science or research base to justify differentiation of counselling and psychotherapy and regulation by these titles. The title 'psychological therapist' was put forward as an inclusive alternative.

The Committee also stated that there is no science or research base to justify regulation on the basis of modality. Indeed, it would be difficult to justify this, as the research evidence points to *not* regulating by modality.

References

Castonguay LG & Beutler LE (2005). Common and unique principles of therapeutic change: What do we know and what do we need to know? In LG Castonguay and LE Beutler (Eds). Principles of therapeutic change that work. New York: Oxford University Press.

Grosse Holtforth M & Castonguay LG (2005). Relationship and techniques in CBT – a motivational approach. *Psychotherapy: Theory, Research, Practice and Training*. 42, 443 – 455.

Lambert MJ & Ogles BM (2005). The efficacy and effectiveness of psychotherapy. In MJ Lambert (Ed). *Bergin and Garfield's Handbook of Psychotherapy and Behaviour Change* (5th edition). New York: Wiley.

Counselling and Psychotherapy

16 October 2007 (updated 2009)

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1. Introduction

This document has been commissioned by BACP with the specific task of developing standards for training and subsequent awards in counselling and psychotherapy. It makes recommendations for future standards of training to prepare the profession for negotiations leading up to the statutory regulation of counselling and psychotherapy. It presents a potential benchmark statement for counselling and psychotherapy and a set of guidelines to help training institutes develop training programmes that incorporate core competencies for counselling outlined by ENTO (Employment National Training Organisation) and for counselling and psychotherapy as adopted by BACP (Wheeler et al., 2006).

This document is the result of the work of the core curriculum consortium (Dunnett et al) carried out between April and October 2007. Consultation with BACP members has taken place through the following: London meeting of BACP accredited courses; BACP regional consultations in Maidstone, York, Belfast and London; publication of the draft document on the BACP website; and consultations with individuals. Relevant documents related to standards and competencies for counselling and psychotherapy and other professional groups allied to health have been consulted in the process of producing this report and are listed in the references section.

The core curriculum consortium comprises counselling and psychotherapy trainers in higher and further education and the private sector. The practice of its members is influenced by different therapeutic orientations including psychodynamic, person-centred, cognitive behavioural therapy and integrative. The process outlined above has provided for close attention to all comments and feedback received over the period of consultation. The steadfast effort of the consortium has been directed towards reaching the best possible consensus from a wide range of different perspectives and opinions so as to resource the professional association in its future negotiations.

2. Who are counsellors and psychotherapists and what are they expected to do?

Throughout this document no distinction has been made between counselling and psychotherapy. Despite numerous attempts by organisations and individuals to clearly distinguish between the knowledge base, skills, responsibilities and activities associated with counselling and psychotherapy, there is no reliable evidence that indicates any significant difference. It is clear that the descriptive title given to professional psychological therapists depends largely on the core theoretical model they adhere to, the setting in which they practise and to some extent on the training they have received. Dictionary definitions of counselling and psychotherapy provide little help. Counselling is classically associated with 'advice' and psychotherapy with the treatment of mental illness. The term 'counselling', as used to describe psychotherapeutic practice, is far removed from advice, and self reflective practice is an essential element of the role. For the purpose of this report a working definition of counselling and psychotherapy is taken from the BACP (2006b) Training Directory: 'Counselling and psychotherapy are contractual arrangements by which a practitioner meets a client in privacy and confidence to explore distress the client may be experiencing. This may be a difficulty; a dissatisfaction with life; or loss of sense of direction or purpose.' The purpose of training is to develop professional, self-reflective practitioner counsellors / psychotherapists.

There are other definitions of counselling and psychotherapy. According to the European Association for Counselling (2001) 'the attitudes, which characterise the Counselling Approach, are those of respect, integrity, authority, responsibility, autonomy, confidentiality and competence. In the Delivery of Practice, this leads to the skills of contracting, setting and maintaining boundaries, being explicit and open, monitoring the process and maintaining appropriate levels of privacy.' McLeod (2007) suggests that 'counselling is an activity which takes place when someone who is troubled invites and allows another person to enter into a particular kind of relationship with them. (...) A person seeks such a relationship when they have encountered a "problem in living" that they have not been able to resolve through their everyday resources and that has resulted in their exclusion from some aspects of full participation in social life' (p. 12).

The UKCP defines psychotherapy as 'the provision by qualified practitioners of a formal and professional relationship within which patients / clients can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of ones life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self determined. Psychotherapy may be provided for individuals or children, couples, families and groups' (UKCP, 2007).

Some help with the counselling and psychotherapy debate is provided by the 'Agenda for Change' document (Department of Health, 2005) that provides national profiles for clinical psychologists, counsellors and psychotherapists. The job descriptions are provided for all practitioners at various stages of their career and are assigned a band level. In general, entry-level counsellors are assigned band 6, alongside trainee clinical psychologists; counsellor specialists are assigned band 7 alongside clinical psychologists and counsellor professional managers and counsellor consultants are assigned band 8 alongside consultant clinical psychologists. Although psychotherapy is mentioned in the title of the document and in a note stating that the levels of knowledge for psychotherapists and clinical psychologists are equivalent, there is no specific job description for psychotherapists. The job description for counsellors in the framework is summarised by the following:

- Assesses and provides counselling to potential clients.
- Manages own caseload and maintains patient / client records.
- May work in a particular field, e.g. oncology / psychiatry.

Relevant job information given in 'Agenda for Change' (Department of Health, 2005) includes the following:

Counsellors deal with frequently distressing emotional circumstances such as counselling the terminally ill, working with behaviourally disturbed individuals, dealing with challenging family situations such as child abuse, and provide therapy to individuals with multiple presenting problems including depression, bereavement and anxiety. They provide or receive highly complex, sensitive or contentious information obtained in a highly emotive atmosphere that may be hostile or antagonistic. They provide information on formulation, risk and treatment to other health

professionals. They must have specialist knowledge across a range of procedures underpinned by theory. They have knowledge and techniques acquired through a professional diploma; accreditation; registration for further substantial training; and / or accredited practice supervision plus experience. They analyse facts and complex situations requiring a comparison or a range of options. They can provide an initial assessment of clients presenting with multiple and complex issues. They select appropriate therapeutic treatment and make decisions regarding referrals to specialist services. They manage their own caseload. They set and deliver therapeutic packages to meet the needs of individual clients. They manage their own work within defined occupational policies. Their work frequently requires intense concentration and in-depth mental attention during therapy sessions. It has not been possible to find any statement that makes a clear evidence-based distinction between counselling and psychotherapy.

3. The role of counselling and psychotherapy in society.

Tracing the development of counselling and psychotherapy throughout the 20th-century is beyond the scope of this report but the rise of the demand for psychological therapists must be set in context. In contrast to social support systems being provided by families and communities, economic mobility and acceptance of individualism do not promote mental health and well-being. Psychological help is increasingly being sought from 'helping professions'. The medical profession and the clergy have traditionally offered psychotherapeutic help. The psychotherapeutic role held by social work at first grew but has since declined over the past 50 years. Clinical psychologists are still in great demand for their services but restrictions on training places and high salaries mean that demand is far greater than the supply of psychological therapies. While psychotherapy was once practised by social workers or psychiatrists with additional professional training in psychotherapy, consumer demand has led to considerable numbers of people without a traditional professional qualification working in the sphere of counselling and psychotherapy. Thorne (1992) notes that counselling is the term that has often been used for psychotherapy offered by voluntary agencies whereas psychotherapy has been used in medical settings.

Professions form and flourish when they claim jurisdiction over delivery of a discrete service to a particular client group. With regulation of the psychological therapies looming it is inevitable that interested parties will jostle to claim jurisdiction over particular aspects of psychotherapeutic work. Has this happened thirty years ago it would probably have been possible to draw a clear distinction between counselling, as it was understood then, and psychotherapy. Today, no such distinction is possible.

4. Where and how are counsellors and psychotherapists employed?

Counsellors and psychotherapists work in variety of diverse settings with a broad spectrum of clients and their title will often be reflected in the setting. In the National Health Service there are counsellors and psychotherapists; there are counsellors in General Practice and Clinical Psychology department and psychotherapists in specialist psychotherapy units. Art therapists and occupational therapists are found in psychiatric hospitals but they have a distinct title and profession. In educational settings such as primary, secondary, further and higher education, psychological therapists are usually described as counsellors. Similarly, in prisons counsellors work alongside psychologists. In industry, commerce and other organisations, Employee Assistance Programmes employ large numbers of counsellors to work, usually short-term, with their clients. Some counsellors and psychotherapists are service managers. Some are engaged in research, training or academic activities. The majority of psychotherapists are occupied by private practice as are a large number of practitioners describing themselves as counsellors.

5. The core theoretical model debate

Service delivery of counselling and psychotherapy in healthcare settings is increasingly influenced by evidence-based practice. In the UK, evidence about the effectiveness of psychological therapies has usually focussed on discrete orientations to satisfy research methodologies that use manualised therapeutic interventions to ensure consistency of approach. Historically, BACP has also stressed the importance of being trained in a core theoretical model of therapy on its course accreditation and individual accreditation criteria to ensure an in-depth and coherent development of theoretical understanding and practice. Hence, practitioners tend to be proponents of a particular therapeutic

orientation. UKCP have chosen to promote the future of their organisation through discrete colleges that represent members practising in a particular orientation. In contrast, BPS does not make a distinction between the preferred therapy models used by clinical psychologists. For some time BACP has decided to promote a core generic curriculum for counsellor training that is applicable across all therapeutic orientations. This strategy concurs with much of counselling and psychotherapy outcome research that consistently suggests that change in therapy tends to be related to generic factors (such as the therapeutic relationship and clients' levels of motivation) rather than orientation-specific interventions; and that when different therapies are tested against each other with specific populations, outcomes are not significantly different (Stiles, et al., 2006; Wampold, 2001). National Occupational Standards (NOS) for counselling describe generic competences, and hence it seems prudent for BACP to proceed towards regulation holding together the common features of practice that all members can aspire to.

In setting national standards for the training of counsellors and psychotherapists, it is recognised that the professions of counselling and psychotherapy are underpinned by a body of knowledge which is complex and diverse. Much of this knowledge is common to all therapeutic orientations: e.g. philosophy and ethics, research evidence, theories of human development and growth and learning theory. In addition, different therapeutic orientations are underpinned by their own discrete body of knowledge.

The core curriculum states that whatever rationale is used and however the training is conceptualised, an in-depth body of knowledge about counselling and psychotherapy practice, informed by contemporary research, must underpin it. Practitioners will need an understanding of a range of therapeutic orientations, the theory that informs them and the evidence-base relating to their effectiveness in order to help clients make appropriate choices according to their needs. It is essential that training programmes are founded on a clearly articulated philosophy and a defined body of knowledge to ensure that the practice of counselling and psychotherapy is both coherent and sophisticated.

6. Standards for the award of the Counselling and Psychotherapy Degree

Academic standards are a way of describing the level of achievement that a student has to reach to gain an academic award (for example, a degree). They should be at a similar level across the UK. (QAA, 2006).

‘Competence’ and ‘outcomes’ are two terms that have been introduced by the National Council of Vocational qualifications (NCVQ) (Barnett, 1994). ‘To say of an individual that he [sic] is competent is to assert that his actions are coming up to standard’ (Barnett, 1994, p72). NVQ competencies are defined at various levels from 1-8, as they increase in complexity. In academic settings competencies are frequently described as learning outcomes, a statement about the capacity to perform a task to a precise standard, having digested discrete knowledge and acquired appropriate skill. Competencies are frequently grouped together into units or elements that refer to a particular type of activity. The Quality Assurance Agency (QAA) defines competence as ‘the ability to perform to the standard required in employment across a range of circumstances and to meet changing needs.’

Quality Assurance Agency frameworks for higher education qualifications promote a clear understanding of the achievements and attributes required to be awarded a particular qualification such as a bachelor’s degree with honours, or master’s degree. Subject benchmark statements set out expectations about the standards of degrees in a range of subject areas. To demonstrate that counselling and psychotherapy training reaches a particular standard it will need to map onto the QAA qualifications framework.

National Occupational Standards (NOS) have been developed by Skills for Health, (a Sector Skills Council)for the Psychological Therapies, Mental Health and DANOS, Drug and Alcohol National Occupational Standards NOS for National Occupational Standards are statements of the skills, knowledge and understanding needed in employment and clearly define the outcomes of competent performance.

There currently exists a lack of consensus with regard to the training of counsellors and psychotherapists. There is no agreement about level or duration of training. Training is offered roughly equally in Further and Higher Education and Voluntary and Private Agencies. Academic level, duration of training, assessment and practice requirements are disparate across the field. The maintenance of such diversity would make professional regulation an impossible task. Hence the task facing BACP is to determine the standard to which counsellors and psychotherapists should be performing core competencies, and a set of standards to underpin counselling and psychotherapy training, which in time will become consistent across the UK (QAA, 2006). However, it is envisaged that there will still be autonomy about how courses are organised and delivered and all will have distinct course philosophies in conjunction with these national academic standards.

7. What are the key areas in which counsellors and psychotherapists should be competent?

7.1 The Core Curriculum

The key domains of knowledge, skill and application for counselling and psychotherapy practice identified in the generic core competencies document (Wheeler et al, 2006) are used to determine the core curriculum. These domains are:

- A. *The professional role and responsibility of the therapist*
- B. *Understanding the client*
- C. *The therapeutic process*
- D. *The social, professional and organisational context*

The core curriculum is described here in terms of learning outcomes, incorporating knowledge and performance criteria that are summary statements for the elements identified in the generic core competencies. They are organised using the four domains listed above.

7.1A The professional role and responsibility of the therapist

The practitioner will have relevant knowledge to inform his or her ability to:

1. Show a commitment to personal and professional development including self-awareness and an awareness of fitness to practice in relation to clients.
2. Reflect on personal development including ways in which life experiences affect self and relationships with peers, clients and other professionals.
3. Demonstrate the psychological and emotional robustness necessary to work with intense feelings and uncertainties.
4. Engage in rigorous self-examination, monitoring thoughts, feelings, physical sensations and behaviour in the therapeutic relationship.
5. Recognise personal and professional limitations and identify ways of addressing these.
6. Recognise and maintain appropriate professional boundaries even when these are challenged by the client or others.
7. Understand the values underpinning the profession, as exemplified in the BACP *Ethical Framework for Good Practice in Counselling and Psychotherapy*.
8. Demonstrate the capacity for reflexivity as applied in the therapeutic practice.
9. Understand the importance of supervision, contract for supervision and use it to address professional and developmental needs.
10. Understand the importance of professional development activities.
11. Understand and use a relevant ethical framework to make critical decisions about the practice of counselling and psychotherapy.
12. Manage counselling practice efficiently, including record and note keeping; provision of an appropriate environment; liaison with other services; reviewing of caseloads and evaluation of practice.
13. Identify and use networks that can be used for the benefit of the service.
14. Communicate clearly with clients, colleagues and other professionals both orally and in writing.

15. Demonstrate a *critical* awareness of commonly recommended therapeutic approaches that are underpinned by evidence of efficacy and effectiveness.
16. Give and receive feedback constructively, reflect and make appropriate changes.
17. Regularly evaluate and review personal development progress, making links with theoretical knowledge and the counselling process.

7.1B Understanding the client

The practitioner will have relevant knowledge to inform his or her ability to:

1. Devise a strategy for conducting assessment interviews with potential clients.
2. Devise and use a comprehensive risk assessment strategy.
3. Use all available information including pre-assessment information; client presentation; therapist response to the client and quantitative or qualitative measure or assessment tools to make a collaborative decision with clients regarding an appropriate therapeutic contract.
4. Reflect on, and synthesis complex and sometimes contradictory information in order to facilitate an understanding of underlying psychological difficulties.
5. Access and interpret research evidence and organisational guidance about appropriate and effective interventions for particular presentations of personal difficulties.
6. Demonstrate awareness of diversity and the rights and responsibilities of all clients, regardless of their gender, age, ethnicity, culture, class, ability, sexuality, religion and belief.
7. Openly and freely discuss sexual matters, when appropriate with a client, whatever the client's sexual orientation or the nature of the client's problem.

8. Make informed decisions about referral and the compatibility of counselling / psychotherapy and psychopharmacological interventions.
9. Recognise the signs and symptoms associated with mental distress and regularly update knowledge about mental health and well-being.
10. Identify ethical and legal responsibilities with regard to potential risk including critical decision making with respect to autonomy of the client and potential harm to self or others.
11. Recognise physical signs and symptoms that may accompany, mimic or be indicative of severe forms of psychological distress.
12. Understand the inter-relatedness of social and psychological factors.
13. Understand the inter-relatedness of psychological and physical illness and recognised that symptoms of physical illness may be indicative of the mental pain / distress / state of the client and vice versa.
14. Critically appraise conceptualisations of the nature of severe psychological distress.
15. Draw on empirical and theoretical sources to make an initial estimation of the number of sessions that may be most appropriate for clients with particular presenting difficulties.
16. Apply consistently a comprehensive, in-depth and research-informed body of knowledge in their practice.
17. Critically appraise theoretical frameworks which underpin therapeutic practice.

7.1C The therapeutic process

The practitioner will have relevant knowledge to inform his or her ability to:

1. Establish and maintain an effective, collaborative therapeutic alliance with the client, with due regard to the physical, contractual and ethical framework.

2. Develop and sustain a relationship with the client that provides the safety and security, understanding and warmth to explore complex emotional concerns and clearly defines the boundaries of the relationship.
3. Clearly agree roles and responsibilities with the client whilst in a therapeutic relationship.
4. Negotiate and agree with clients appropriate and achievable therapeutic goals or outcomes and the process by which these can be achieved.
5. Demonstrate awareness of theoretical and research literature regarding the provision of a secure frame for therapy, including physical environment, contractual arrangements and ethics.
6. Apply and monitor a range of appropriate therapeutic interventions and strategies.
7. Acknowledge diversity relating to gender, age, ethnicity, culture, ability, religion, spirituality and sexuality as it impacts on the therapeutic relationship or the process of therapy.
8. Acknowledge changes that have occurred for the client during the course of therapy whether they be practical, behavioural, emotional or relational.
9. Analyse difficulties and rupture encountered as part of the therapeutic process in order to find ways of making progress and re-establishing a positive therapeutic alliance.
10. Recognise and work with distortions in the client's perception of the therapist or of their experience of therapy.
11. Support clients when in crisis by providing information about self-care strategies and making clear arrangements for future meetings or contact.
12. Anticipate the types of 'out of session' communication that clients might use, such as email, letters, text, telephone and visits, and determine an appropriate policy for managing and responding to it.
13. Recognise ways in which breaks and holidays may affect the therapeutic relationship or therapeutic process and make

appropriate arrangements for clients to seek support in case of emergency.

14. Apply a theoretically and empirically informed body of knowledge consistently and effectively during the conclusion of the therapeutic process.

7.1D The social, professional and organisational context

The practitioner will have relevant knowledge to inform his or her ability to:

1. Take an active role as a member of a professional community.
2. Show a critical awareness of the history of ideas, the cultural context and social and political theories that inform and influence the practice of counselling and psychotherapy.
3. Identify and critique the philosophical assumptions underpinning the practice of counselling and psychotherapy.
4. Understand the inter-relatedness of trust claims, belief and ideology and their influence on professional practice.
5. Interpret and apply relevant policies and codes of the employing organisation, including equal opportunities statements, disability statements and widening participation strategies.
6. Explore sensitively and respectfully with clients their culture and associated values recognising cultural differences, for example, in terms of predispositions to individualism and collectivism, emotional involvement and detachment.
7. Reflect on the role and function of counselling and psychotherapy in society and understand national politics in relation to mental health service provision and client well-being.
8. Demonstrate a clear commitment to best practice and work within an ethical framework for professional practice.
9. Demonstrate understanding of the relevant legislation that affects the practice of counselling and psychotherapy.

10. Make a contract with the appropriate organisation for the provision of therapy, including the extent of the provision with regard to time, place and resources.
11. Demonstrate an awareness of power relationships and dynamics within groups and organisations and their potential impact on therapy.
12. Work in multidisciplinary teams with other professionals and participate effectively to maximise therapeutic outcomes as appropriate.
13. Critically appraise published research on counselling and psychotherapy and integrate relevant research findings into practice.
14. Understand methodologies to evaluate the process and outcome of therapy.
15. Monitor and review the effectiveness of own practice.
16. Participate in therapeutic practice audit and other quality assurance procedures.
17. Identify suitable criteria and evaluation tools for evaluating own practice.

7.2 What level are these competencies at?

The generic core competencies for counselling and psychotherapy (BACP, 2006a) have been written to describe what counselling and psychotherapy practitioners should know and be able to do when they have completed their training. Essential aspects of a competent practitioner include the capacity to analyse complex psychological presentations, devise a strategy for therapeutic work, critically evaluate innovative research and function autonomously. Inevitably, the standard of competence will be enhanced by practice and experience. Trainees will need a great deal of consultation with supervisors or managers as they develop these competencies. Experienced practitioners may supervise and support others or manage services.

The acquisition of knowledge and its application in counselling and psychotherapy is progressive. Some core competencies can be achieved early on in training while others will only be achieved as a result of substantial therapeutic practice and supervision.

8. How do these competencies fit with the QAA qualifications framework?

The complexity of theory and knowledge, self-development and autonomous decision-making, inherent in the therapeutic practice of a competent counsellor or psychotherapist and implicit in the core generic competencies, gives rise to three QAA qualification descriptors that would describe the standard of training required (see also Appendix 2). These are as follows:

Foundation level

‘Holders of qualification at this level will have developed a sound understanding of the principles in their field of study and will have learned to apply those principles more widely. Through this, they will have learned to evaluate the appropriateness of different approaches to solving problems. Their studies may well have had a vocational orientation, enabling them to perform effectively in their chosen field. They will have the qualities necessary for employment in situations requiring the exercise of personal responsibility and decision-making’ (QAA, 2006).

Honours level

‘Graduates with a bachelor’s degree with honours will have developed an understanding of a complex body of knowledge, some of it at the current boundaries of an academic discipline. Through this the graduate will have developed analytic techniques and problem solving skills that can be applied in many types of employment. The graduate will be able to evaluate evidence, arguments and assumptions, to reach sound judgements and to communicate effectively’ (QAA, 2006).

Master's level

'Much of the study undertaken at master's level will have been at, or informed by, the forefront of an academic or professional discipline. Students will have shown originality in the application of knowledge, and they will understand how the boundaries of knowledge are advanced through research. They will be able to deal with complex issues both systematically and creatively, and they will show originality in tackling and solving problems. They will have the qualities needed for employment in circumstances requiring sound judgements, personal responsibility and initiative, in complex and unpredictable professional environments' (QAA, 2006).

Close inspection of the generic core competencies indicates clearly that counsellors and psychotherapists need to study to at least at Honours level. They need to have developed an understanding of a complex body of knowledge, of analytic techniques and problem-solving skills and be able to evaluate evidence, arguments and assumptions to reach sound judgements. They must communicate effectively. For employment they certainly need sound judgement, personal responsibility and initiative. All counsellors and psychotherapists work in complex and unpredictable professional environments.

9. Academic Standards for the degree of Masters Degree of Counselling / Psychotherapy

This section the core curriculum is described using the language and structure trainers may need to have qualifications approved by Higher Education Institutions. This section describes the necessary essential core requirements for any training course in counselling and / or psychotherapy. It does not preclude the addition of other elements.

9.A The professional role and responsibility of the therapist as a health care practitioner: expectations held by the profession, employers and public

9.A.1 Professional autonomy and accountability of the therapist

The award holder should be able to:

1. Maintain the ethical principles of counselling and psychotherapy (fidelity, autonomy, beneficence, non-maleficence and justice).
2. Understand and integrate into practice legal, professional and organisational requirements pertaining to equal opportunities, diversity and anti-discriminatory practice (e.g. Children's Act, Mental Health Act, Data Protection Act, security, confidentiality, Health and Safety).
3. Demonstrate a consistent commitment to personal development including self-awareness in relation to the client, and awareness of fitness to practice.
4. Demonstrate a consistent commitment to continuing professional development.
5. Manage therapeutic relationships and make decisions in the face of known fears, risks and uncertainty when professionally required to do so.
6. Recognise own professional strengths and limitations that affect therapeutic practice and make referrals where appropriate.
7. Recognise responsibilities to the client, employers, the counselling and psychotherapy professions and society at large.

9.A.2 Professional relationships

The award holder should be able to:

1. Take an active role as a member of a professional community. Participate effectively in inter-professional and multi-agency approaches to mental health, work in multidisciplinary teams with other professionals to maximise therapeutic outcomes.
2. Understand and make professional judgements with regard to the appropriateness of a referral and recognise own professional limitations, making referrals where appropriate.
3. Understand models of supervision and consultancy and their contribution to practice (e.g. agree roles and responsibilities and confirm the objectives of the supervision or consultancy to be undertaken or provided).

4. Analyse complex ethical dilemmas and work with others to formulate solutions in accordance with guidelines for safe and ethical practice.
5. Demonstrate awareness of diversity and the rights and responsibilities of all clients regardless of their gender, age, ethnicity, national or ethnic origin, culture, class, ability, sexuality, religion and belief.
6. Work with managers and clients in the delivery, monitoring and evaluation of services.
7. Maintain secure, accurate and confidential records and reports of clients in accordance with ethical, legal and organisational requirements.
8. Create and participate in support networks for the benefit of self and others.

9.A.3 *Personal and professional skills*

The award holder should be able to:

Client Relating Skills

1. Demonstrate the ability to deliver safe, legal and effective client-centred care.
2. Understand and apply therapeutic skills and competencies showing sensitivity to client needs and aspirations.
3. Facilitate client exploration of experience and meaning.
4. Facilitate client problem management, change, planning and decision-making.
5. Enable appropriate expression of client emotion.
6. Recognise and work with life transitions and developmental crises.
7. Show a capacity to work with diverse client groups, respecting individual differences and the rights and responsibilities of clients.
8. Show awareness of social factors that impinge upon and influence the client's life.
9. Discuss and identify areas of potential risk for the client, such as suicide and self-injury, and possible danger to others. Practice with an appropriate degree of self-protection.

10. Facilitate client monitoring and self-care.

Communication Skills

11. Communicate appropriately and clearly with clients and colleagues both orally and in writing. Use language that can be understood by the client when explaining and conducting therapy.

12. Communicate empathic understanding to clients.

13. Talk openly and meaningfully with clients about current problems in living.

Management Skills

14. Prioritise workload and manage time effectively.

Personal Development Skills

15. Engage in self-directed learning as part of personal and professional development.

16. Demonstrate self-awareness and the ability to work as a reflective practitioner.

17. Demonstrate capacity to manage the dynamics of power and authority.

18. Make use of personal therapy and / or other chosen activities that encourage personal development.

19. Recognise own distress or disturbance and develop self-care strategies.

20. Recognise personal need and find ways of ensuring that these are met outside the therapeutic relationship with clients.

Lifelong Learning Skills

21. Critically appraise evidence-based practice in counselling and psychotherapy.

22. Access current knowledge relating to theory and practice and relevant research.

23. Understand the importance of supervision, contract for supervision and use it to address professional and developmental needs.

24. Access and interpret research evidence and organisational guidance about appropriate and effective therapeutic

interventions for particular presentations of personal difficulties.

9.A.4 Professional, social and organisational context

The award holder must be able to:

1. Show an understanding of the role of the counsellor / psychotherapist within health, educational, community, voluntary sector, private practice or other professional context.
2. Show an understanding of the role of the therapist within the broader social, cultural and linguistic context.
3. Demonstrate sensitivity to the organisational context.
4. Evaluate therapeutic work and the role of the agency in relation to difference and diversity.
5. Demonstrate an ability to contribute to a multi-disciplinary team.
6. Participate in therapeutic practice audits.
7. Understand the principles of clinical governance.
8. Recognise the value of research and other scholarly activity in relation to the development of the profession and of client care.

9.B The application of therapeutic practice in securing, maintaining or improving health and well-being

Professional-specific skills

The award holder must be able to:

9.B.1 Therapeutic assessment

1. Demonstrate a clear strategy for pre-assessment communication with clients consistent with the theoretical perspective including provision of clear information in an accessible format to potential clients about services on offer.

2. Devise a strategy and conduct the assessment process that is consistent with the theoretical framework, setting and client group and document this.
3. Review assessment decisions.
4. Discuss and identify areas of potential risk for the client, such as suicide and self-injury, and possible danger to others.
5. Appraise the client's ability to benefit from the particular type of counselling or psychotherapy offered by the counsellor / psychotherapist and / or the service.

9.B.2 Understanding and planning of the therapeutic practice

1. Conceptualise presenting problems or situations, integrating information from assessments within a coherent framework which draws upon psychological theory and evidence and which incorporates interpersonal, societal, cultural and biological factors.
2. Present to the client the process through which change can be achieved.
3. Contract clearly and appropriately with the client.
4. Reflect on complex and sometimes contradictory information elicited from the client in order to clearly articulate underlying psychological difficulties and their origins.
5. Use appropriate formulations when communicating with other professionals about the client and proposed therapeutic work.
6. Review formulations as necessary in the light of ongoing counselling / psychotherapy.
7. Take account of the client's capacity for self-determination and ability to reflect on his / her psychological functioning.

9.B.3 Practice of therapy

1. Establish an effective, collaborative working alliance with the client.

2. Demonstrate empathic understanding.
3. Demonstrate capacity to create and active listening space.
4. Facilitate client's self understanding.
5. Access and interpret research evidence and organisational guidance about appropriate and effective interventions for particular presentations of personal difficulties.
6. Provide information to clients about the recommended types of therapy for their particular presentation and how the chosen therapeutic perspective may help.
7. Review the process and progress of counselling / psychotherapy regularly with the client to ensure that there is a mutual understanding and commitment to the task.
8. Manage the development of the therapeutic engagement effectively, from initial contracting to ending the counselling / psychotherapy.
9. Facilitate collaboratively with the client an appropriate referral if the therapeutic process does not facilitate change or of it is unhelpful.
10. Maintain records appropriately.
11. Conduct the therapy in accordance with Ethical Principles.

9.B.4 Evaluation and research

1. Take part in evaluation and monitoring of therapeutic practice and outcomes.
2. Identify suitable criteria and evaluation tools for evaluating own practice.
3. Seek and review feedback from managers, practice supervisors, other professionals and clients on therapeutic practice.
4. Review the effect of own values, beliefs, attitudes and behaviours when working as a therapist.

5. Participate in quality assurance procedures appropriate to the organisation.
6. Incorporate into practice research knowledge related to risk assessment.
7. Use practice supervision for ongoing reflection on and evaluation of practice.

9.B.5 Communication

1. Communicate appropriately, sensitively and clearly with clients, colleagues and services both orally and in writing.
2. Use language and non verbal communication that can be understood by the client when explaining and conducting counselling.
3. Collaborate effectively with clients.
4. Respect confidentiality when communicating about the client.
5. Communicate essential information about the client to other professionals when required and with client consent, where this is possible and achievable.
6. Assess the appropriateness of communication about the client when consent is not achievable.
7. Demonstrate understanding when receiving information from other professionals about clients.
8. Evaluate communication strategies and skills used with the client.

Transferable skills

The nature of counselling and psychotherapy practice includes a range of transferable skills which include competence in:

- Written and spoken English (or Welsh where applicable).
- Numerical skills.
- Information technology.

- Problem management skills.
- Communication skills.
- Skills in working with others.
- Skills in personal and professional development.

9.C Knowledge, understanding and skills that underpin the education and training of therapists

The award holder must be able to demonstrate that he or she has systematically acquired an in-depth understanding of a substantial body of knowledge including theories and research relating to psychological development and psychological difficulties at all life stages; the capacity to make an assessment of clients' difficulties and to implement a strategy for addressing and, wherever possible, resolving them. This should include:

- Psychological theories.
- Psychological conceptualisations of the person.
- Individual and social conceptualisations of mental and emotional health.
- Psychopathology.
- Developmental theories.
- The social context of counselling and psychotherapy.
- Cultural and political issues relating to therapeutic practice.
- Diversity issues.
- Research methodologies and their application.
- Legal, ethical and policy frameworks as applied in therapeutic practice and research.

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QAA Level Descriptors

Honours Level

| <i>Knowledge</i> | <i>Problem Solving</i> | <i>Communication</i> | <i>Employment</i> |
|---|--|---|--|
| Graduates will have developed an understanding of a complex body of knowledge underpinning counselling and psychotherapy. | Graduates will have developed analytical techniques and problem solving skills that can be applied in many types of employment. Graduates will be able to evaluate evidence, arguments and assumptions, to reach sound judgements. | Graduates should be able to communicate effectively with colleagues, clients and other professionals. | Graduates will be able to be employed in a variety of working environments. They should have the qualities needed for employment in situations requiring the exercise of personal responsibility and decision making in complex and unpredictable circumstances. |

Master's Level

| <i>Knowledge</i> | <i>Problem Solving</i> | <i>Communication</i> | <i>Employment</i> |
|--|--|---|--|
| Graduates will have acquired knowledge at the forefront of the academic and professional disciplines underpinning counselling and psychotherapy. | Graduates will show originality in the application of the body of knowledge underpinning counselling and psychotherapy and they will show a critical understanding of how the boundaries of knowledge are advanced through research. | Graduates should be able to communicate effectively with colleagues, clients and other professionals. | They will have the qualities needed for employment in circumstances requiring sound judgement, personal responsibility and initiative, in complex and unpredictable professional environments. |