

# SCOPed Framework

**(A draft framework for the practice and education  
of counselling and psychotherapy)**

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# Welcome to the SCoPEd framework

The Scope of Practice and Education for counselling and psychotherapy (SCoPEd) is a collaborative project between the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the UK Council for Psychotherapy (UKCP). The aim of the project is to agree a shared, evidence-based generic framework to inform the minimum training requirements, competences and practice standards for our counsellors and psychotherapists working with adults. We started this work by mapping existing competence frameworks, professional standards and practice standards to identify areas of overlap and areas of difference.

# The vision

The driving force behind this project is to find a shared way of representing the therapeutic work that counsellors and psychotherapists do - which we know profoundly changes peoples' lives. The current landscape is rich in different traditions and associated titles, but it can also be confusing for employers, commissioners, clients, patients and trainees.



If we can agree a shared framework which respects our different traditions, practices and training routes but which upholds common standards, we are in a stronger position to talk to external stakeholders about opportunities for all our members. In this way we hope to increase access to counselling and psychotherapy for clients and patients, in recognition that they have diverse needs and access therapy in many different settings. We are confident the potential for this framework will be to maximise paid employment opportunities for members. It is more important than ever to offer clarity and support for clients, patients and employers following the coronavirus pandemic and the aftermath, when counselling and psychotherapy will be so important in helping the nation to heal.

Through an agreed and embedded shared framework, we can distinguish all our highly trained and qualified members from people who undertake less ethical and robust trainings in a world where anyone can call themselves a counsellor or psychotherapist. Having a shared framework also offers clearer progression routes for trainees who enter the profession at different points and via a range of different trainings.

Every group of members and every route has a place and a contribution to make. Our vision is that being able to explain these differences with reference to a shared framework also shows that professional bodies are working together in the interests of our clients and patients, rather than in our own organisation's interests. We believe that this alone significantly increases the impact, positive perception and future opportunities for all our members and registrants<sup>1</sup>.

<sup>1</sup> BPC uses the term 'member' to describe organisational members (Member Institutions or MIs) and the term 'registrant' to denote clinicians registered with them. For the purposes of this document the term 'member' is used throughout to encompass BACP and UKCP members and BPC registrants.



This iteration of the SCoPEd framework is the result of integrating feedback from members and stakeholders. The expanded SCoPEd Expert Reference Group (ERG) has revisited the existing mapped evidence, consulted new evidence, listened to feedback and made changes to the language and framework content to ensure it is more inclusive and addresses specific concerns.

# Executive summary

The further work shows more clearly that it is the combination of competences, practice requirements, length and level of training and experience that together indicate a differentiation between groups of therapists across three levels. It is not any one of these factors alone. Currently differentiation cannot be clearly defined by the titles that are being used by the three participating bodies. Titles have therefore been removed so that the focus at this stage is on the evidence rather than titles because it demonstrates that all are respected, qualified roles. Each organisation will work individually and collectively to agree titles prior to publication of the final version.

The framework presented here shows that all registered members meet the requirements in column A; members in column B have additional competences and experience, and those in column C have a further set of competences and wider experience. Each category is a recognised and valid role in its own right.

In response to feedback from the first consultation, this version of the framework includes not just first entry points (the point when a practitioner completes their initial core training) but other subsequent transition points (gateways) which recognise post-qualifying training and experience. It is important to stress that therapists who enter the profession at entry point A are qualified and should be paid and valued in this role. The same goes for therapists entering at entry point B. However, if an individual chooses to progress to B or C, the pathways for progression need to be clear and accessible. A shared framework would make this more possible and more transparent to everyone.

We wish to reassure you that this is still a work in progress as we continue to engage with members and stakeholders.

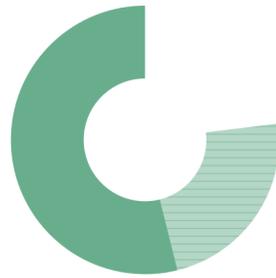
# Context

In January 2019 we shared the **draft framework** with our memberships (65,000 members) and identified stakeholders, including, but not limited to, other Professional Standards Authority (PSA) registered bodies, trainers and national agencies, asking for views. Around one in seven members replied to the consultation, which we're told by the independent research company was a 'high' level of engagement.

**Overall:**



**40%** felt the framework would make it easier for clients and patients  
**24%** felt it would make it harder



**54%** felt the framework would make it easier for employers  
**23%** felt it would make it harder



**61%** felt the framework would make it easier for trainees to understand training pathways  
**23%** felt it would make it harder



**55%** felt the framework would make it easier for professional bodies to promote members' skills  
**21%** felt it would make it harder.

As reported earlier this year, of those who left specific comments (51%): 15% were positive, 6% were mixed and 30% were negative. From the comments classed as negative, themes included; the document was hierarchical, it risked undermining counselling, it overlooked previous experience, it was hard to understand. These themes have been the focus of our further analysis and investigations. The document detailing the methodology of the SCoPEd project has been updated. View it [here](#).

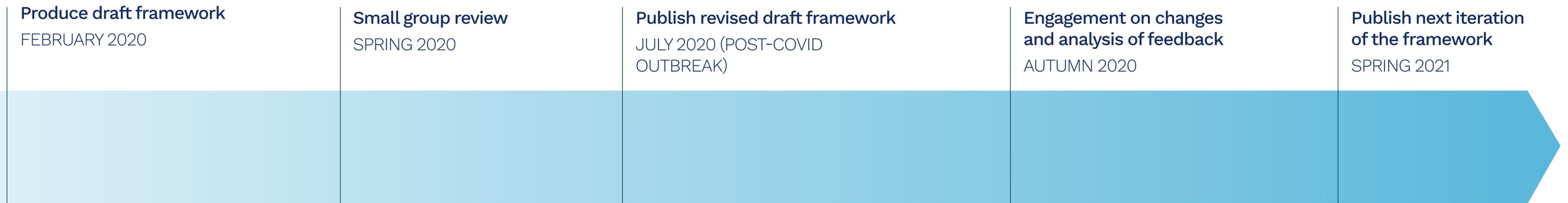
# Introduction to this iteration of the framework

Since the initial consultation, the SCoPEd Technical Group has reviewed all the feedback, comments and proposed changes. Thanks to your feedback, these included where further evidence has been established, or where further clarity could be given – especially in cases where multiple versions of the same evidence were merged to create one competence in the framework.



The ERG, which we expanded to ensure a more inclusive representation of different theoretical approaches, has since reviewed, amended and agreed the changes. This iteration of the framework and associated training and practice requirements represent the work we have done so far; it continues to be a work in progress. You will hear more from us over the coming months as we work with you to get a sense of whether your concerns have been addressed, what could still be improved and how we might explain the findings more clearly.

The timeline of the project is outlined below:



# Changes to the SCoPEd framework

We'd like to start by explaining some of the important changes that have been made to this draft version of the framework.



## Titles and hierarchy

You told us that the descriptive titles 'counsellor', 'advanced counsellor' and 'psychotherapist' in the previous iteration promoted the view of a hierarchy that devalued counselling.

This is far from the intention, in fact evidence suggests that currently those defining themselves as counsellors or psychotherapists could fit into any of the sections. However, the mapping does show differentiation between three categories of therapists based on training and practice standards. In order to focus on these differences rather than the titles (which are used differently by the three participating bodies), the ERG recommended that this version of the framework refers to therapists A, B and C – as working titles – without giving suggested titles at this stage.

# Changes to the SCoPEd framework

## Mapping

We've also updated the competence mapping document following your feedback:

- We've worked on making the terminology more inclusive, in recognition that all approaches are represented in all three areas of competence. For example, the terms 'conscious' and 'unconscious' have been used alongside the terms 'in awareness' and 'out of awareness' to ensure the widest possible understanding of these terms from different theoretical perspectives

- We've amended the language to ensure greater consistency, without changing the meaning, rather than reflecting the competences as they were initially captured from the source evidence
- You've helped us uncover additional sources of evidence, which we've consulted. Existing evidence has also been revisited to address feedback about content and gaps including:
  - Assessment and diagnosis
  - Ethical competences
  - Difference and diversity
  - Suicide and self-harm
  - Medical model language.

A table capturing the main themes and associated changes is included as Appendix 1 (Main themes and associated changes following January 2019 consultation).

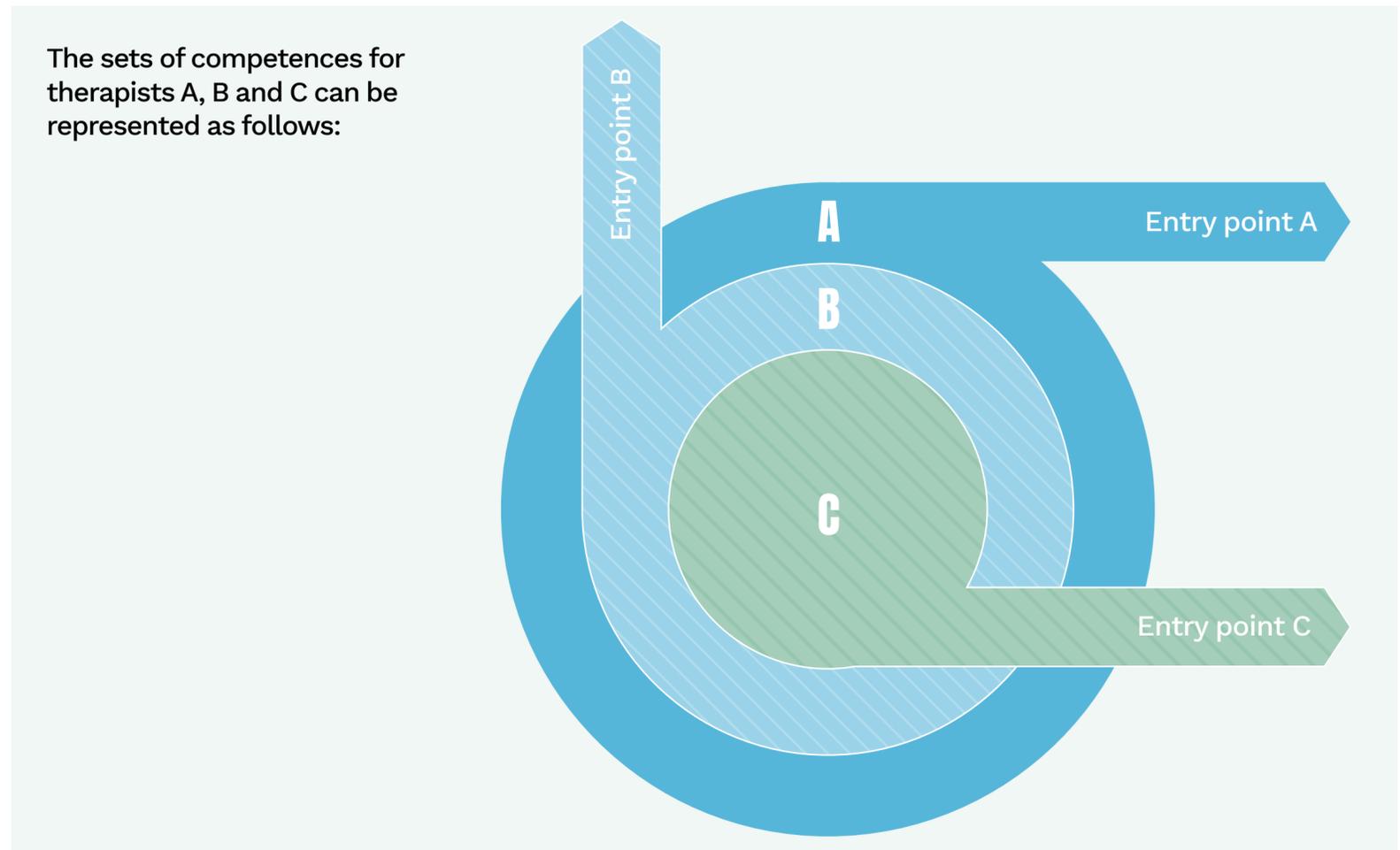


## What we've found overall

Following your feedback, the further mapping makes it clearer that it is the combination of competences, practice requirements, length and level of training and experience that together indicate differentiation between therapists; it is not any one factor alone and differentiation is not clearly associated with title.

## How the framework works

All registered therapists meet the competences in column A. The additional competences in B and C can be acquired either during longer, higher-level and more in-depth core trainings or by accumulating post-qualifying training and experience.



# Practice standards and training



The initial mapping of existing training and practice requirements of the three member bodies was presented for consultation in January 2019 (**SCoPEd Competency Framework November 2018**).

## This mapping covered:

- Minimum teaching hours (direct tutor contact time)
- Minimum client or patient hours
- Minimum supervision hours
- Academic level of the qualification
- Type of placement
- Personal therapy requirements
- Any additional requirements (e.g. BACP Certificate of Proficiency).

In response to your feedback that the framework didn't take into account post-qualifying training and experience, the technical group completed a wider and more detailed mapping of our training and practice requirements to include the requirements not just at entry point (on completion of initial training), but also at other recognised transition points (gateways) linked to:

- Membership category requirements
- Registration requirements
- Individual and course accreditation requirements.

At the moment, the mapped entry points and transition points (gateways) reflect existing entry requirements, accreditation schemes, registration points and membership categories, but in the future, there could

be other mechanisms for recognising post-qualifying training and experience. The principle of there being post-qualifying entry points as well as subsequent transition points (if individuals choose to access them) is therefore embedded in the framework.

This further mapping of training and practice standards of the collaborating professional bodies resulted in a complex matrix of different requirements. At present there are still differences and variations relating to some elements, for example personal therapy and supervision requirements. However, it has been possible to present a shared understanding of the practice and training requirements, as they currently exist, associated with therapists A, B and C in the draft competence framework.

## Practice standards and training

# Consolidated current training and practice requirements (BACP, BPC, UKCP)

|   | A  | B  | C  |
|---|--|--|--|
| <b>Length of training and (or) experience</b>         | One-year full time or two-year part time   | Three years min  | Four years min   |
| <b>Total teaching hours (including core training)</b> | Not specified  | 450 face-to-face teaching hours  | 500 face-to-face teaching hours min  |
| <b>Client or patient hours</b>                        | 100  | 450<br>(including hours gained after core training)  | 450 min during training  |
| <b>Level</b>  | BACP: Level 4 min  | BACP: Level 4 – 7<br>BPC: Level 6 min<br>UKCP: Level 6 min   | Level 7 min  |
| <b>Supervision in training</b>                        | Not specified<br>[Accredited course<br><sup>2</sup> 1:8 not less than 1.5 hours per month] | BACP: 1.5 hrs per month min<br>[Accredited course<br>1:8 not less than 1.5 hours per month]<br>BPC: 1:3<br>UKCP: 1:6 | BACP: 1.5 hrs per month min<br>[Accredited course<br>1:8 not less than 1.5 hours per month]<br>BPC: 1:3<br>UKCP: Usually 1:6 but not specified by all colleges |

<sup>2</sup>Ratio represents supervision to practice hours requirement.

## Consolidated current training and practice requirements (BACP, BPC, UKCP)

|  | A   | B   | C   |
|--|---|---|---|
| <b>Supervision post- qualification</b> | BACP: 'appropriate'   | BACP: 1.5 hours per month<br>BPC: 1.25 hours per month min [15 hours per year]<br>UKCP: 1:6   | BACP: 1.5 hours per month<br>BPC: 1.25 hours per month min [15 hours over the year]<br>UKCP: varies by modality but typically 1.5 hours per month |
| <b>Type of placement</b>               | BACP: agency setting (not private practice) during initial training | Not specified after initial training  | Not specified after initial training  |
| <b>Mental health placement</b>         | No  | No but mental health familiarisation [not explicit in BACP requirements]  | Mental health familiarisation and (or) psychiatric placement experience   |
| <b>Personal therapy</b>                | Not mandatory   | BACP: not mandatory but should be consistent with approach and evidence of personal awareness and (or) development needed for individual accreditation<br>BPC: 160 hours minimum of personal therapy<br>UKCP: 105 hours of personal therapy | BPC: 500 hours minimum of personal therapy<br>UKCP: Range 160 -250 hours + (as personal therapy and (or) personal development)                    |

## Practice standards and training

# Academic levels of training



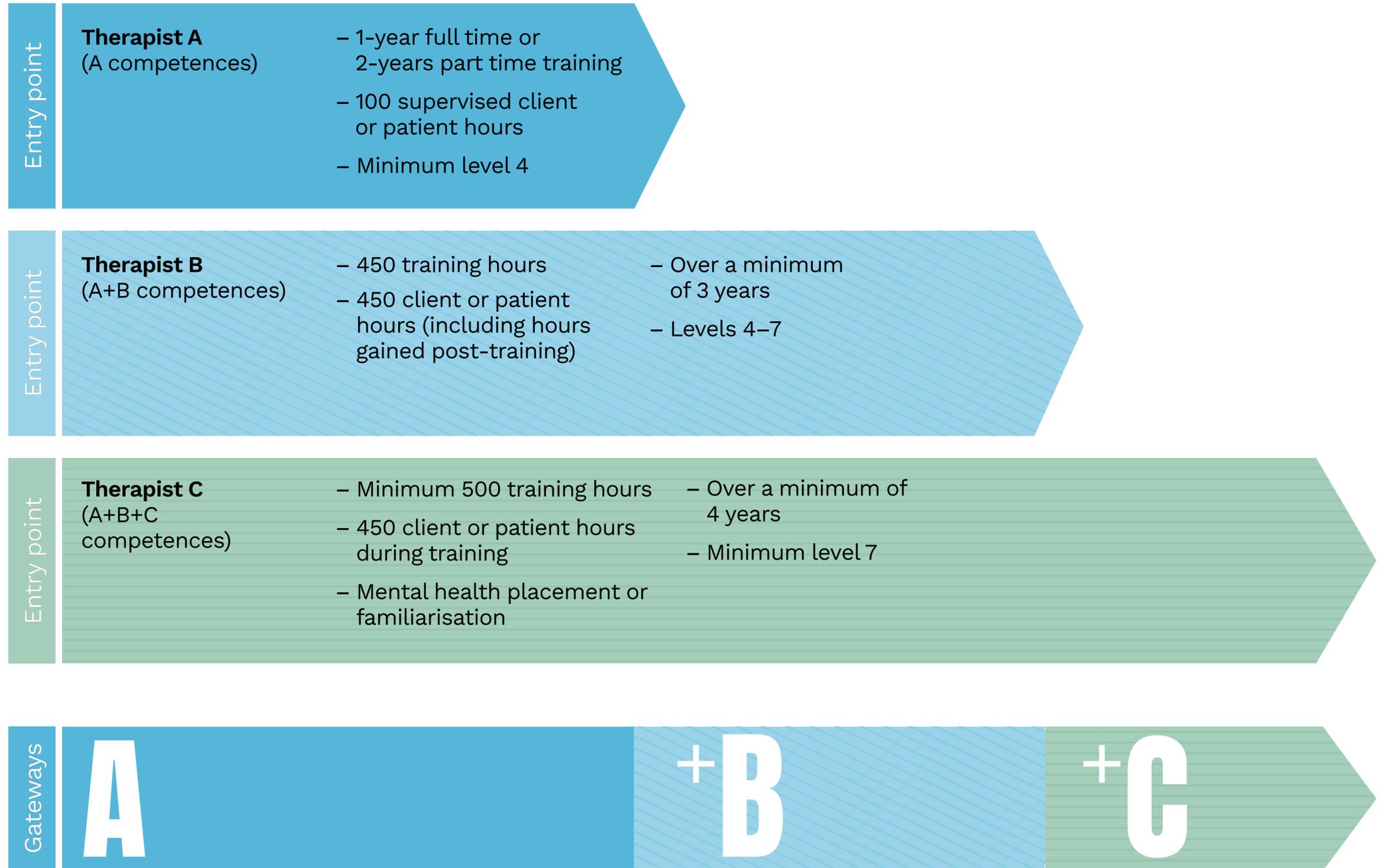
The academic level of training alone doesn't determine where a particular training fits into the framework. Some of the key findings of the mapping relating to academic level are:

- 'Counselling' training is delivered at all academic levels, from level 4 diploma to level 7 Masters. These trainings vary in length and content, and map to different sets of competences with different associated practice requirements. The minimum entry level for the framework is level 4 with 100 hours of client work.
  - Some trainings deliver the competences in column B but the framework shows that members still need 450 hours of client or patient work over a minimum of three years to meet all the requirements. This entry point or transition point (gateway) therefore captures both those who complete these hours during training and those who accumulate hours after first qualifying.
  - Trainings with both 'counselling and psychotherapy' in the title are delivered at level 6 (degree) and level 7 (Masters) but not at levels 4 or 5.
  - The majority of 'psychotherapy' trainings are delivered at level 7; there are no accredited trainings with 'psychotherapy' in the title at level 4 or 5.
- Note:** *This mapping does not include BACP Senior Accredited member category, which is open to those with an additional three years' experience and 300 client hours post-accreditation (i.e. a total of six years of experience and 750 client hours). This is seen as a mark of further skills and experience rather than a measure of further training and (or) qualifications, although some practitioners will have acquired competences in column C during the process.*

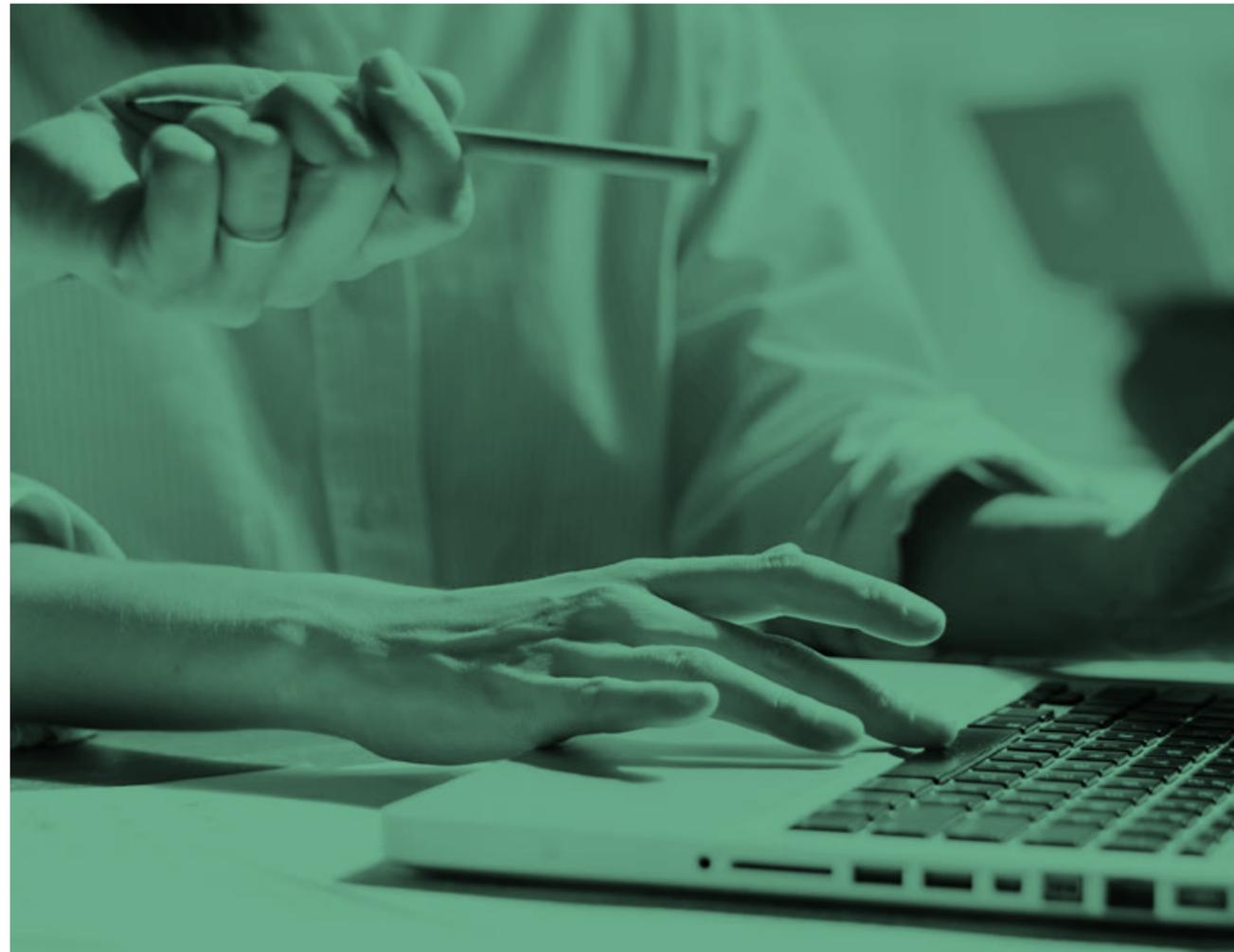
## Practice standards and training

### A summary of the findings including competences, training and practice requirements can be represented as follows:

**Note:** Therapist A, B, and C are all qualified roles in their own right. All registered members meet the competences in Column A. Some members will enter at Column B or C, however, the arrows indicate that the framework recognises that therapists may choose to move to another category via a combination of post-qualifying training and experience which evidences that they meet the requirements.



# Next steps



This version of the framework is offered as a work in progress – it is not a finished product. The Collaboration will continue to work together and engage with members and other stakeholders to get feedback on this iteration of the framework.

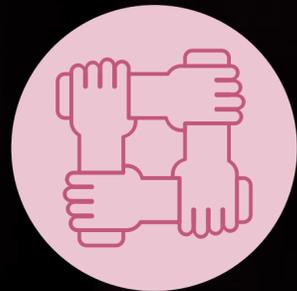
## Intellectual Property Notice

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# SCoPEd draft framework iteration 3



**Theme 1**  
Professional Framework



**Theme 2**  
Assessment +



**Theme 3**  
Relationship



**Theme 4**  
Knowledge and Skills



**Theme 5**  
Self-awareness  
and Reflection



# Theme 1

## Professional Framework

| Therapist A.   | Therapist B. | Therapist C. |
|--|--------------|--------------|
| 1.1. Knowledge of and ability to operate within professional and ethical frameworks  |              |              |
| 1.2. Ability to understand and apply the Equality Act <sup>1</sup> 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  |              |              |
| 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 clients or patients, in terms of meeting arrangements and the therapy setting  |              |              |
| 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   |              |              |

<sup>1</sup>The term protected characteristics refers throughout to the Equality Act 2010 definition which states: It is against the law to discriminate against someone because of age, disability, gender reassignment, pregnancy and maternity (which includes breastfeeding), race, religion or belief, sex or sexual orientation.



## Theme 1: Professional Framework

| Therapist A.  | Therapist B.  | Therapist C.  |
|---|---|---|
| <p><b>1.8.</b> 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</p>   |   |   |
| <p><b>1.9.</b> Ability to incorporate equality awareness<sup>1</sup> and consideration of diversity of client's or patient's identity, culture, values and worldview into ethical decision-making</p>   |   |   |
| <p><b>1.10.</b> Ability to establish and maintain appropriate professional and personal boundaries in online relationships with clients or patients by ensuring that:</p> <ul style="list-style-type: none"> <li>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;</li> <li>b. any public, online communication is carried out in a manner consistent with own ethical framework or code of practice</li> </ul> |   |   |
| <p><b>1.11.</b> Ability to manage and appropriately respond to the practical and ethical demands of online therapeutic provision and all forms of technologically mediated communication</p>  |   |   |
| <p><b>1.12.</b> Ability to use team-working skills to work with others</p>  | <p><b>1.12.a.</b> 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</p> | <p><b>1.12.c.</b> Ability to take an active role within the professional community locally and nationally. Be able to communicate effectively with other professionals in imparting information, advice, instruction and professional opinion</p> |
|   | <p><b>1.12.b.</b> Ability to work in multi-disciplinary teams with other professionals to maximise therapeutic outcomes</p>   |   |

<sup>1</sup>The term protected characteristics refers throughout to the Equality Act 2010 definition which states: It is against the law to discriminate against someone because of age, disability, gender reassignment, pregnancy and maternity (which includes breastfeeding), race, religion or belief, sex or sexual orientation.



# Theme 2

## Assessment<sup>2</sup>

| Therapist A.   | Therapist B.   | Therapist C.  |
|--|--|---|
| <b>2.1.</b> Ability to make an assessment of the client's or patient's problems and suitability for therapy  | <b>2.1.a.</b> Ability to undertake a competent clinical assessment that is consistent with own therapeutic approach  | <b>2.1.b.</b> Ability to conceptualise and (or) formulate ways of working with clients or patients with chronic and enduring mental health conditions |
| <b>2.2.</b> Ability to collaboratively manage the process of referral with clients or patients and (or) other professionals during assessment and throughout therapy                               | <b>2.2.a.</b> Ability to recognise more significant mental health symptoms and difficulties, and know when and how to refer on   |   |
| <b>2.3.</b> Ability to assess client or patient suitability for online therapy   |  |   |
| <b>2.4.</b> Ability to draw upon knowledge of common mental health problems and their presentation during assessment and throughout therapy  | <b>2.4.a.</b> Ability to critically appraise and conceptualise a range of symptoms of psychological distress, functioning and coping styles (with due understanding of cultural norms), during assessment and throughout therapy | <b>2.4.b.</b> Ability to understand the language and discourses around diagnosis, psychopathology and mental disorders                                |
| <b>2.5.</b> 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 <sup>3</sup> |  |   |
| <b>2.6.</b> Ability to work within own scope of practice and professional limitations and make referrals where appropriate   |  |   |

<sup>2</sup>The term "Assessment" is used to indicate the ability to evaluate suitability for therapy (consistent with one's therapeutic training) and develop a working-plan of therapeutic steps.

<sup>3</sup>This is an aspirational competence not currently included in training programmes but based on the: All-Party Parliamentary Group for Prescribed Drug Dependence (APPG for PDD) - Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs.



## Theme 2: Assessment

| Therapist A.  | Therapist B.   | Therapist C. |
|---|--|--------------|
| <p><b>2.7.</b> Ability to make risk assessments regarding clients' or patients' and (or) others' safety, and comply with safeguarding guidance, appropriate to the therapy setting</p>                                      | <p><b>2.7.a.</b> Ability to devise and use a comprehensive risk assessment strategy</p>  |              |
| <p><b>2.8.</b> Ability to undertake a collaborative assessment of risks, needs and strengths when working with imminent and ongoing: a) suicidal ideas and (or) behaviour, and b) self-harming ideas and (or) behaviour</p> |  |              |
| <p><b>2.9.</b> 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</p>                                   |  |              |
| <p><b>2.10.</b> Ability to assess the risks for both parties specific to the online environment</p>   | <p><b>2.10.a.</b> 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</p> |              |



# Theme 3

## Relationship

| 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  |              |              |
| 3.2. Ability to reflect upon the impact that diversity of the client's or patient's identity, culture, values and worldview (including protected characteristics <sup>1</sup> ) has upon the relationship and use this understanding in ongoing work |              |              |
| 3.3. Ability to reflect on own identity, culture, values and worldview and the impact of these on the therapeutic relationship   |              |              |
| 3.4. Ability to view the needs of the client or patient within a number of contexts including but not limited to, their family, social and cultural setting  |              |              |
| 3.5. Ability to establish and hold appropriate boundaries and create and maintain a collaborative relationship   |              |              |

<sup>1</sup> The term protected characteristics refers throughout to the Equality Act 2010 definition which states: It is against the law to discriminate against someone because of age, disability, gender reassignment, pregnancy and maternity (which includes breastfeeding), race, religion or belief, sex or sexual orientation.



## Theme 3: Relationship

| Therapist A.  | Therapist B.   | Therapist C.  |
|---|--|---|
| <b>3.6.</b> Ability to recognise, understand and work with issues of power and how these may affect the therapeutic relationship  | <b>3.6.a.</b> Ability to work with issues of power and authority experienced in the ‘unconscious’ or ‘out of awareness’ <sup>4</sup> processes of the client or patient as part of the therapeutic process | <b>3.6.b.</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               |
| <b>3.7.</b> Ability to explore the client’s or patient’s expectations and understanding of therapy and the relationship with the therapist  |  |   |
| <b>3.8.</b> Ability to agree a shared understanding of the purpose, nature and process of therapy and the therapeutic relationship with the client or patient   |  |   |
| <b>3.9.</b> Ability to establish, sustain and develop the therapeutic relationship  | <b>3.9.a.</b> Ability to critically reflect upon the client’s or patient’s process within the therapeutic relationship   |   |
| <b>3.10.</b> Ability to use self-awareness to monitor own emotional or physical responses to the client or patient  | <b>3.10.a.</b> Ability to use own responses to the client or patient in a way that is therapeutic and consistent with the theoretical model or approach  |   |
| <b>3.11.</b> 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 |  |   |
| <b>3.12.</b> Ability to recognise and respond to difficulties or ruptures in the therapeutic relationship   | <b>3.12.a.</b> Ability to recognise difficulties or ruptures in the therapeutic relationship and explore with the client or patient similarities with other relationships                                  | <b>3.12.b.</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’ <sup>4</sup> processing |

<sup>4</sup> The terms ‘conscious’ and ‘unconscious’ as well as the terms ‘in awareness’ and ‘out of awareness’ are offered throughout the framework to be as inclusive as possible.



## Theme 3: Relationship

| Therapist A.   | Therapist B.   | Therapist C. |
|--|--|--------------|
| <p><b>3.13.</b> 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</p>  |  |              |
| <p><b>3.14.</b> Ability to foster and maintain a good therapeutic relationship, and to understand the client's or patient's identity, culture, values and worldview:</p> <ul style="list-style-type: none"> <li>• capacity to recognise and to address threats to the therapeutic relationship</li> <li>• ability to recognise when strains in the relationship threaten the progress of therapy</li> <li>• ability to use appropriate interventions in response to disagreements about tasks and goals</li> </ul> | <p><b>3.14.a.</b> Ability to analyse difficulties encountered as part of the therapeutic process to find ways of making progress</p>                     |              |
| <p><b>3.15.</b> Ability to clearly communicate about endings with the clients or patients, and work to ensure these are managed safely and appropriately</p>   | <p><b>3.15.a.</b> Ability to consider the potential issues arising when ending therapy in the light of the client's or patient's previous experience</p> |              |
| <p><b>3.16.</b> Ability to end a session appropriately</p>   |  |              |



# Theme 4

## Knowledge and Skills

| Therapist A.   | Therapist B.  | Therapist C.  |
|--|---|---|
| <b>4.1.</b> Ability to articulate the rationale and philosophy underpinning own therapeutic practice   |   |   |
| <b>4.2.</b> An understanding of and the ability to apply the theory and practice of therapy from assessment to ending including knowledge of: <ul style="list-style-type: none"> <li>• a model of person and mind</li> <li>• a model of gendered and culturally influenced human development</li> <li>• a model of human change and ways in which change can be facilitated</li> <li>• a model of therapeutic relationship</li> <li>• a set of clinical concepts to relate theory to practice</li> </ul> | <b>4.2.a.</b> Ability to critically appraise a range of theories underpinning the practice of counselling and psychotherapy   | <b>4.2.b.</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 |
| <b>4.3.</b> Ability to apply understanding of a) suicidal behaviours, and (or) b) self-harming behaviours, to work collaboratively with clients or patients  | <b>4.3.a.</b> Ability to work with suicidal risk and (or) other self-harming behaviours and associated ‘unconscious’, or ‘out-of-awareness’ <sup>4</sup> processes and perceptions, including the conflictual and paradoxical nature of suicidal ideation |   |
| <b>4.4.</b> Ability to understand the process of change within a core, coherent theoretical framework and adopt a stance as therapist in accordance with it  |   |   |
| <b>4.5.</b> Ability to understand and respond appropriately to the emotional content of sessions   |   |   |

<sup>4</sup> The terms ‘conscious’ and ‘unconscious’ as well as the terms ‘in awareness’ and ‘out of awareness’ are offered throughout the framework to be as inclusive as possible.



## Theme 4: Knowledge and Skills

| Therapist A.  | Therapist B.  | Therapist C.  |
|---|---|---|
| <b>4.6.</b> Ability to select and use appropriate therapeutic interventions and (or) responses  | <b>4.6.a.</b> Ability to demonstrate the capacity, knowledge and understanding of how to select or modify approaches to respond appropriately to the needs of the client or patient   |   |
| <b>4.7.</b> Ability to use skills and interventions for the benefit of the clients or patients, that are consistent with underlying theoretical knowledge   | <b>4.7.a.</b> 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 | <b>4.7.b.</b> Ability to understand the nature and purpose of therapy to evaluate and use theory to conceptualise how ‘unconscious’ or ‘out of awareness’ <sup>4</sup> processes in both client or patient and therapist, may shape perceptions and experiences and influence the therapeutic process |
| <b>4.8.</b> Ability to reflect upon own identity, culture, values and worldview, and have the capacity to work authentically in a non-discriminatory manner | <b>4.8.a.</b> Ability to describe the philosophical assumptions that underpin theoretical understanding of identity, culture, values and worldview  | <b>4.8.b.</b> Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice   |
| <b>4.9.</b> Ability to define difference and explore the impact of discrimination, prejudice and oppression on mental health                                |   |   |
| <b>4.10.</b> Ability to understand the inter-relatedness of psychological and physical illness  |   |   |
| <b>4.11.</b> Ability to understand the use of audit and evaluation tools to review own counselling work   | <b>4.11.a.</b> Ability to utilise audit and evaluation tools to monitor and maintain standards within practice settings   | <b>4.11.b.</b> Ability to utilise audit and evaluation methodologies to contribute to improving the process and outcomes of therapy   |
| <b>4.12.</b> Ability to understand, assess and apply research evidence to own practice  | <b>4.12.a.</b> Ability to critically appraise published research on counselling and psychotherapy, and integrate relevant research findings into practice   | <b>4.12.b.</b> Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings of the discipline  |
| <b>4.13.</b> Ability to communicate clearly with clients or patients, colleagues and other professionals both in writing and verbally                       |   |   |

<sup>4</sup> The terms ‘conscious’ and ‘unconscious’ as well as the terms ‘in awareness’ and ‘out of awareness’ are offered throughout the framework to be as inclusive as possible.



# Theme 5

## Self-awareness and Reflection

| Therapist A.  | Therapist B.   | Therapist C.   |
|---|--|--|
| <b>5.1.</b> Ability to engage in personal development that includes self-awareness in relation to clients or patients to enhance therapeutic practice                                   | <b>5.1.a.</b> Ability to be emotionally prepared for intense and complex work, which requires reflexivity, and which is potentially taxing for the therapist                         | <b>5.1.c.</b> Ability to evidence reflexivity, self-awareness and the therapeutic use of self to work at depth in the therapeutic relationship and the therapeutic process |
|   | <b>5.1.b.</b> Ability to work with ‘unconscious’ and ‘out of awareness’ <sup>4</sup> processes   |  |
| <b>5.2.</b> 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 |  |  |
| <b>5.3.</b> Ability to understand the significance and impact of own identity, culture, values and worldview in work with clients or patients   | <b>5.3.a.</b> Ability to critically challenge own identity, culture, values and worldview  |  |
| <b>5.4.</b> Ability to monitor and evaluate fitness to practise, and maintain personal, psychological and physical health   |  |  |
| <b>5.5.</b> Understand the importance of supervision, with the ability to contract for supervision and use it to address professional and developmental needs                           | <b>5.5.a.</b> Ability to review and evaluate supervision arrangements and take responsibility for adapting supervision to the evolving and changing requirements of ongoing practice |  |
| <b>5.6.</b> Ability to evaluate learning from supervision and apply to ongoing practice   |  |  |

<sup>4</sup> The terms ‘conscious’ and ‘unconscious’ as well as the terms ‘in awareness’ and ‘out of awareness’ are offered throughout the framework to be as inclusive as possible.

# Appendix 1

Main themes and associated changes following January 2019 consultation

| Theme  | Sample of comments   | Decision  |
|--|--|---|
| <b>1. ERG (SCoPEd Expert Reference Group) membership</b> | ERG membership does not adequately represent all modalities.   | ERG extended to include two new members to ensure a wider representation of modalities.   |
| <b>2. Methodology</b>                                    | The rationale for methodology and inclusion or exclusion of evidence requires justification.   | The methodology document has been updated to reflect the additional stages of the project, which also addresses the rationale for inclusion or exclusion of evidence.   |
|  | Why is client or patient outcomes research not considered?   | This was not in the remit of the project, which was about mapping existing standards and practice requirements.   |
| <b>3. Titles and hierarchy</b>                           | The framework is hierarchical – the titles are not inclusive of ‘higher level’ counselling competence.<br>Framework undermines counselling.  | Evidence of mapping competences, training and practice requirements clearly show differentiation, but this is not clearly associated with titles. The ERG acknowledged that titles are not within its remit. All columns have been re-labelled A, B, C. |
| <b>4. Modality and language</b>                          | The language of the framework is too modality specific:  |   |
|  | • it does not accommodate different philosophies and modalities of counselling.  | The expanded ERG re-visited the criteria to find more inclusive language.   |
|  | • The language of the framework is too diagnostic (medical model).   | The language has been reviewed to be more inclusive.  |
|  | The language of the framework suggests that psychotherapists make a ‘diagnosis’.   | This version makes it clearer in that therapists do not diagnose but need to be familiar with the discourses around diagnosis.  |
| <b>5. Complexity</b>                                     | The complexity of ethical decision-making is not adequately expressed in ‘qualified counsellor’, as all BACP members are bound by the BACP Ethical Framework (2018) to address complex ethical dilemmas. | A review of the BACP Ethical Framework (2018) resulted in ethical decision-making competences being moved to column A, and not differentiated.  |
|  | The framework suggests that at ‘qualified counsellor’ level members cannot make an independent assessment or decide if a client or patient is suitable for therapy without consulting their supervisor.  | A re-visit of the literature suggested that those at ‘entry point A’ can make assessments. A footnote has been added to give a definition of assessment which is more inclusive.  |

## Appendix 1: Main themes and associated changes following January 2019 consultation

| Theme   | Sample of comments   | Decision  |
|---|--|---|
| <b>6. Practice standards</b>                        | Practice standards do not reflect entry points.  | The current framework recognises both initial 'entry points' and other 'gateways', which include post-qualifying training and experience.   |
|   | Practice standards – have the standards of other professional bodies been consulted?   | We looked at other organisations' competences but not practice standards because the aim was to find common ground between the three participating bodies. This could be widened in future. |
|   | Practice standards – why is there no requirement for personal therapy at 'qualified counsellor' level?   | Some trainings require personal therapy but the evidence showed that some do not. It therefore cannot be mapped as a shared standard.   |
| <b>7. Gaps</b>                                      | 'Culture and worldview' are not adequately expressed.  | The literature has been reviewed and more inclusive terminology used.   |
|   | The All-Party Parliamentary Group for Prescribed Drug Dependence (APPG for PDD) has published guidance about prescribed medication, which invites all members to broaden their knowledge and understanding of the effects of psychiatric drugs for the benefit of clients taking or withdrawing from such drugs. | APPG for PDD guidance on prescribed drug misuse has been consulted, and competences drafted and included.   |
|   | Suicide and self-harming behaviour should be captured separately.  | These competences have been separated out.  |
|   | There should be more competences around working online.  | The ERG concluded that the original online competences were sufficiently comprehensive for a generic framework.   |
|   | Fundamental to any counselling training is understanding of power and oppression, this should be recognised at 'qualified counsellor'.   | Evidence reviewed and power and oppression competences have been included at all levels with re-wording to show differentiation more clearly.   |
|   | The systemic approach is not adequately represented.   | Acknowledgement of systemic context now included.   |
|   | The framework does not adequately represent specialisms.   | Specialisms were not the remit of this framework. Generic language is intended to be inclusive.   |
|   | No representation of how physical and mental health interact.  | Evidence reviewed and competence now included.  |
| Have Northern Ireland (NI) standards been included? | NI standards included in original data collection.   |   |