PROFESSIONAL OCCUPATIONAL STANDARDS
FOR THE INFORMATION OF COMMISSIONERS, TRAINERS AND PRACTITIONERS

A FIRST PUBLICATION OF PRACTICE, TEACHING AND SUPERVISION BASED OCCUPATIONAL STANDARDS FOR PSYCHOTHERAPY AND PSYCHOTHERAPEUTIC COUNSELLING
It is with great pleasure that we present the first publication of UKCP professional occupational standards. This document maps the contemporary competencies and meta-competencies of our colleges and standing faculties. We believe that educators, commissioners of services, trainers and practitioners in the fields of psychotherapy and psychotherapeutic counselling will find it a useful and robust tool, supporting their work.

The document builds on previously developed UKCP publications mapping our regulatory and competency frameworks, and can be linked to, and used in conjunction with, other current publications of competencies for psychotherapeutic professionals and provision within the UK and abroad.

The UKCP professional occupational standards identify the standards of professional adult and child psychotherapists and psychotherapeutic counsellors for competent work, and include the additional skills, knowledge and understanding required of specialist practitioners. The professional occupational standards as they are outlined here are substantive philosophically, historically, methodologically and in practice. They carry a considerable history of effectual application to be understood as both safe and effective for workplaces and elsewhere.

Our professional occupational standards distinguish the modalities and traditions of UKCP Psychotherapists and Psychotherapeutic Counsellors. They make clear the psychological depth and specialists skills, knowledge and understanding held by our accredited practitioners.

UKCP maintain that all publications of occupational standards in the psychotherapeutic field warrant ongoing development with the wider profession and with carers and service users as a matter of course. This latter is a particular area of collaboration that we wish to develop in future – increased consultation with service users and carers is a key aim for UKCP in the next decade.

We expect our professional occupational standards and other UKCP standards publications to be regularly reviewed in the light of learning and understanding gained from a variety of research methodologies, social policy developments and other factors as relevant. This includes methods developed by the profession that call on qualitative as well as quantitative methods of exploration.

We would like to take this opportunity to give special recognition and gratitude to James Antrican, the preceding UKCP Chair, for conceiving this project; and to Carmen Joanne Ablack for her role in developing, coordinating and finally publishing these UKCP Professional occupational standards. Carmen’s vision and application, ably supported by Barbara Monk-Steel, have enabled UKCP to produce these Professional occupational standards.

We think that members of UKCP from all the modalities will share in a sense of pride that our organisation can communicate to the outside world (including but
not limited to commissioners and employers) the depth and quality of the work that psychotherapists and psychotherapeutic counsellors actually do. It is the intention of UKCP to develop further publications as our colleges and faculties develop the relevant bodies of research evidence most applicable to their tradition of work.

Copies of the UKCP professional occupational standards will be circulated to voluntary and statutory educational organisations, commissioners in the NHS, other educational and provider organisations, stakeholders, umbrella organisations for psychology, counselling and psychotherapy, other government agencies and organisations representing service users and carers.

We commend this publication to you.

Professor Andrew Samuels
UKCP chair

David Pink
UKCP chief executive
Foreword

The UKCP professional occupational standards set out in this document have been achieved through good qualitative development and testing by our colleges and faculties in training and supervised practice, and through reflective and reflexive development. We have compiled these professional occupational standards in response to demands from commissioners, trainers and training institutes for a comprehensive mapping across the modalities and traditions of psychotherapy and psychotherapeutic counseling offered by UKCP accredited practitioners.

I invite you to note that the document includes a specific suite of meta-competencies for working with children and young people (please see Section 2). We understand this to be an important and groundbreaking contribution to the field of occupational standards for psychological therapies in Britain today.

Both the clinical and the practical content of the UKCP professional occupational standards are accurate, and describe the minimum standard of practice required for accredited competent psychotherapists and psychotherapeutic counsellors.

I am pleased that UKCP has been able to offer examples of a career framework for those accredited to UKCP standards of practice (please see Section 3). We hope this framework will answer some of the questions we receive from the NHS and other employers and service providers in relation to the standards, quality and range of work that UKCP accredited psychotherapists and psychotherapeutic counsellors can provide.

We acknowledge and welcome other contributions being made in the field of occupational standards and we envisage the UKCP contribution being a serious enhancement of such work. Ultimately, UKCP remains concerned – as we have been since our inception – to assure quality and to add to the understanding of psychotherapy and psychotherapeutic counselling by the general public, commissioners of services, educators, trainers, service users, carers, the media and fellow professionals.

The ongoing development and explication of the UKCP professional occupational standards remains a collaborative process in which the many different views and perspectives are considered and used to inform the content of our work. In future years, we plan to develop our current contribution through the provision of competencies gleaned from the research work undertaken by UKCP accredited individuals and groups.

Please do not hesitate to contact us with questions, comments and feedback on this new UKCP publication. Our aim is to ensure that we continue to add to your understanding of the depth and quality that UKCP accredited psychotherapists and psychotherapeutic counsellors have to offer.

We hope the UKCP professional occupational standards will be helpful to you. With the information that has been included, we aim to point you to the right tradition, modality or area of work and to provide resources that are readily adaptable to your specific needs.

UKCP is happy to respond to requests for further guidance or to undertake more in-depth conversations with particular employers, providers and training bodies.
For individuals seeking psychotherapeutic help, we have a comprehensive website (www.psychotherapy.org.uk) and specialist staff on the end of a phone who can assist in directing you to what you may need. For a listing of additional sources of information please see Section 4. Contact details for the UKCP office are here.

It has been my pleasure to co-author and coordinate the publication of these UKCP professional occupational standards 2010. I would like to offer a personal thank you to the trainees, clients, supervisees, organisational and individual members and colleagues who have made this publication possible.

**Carmen Joanne Ablack**  
UKCP advisor and consultant on quality and standards  
Chair UKCP Psychotherapy in the Workplace Committee
Contents

Click on title to navigate to page

Preface
Foreword
Introduction

Section 1: UKCP professional occupational standards
  1 Context
  2 Applicability
  3 Presentation of material
  4 Overarching requirements for UKCP practitioners

Section 2: Professional occupational standards of UKCP colleges and faculties
  1 Child psychotherapists
  2 Cognitive psychotherapies
  3 Constructivist psychotherapies
  4 Humanistic and integrative psychotherapies
  5 Hypno-psychotherapy
  6 Psychoanalysis and Jungian analysis
  7 Psychotherapeutic counselling
  8 Sexual and relationship psychotherapies
  9 Systemic psychotherapy

Section 3: A career framework for psychotherapists
  1 Introduction and context
  2 Using UKCP professional occupational standards
  3 Indicative case studies and professional occupational standards application to role

Section 4: UKCP publications
  Genric standards
  Ethical principles and professional conduct
  UKCP - Karnac book series
Introduction

Welcome to the first publication by the UK Council for Psychotherapy (UKCP) of its professional occupational standards for UKCP accredited practitioners and UKCP accredited organisations.

The UKCP professional occupational standards indicate what psychotherapists and psychotherapeutic counsellors must be able to do in order to work psychotherapeutically. They may also be supported by the underpinning values, attitudes, knowledge and skills necessary to function successfully as a psychotherapist or psychotherapeutic counsellor.

This publication is based mainly on evidence gathered from education, training and practice delivery as practised, discussed and deliberated within our membership organisations, our modality colleges and in body-wide consultations over many decades of existence.

UKCP intends to publish allied research evidence-based mappings of professional occupational standards embedded in the current best practices of psychotherapeutic research approaches. These will form adjuncts, in future, to the current publication.

In undertaking the work of professional occupational standards, UKCP wishes to recognise the widest possible contribution to the understanding and practice of psychotherapy. We also want to ensure that the knowledge and experience across a number of modality approaches is made available to the relevant bodies, organisations and individuals that hold an interest or employment brief in relation to psychotherapeutic practice.

We believe our publication represents information that is robust, safe and suitable for use. We have endeavoured to ensure that the clinical and practical content of the professional occupational standards are accurate and describe both minimum standards of practice required by an individual in order to be assessed as competent, as well as elucidating the capacities and qualities required for best practice by UKCP accredited psychotherapeutic practitioners.

We consider the work of mapping professional occupational standards to be an ongoing process that must be periodically updated in order to reflect contemporary knowledge, skills and understanding. It is for this reason that all UKCP accredited training programmes are expected to include contemporary developments in the modality field.

UKCP has specialist accredited training organisations that provide a full training programme in child psychotherapy, as well as trainings that specialise in working with children and young people as part of the family. This publication includes competencies that are specific to practitioners undertaking work with children and young people. We believe this is an important area that requires its own mapping of the generic knowledge, skills, understanding and defined capacity for psychotherapeutic work.
In addition to the competencies and various kinds of standards documents, it is important that the users of any standards documents also make reference to the various codes of practice and ethics that relate to the specific professional group, and to codes that relate to working with vulnerable groups, particularly those intended for psychotherapeutic working with children and young people.

We invite all readers and users of these professional occupational standards to be aware of other publications in the field of national occupational standards and competencies, in order that you are able to form the fullest picture currently possible of the work of the psychotherapy profession and its wide-ranging applicability in voluntary, statutory and private practice endeavours.

We believe our publication – by addressing a number of traditions not cited elsewhere as well as enhancing and developing those already available – will provide an important contribution to the understanding of the psychotherapeutic professions and our applicability in society today.

You will note that we have provided a specific suite of professional occupational standards for psychotherapeutic counsellors. We hope understanding of this enhanced level of UKCP accredited counselling practice is afforded to readers and users of this publication.

We would like to reiterate our belief that professional occupational standards are an ongoing process and that no publication can be understood to hold definitive sway, be it by government, voluntary or professional body. We understand all current, previous and future publications of professional and occupational standards in the psychological therapies, including psychotherapy practice, to be subject to this caveat.

UKCP is happy to make our other published standards and codes documents available to you. Please see the listings in Section 4 and contact us at the postal and email addresses listed at the end of this document.
Section 1

An overview of the UKCP professional occupational standards

1. Context

Psychological, emotional, relational, developmental, mental health and wellbeing issues and situations affect individuals, families and communities across the UK. Statistics suggest that most individuals will be affected by, or be related to, or know someone affected by the kind of issues that may bring them into contact with psychotherapeutic counsellors or psychotherapists. UKCP has a major part to play in shaping the development of responses aimed at increasing the wellbeing of individuals, families and communities.

At UKCP we have seen, over many years of setting and updating standards of education, training and practice, that our psychotherapy practitioners play a vital role in offering hope and support in order that people can recover and be able to start to live their lives more on their own terms.

Our well trained and appropriately qualified psychotherapists and psychotherapeutic counselling practitioners play an important role in supporting clients and patients to have a better quality and/or understanding of life. They often provide early intervention when people become unwell. In addition, many UKCP practitioners play a pivotal role, as members of multi-disciplinary teams or as independent practitioners and colleagues, in supporting clients and patients with more serious conditions, enduring crises and longer-term problems and conditions.

We are developing our liaison with service users and carers in order to facilitate a more active role in shaping the support available to them from our practitioners, and to continue the development of UKCP as an accrediting professional membership organisation. We also value the influence and recommendations of service users and carers on the development and training of practitioners, as they are at the heart of our purpose and practice.

As our register of accredited supervisors is developed, UKCP will offer further guidance and support to both the professional community and to those responsible for areas of their work, through our professional occupational standards on supervision for adults, and for working with children and young people.

2. Applicability

UKCP professional occupational standards are intended as an aid and support to the information, knowledge and understanding held by general practice and specialist commissioners; psychological therapies trainers and education providers; clinical and health management supervisors; psychological therapies practitioners; service users; carers; and to wider communities nationally and internationally.

They provide a benchmark that articulates what can be expected from therapists of different traditions, and what can be used as a starting point from which to develop services and practice. We believe our professional occupational standards will be applicable to more than the bodies, groups and individuals stated, and that they can be used creatively to enhance and develop people's experience and use of psychotherapy and psychotherapeutic counselling.
Wherever possible we would recommend that the needs of the group, organisation or individual are cross-referenced with the UKCP professional occupational standards. In order to facilitate their use in line with current best ethical and fitness-to-practice guidance, we recommend users of this publication refer to ethical and fitness-to-practice literature governing or guiding the psychotherapeutic professions of psychotherapy and psychotherapeutic counselling.

UKCP is happy to make our other guidance literature available to you. Please use the contact details listed at the end of the publication to make any requests for this material.

UKCP professional occupational standards are applicable, but not exclusive to, the following areas of work, development and practice:

- Commissioning education and training
- Commissioning specialist and expert practice
- Commissioning supervision
- Commissioning expert consultancy
- Commissioning development and expansion of psychotherapeutic services
- Coaching and mentoring
- Development of career and qualification frameworks
- Developing appraisal
- Drawing up job descriptions, commissioning documents, procedural documents, etc.
- Evaluating practice
- Evaluating individual and team ongoing professional development
- Informing work with children and young people specifically
- Informing team creation and development; informing knowledge, understanding and skills gaps and development needs; and informing team mix concerns
- Informing and developing supervision – clinical practice, teaching, training, etc
- Informing policy development
- Informing entry and exit interviews and processes
- Offering continuing professional development (CPD) guidance.

3. Presentation of material

The professional occupational standards are presented in an accessible format that incorporates tradition specific variations in a way that is transparent. The intention is to provide a comprehensive mapping of the information, so that commissioners, educators and others can easily identify the competencies and meta-competencies relevant for need and identify areas for consideration across activities.

The presentation of material is reflective of overall generic expectations and tradition-specific requirements. Thus the presentation of material for each modality may look slightly different and may contain headings that do not appear under another tradition. UKCP believe this allows us to reflect a more accurate picture of professional occupational standards for psychotherapy than if an attempt was made to force approach competencies into an over simplistic frame.

Each modality has chosen to frame their professional occupational standards in a way that best reflects their tradition, their philosophy and their practice, and gives a clear indication of the attitudes, knowledge, skills and abilities that are needed to use their tradition successfully for the benefit of their client or patient.
1. Overview

We have chosen to leave the overlapping standards that occur throughout the professional occupational standards document, as this is reflective of the reality that tradition does not take precedence over the psychotherapeutic relationship and the ability of the practitioner to hold the relationship as the centre of psychotherapeutic work.

4. Overarching requirements for UKCP practitioners

All UKCP practitioners are expected to fulfil the following within their scope of practice:

• To have knowledge and understanding of the key concepts of the arts, humanities, physical, social, biological, psychological and clinical sciences which are relevant to their profession-specific practice and their tradition of practice

• To have knowledge and understanding of how professional policies, principles and guidance are expressed and translated into action through a number of different assessment, treatment, facilitation and management approaches to practice; and that these are handled in a manner relevant to the profession-specific practice of a UKCP-accredited professional

• To have capacity, knowledge and understanding of how to select or modify approaches to respond appropriately to the needs of the client or patient

• To be able to work with socio-cultural needs and considerations in all aspects of their work

• To actively engage in continuing professional development as part of their professional responsibility at all levels of practice which they are accredited to undertake.
Section 2

UKCP colleges and faculties

The national professional occupational standards of UKCP accredited psychotherapists and psychotherapeutic counsellors in the following modalities

2.1 Child psychotherapists
2.2 Cognitive psychotherapies
2.3 Constructivist psychotherapy
2.4 Humanistic and integrative psychotherapies
2.5 Hypno-psychotherapy
2.6 Psychoanalysis and Jungian analysis
2.7 Psychotherapeutic counselling
2.8 Sexual and relationship psychotherapies
2.9 Systemic psychotherapy
2.1 UKCP professional occupational standards for child psychotherapists

Overview
Child psychotherapists work with children of all ages from birth to the age of 18. They may use an integrative or psychoanalytical approach to treat children who have difficulties with behaviour, thoughts or feelings. These difficulties may include, for example, depression, anxiety, development delay, phobias, aggression, gender dysphoria, consequences of child abuse, self-harming, learning difficulties, eating disorders and psychosomatic disorders. Child psychotherapists aim to help children to understand their inner conflicts and to manage difficult feelings. They also work with the child's parents/carers (who may be involved in therapy sessions), and with other involved professionals in health, education and social services.

Standards and competencies
The standards and competencies for psychotherapists working with this client group are informed and underpinned by the following overriding principles:

- The child’s individual human rights, including the right to self-determination, within the reasonable constraints of their need for safety, protection and care, in keeping with the law relating to Child Protection and the rights of parents and carers
- Given the right support and conditions, the capacity for the child to access impeded developmental impulses and re-establish the potential for psychological wellbeing
- The importance of considering the experience of children and young people in the context of the overall matrix of their lives and the centrality of family, social, cultural, religious/spiritual and political systems which frame their reality
- The need to recognise the value and validity of a child’s experience and to recognise the creativity and resilience of infants and children in responding to the circumstances of their lives as best they can within their developmental capabilities and emotional resources, even where this manifests in ways that present challenge and difficulty in the adult world, and to recognise that the child alone is not the problem
- The particular dependency and vulnerability of the infant, child and young person, emotionally, physically, psychologically and spiritually.
- The particular nature of the child’s experience that characterises the several developmental stages and tasks involved in growing up into a mature relationship in the world
- The need to support children in developing the skills and resources they need to deal realistically with the circumstances of their lives, as well as to emerge more fully with their own potentialities and to build trust
- The multidisciplinary nature of work with children, and the vital importance of inter- and intra-professional dialogue and exploration.

Competencies are defined in respect of four areas:
- A. Knowledge and understanding
- B. Intellectual skills
- C. Professional practical skills
- D. Transferable key skills.
Competencies are further classified in terms of the skill needed to:

1. Establish and maintain a therapeutic relationship
2. Manage the therapeutic process, facilitate change and manage the ending
3. Engage in culturally sensitive practice
4. Practice in a legal and ethical manner
5. Engage in professional reflection

**Competencies in detail**

**A. Knowledge and understanding**

Child psychotherapists are expected to demonstrate a knowledge and full understanding in the following areas:

1. **Establish and maintain a therapeutic relationship**
   1.1 Referral and other information necessary to accept referral
   1.2 Framework for decisions regarding case referral – both internal and external
   1.3 The range of confidentiality procedures that apply in different contexts in relation to young people
   1.4 The roles and functions of the range of services potentially involved with care, and the relative effect of involvement of these agencies (education, mental health, social services, relevant voluntary services)
   1.5 Understanding of the concept of competence and the right to self-determination of the child or young person
   1.6 Rights of parents and carers
   1.7 Nature, characteristics and boundaries of the therapeutic encounter
   1.8 Communication appropriate to specific needs of the young client, including awareness of issues of attachment, individual developmental level, special educational needs, social and cultural difference, and the impact of hidden harm, abuse and neglect and inappropriate parenting of all kinds
   1.9 Communication congruent with the developmental level of young people, including an in-depth understanding of symbolic and non-verbal communication through body language, play and the use of creative media
   1.10 Communication appropriate to the management of relationships with parents and other carers
   1.11 Understanding the emotional needs of young people.

2. **Manage the therapeutic process, facilitate change and manage the ending**
   2.1 Theories of attribution and range of factors that give rise to the difficulties experienced by young people
   2.2 Knowledge base and critical evaluation of recent and current developments in therapeutic work with children and families
   2.3 Understanding of the theoretical framework of therapeutic change
   2.4 Understanding of the dynamics of power in relation to the therapeutic process with children
   2.5 Practical understanding of attachment theory, and the way attachments develop and change
   2.6 Awareness of the synthesis of factors governing the therapeutic process and relationship with young people, based on the healing and maturation process
2.7 Awareness of the impact of child development and thorough understanding of developmental tasks and stages
2.8 The range of emotional, social and behavioural difficulties, psychopathology, mental health conditions and developmental disorders of young people, as well as an awareness of the limitations of diagnostic frameworks and the use of medication to treat these situations
2.9 The impact of adult functioning and mental health on the physical, emotional and mental health of children
2.10 The physical and psychological implications of the use of medicines to treat mental and emotional conditions in children
2.11 Different forms of abuse, their impact on children and their development, and the subtle signs and symptoms of abuse
2.12 The impact of transitions on child development
2.13 Issues related to aggression, anger and violence
2.14 Understanding reasons for the need to maintain ongoing relationships across agencies
2.15 Understanding the differences in therapeutic support offered within the range of statutory and voluntary children’s services.

3. Engage in culturally sensitive practice
3.1 Understanding of different cultural and familial traditions
3.2 Appreciating the position of the child or young person in the family or caring network, as well as the wider social context
3.3 The key role and value of parents and carers and an appreciation of their support, information and advice needs
3.4 The relative importance of peer and community influence within different cultures.

4. Practise in a legal and ethical manner
4.1 The laws and key policy areas related to children, including the most current legislation
4.2 The role and remit of the Local Safeguarding Children Board
4.3 Variations in child protection procedures, legal frameworks and use of terminology across agencies
4.4 Data protection issues in the context of the therapeutic process with young people
4.5 The nature and relative importance of different kinds of data, and the relevance, status and gaps in information
4.6 Understanding of complaints procedures and the complexities children and young people face in making complaints. Awareness of the potential danger of false allegations.

6. Promote self care for client and for practitioner
6.1 Responsibility, including an awareness of when to involve others, and where and how to get advice and support
6.2 Ethics relating to the maintenance of professional boundaries.
B. Intellectual skills

Child psychotherapists are expected to possess intellectual skills in the following areas:

1. Establish and maintain a therapeutic relationship
   1.1 Obtaining information from a range of sources
   1.2 Balancing needs and rights of young client and the rights of parents and carers
   1.3 Barriers to communication
   1.4 The role and importance of body language in communication, and practical knowledge of the value and use of creative media for therapeutic purposes.

2. Manage the therapeutic process, facilitate change and manage the ending
   2.1 Assessment of need and the development of a reasoned and substantiated proposal for treatment
   2.2 Therapeutic decision making/evaluation skills/outcome management
   2.3 Ability to apply practical strategies to facilitate change congruent with informing theoretical model of choice
   2.4 Transference and counter transference/relational dynamics
   2.5 Sensitivity to the changing dynamics of relationship as the therapeutic encounter progresses
   2.6 An awareness of the specific needs and vulnerability of the child as a result of their unique stage and level of development
   2.7 Practical session and therapeutic process management in cases of special educational needs, emotional, social and behavioural difficulties, psychopathology and mental health conditions
   2.8 The effects of trauma, neglect and physical and sexual abuse
   2.9 The signs and likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment, and leaving home or care
   2.10 Managing the range of conflicting demands of stakeholders (including parents, other family members or carers) in a manner that safeguards the therapeutic process.

4. Practise in a legal and ethical manner
   4.1 When it is and when it is not necessary to have consent prior to sharing information
   4.2 Supporting client self-determination where appropriate, taking account of health and safety, and child protection issues
   4.3 Formal and informal risk assessment
   4.4 Facilitating a free flow of information between services congruent with the best interests of the young person
   4.5 Practical data recording, including the security, legal requirements and guidance relating to the length of time for which records must be kept.
C. Professional practical skills

Child psychotherapists are expected to possess professional practical skills in the following areas:

1. Establish and maintain a therapeutic relationship
   1.1 Appropriate management of inter- and intra-agency information and dynamics
   1.2 Maintaining the client at the centre of the process in the face of competing information agendas
   1.3 Ability to communicate with young people of different ages and abilities
   1.4 Ability to communicate with young people in a manner appropriate to their cultural and social context and at their level of need and ability
   1.5 The ability to use a variety of play therapy techniques to facilitate client expression
   1.6 Appropriate emotional competency and emotional warmth in relation to children, including the capacity to explore and resolve personal issues arising from engaging in therapeutic work with children
   1.7 The ability to communicate with and involve parents, carers and other parties as necessary to the best interest of young clients.

2. Manage the therapeutic process, facilitate change and manage the ending
   2.1 Practical skill and competence in monitoring and evaluation of therapeutic intervention through the use of appropriate methodologies
   2.2 Capacity to manage power dynamics in a therapeutically helpful manner
   2.3 Working appropriately with issues of attachment
   2.4 Ability to sustain an appropriately facilitative relationship throughout the therapeutic encounter
   2.5 Practical skill and competence in a range of age-appropriate practical techniques to suit the age, life stage, experience and context of the child
   2.6 Forging and sustaining respectful relationships across agencies
   2.7 Developing and sustaining appropriate relationships with parents, other family members and carers
   2.8 Exercising appropriate care in identification, diagnosis and therapeutic work in respect of cases of trauma, neglect, and physical and sexual abuse
   2.9 Practical skill and competence in working with the full range of transition situations, in terms of managing information, providing support and undertaking a therapeutic process
   2.10 Appropriate response to conflict, aggression, anger and violence within the session, and more generally in relation to children, young people and families
   2.11 Appreciate own value and the value of others in a inter- and intra-agency context
   2.12 Work with children in a range of contexts (private practice; schools; NHS; other professional settings).

3. Engage in culturally sensitive practice
   3.1 Appropriate management of cultural difference and need, within the therapeutic configuration, in family and in inter-agency work.
2.1 Child psychotherapists

4. **Practise in a legal and ethical manner**
   - **4.1** Appropriate sharing of information in line with clients' best interest and legal and ethical considerations, including being an advocate for the child where necessary
   - **4.2** Making considered judgements about how to act to safeguard and promote a child or young person's welfare
   - **4.3** Managing confidential information, personal data and sensitive personal data appropriately
   - **4.4** Proficiency with common information framework systems, eg CAF (Charities Aid Foundation) and UNOCINI (Understanding the Needs of Children In Northern Ireland).

5. **Engage in professional reflection**
   - **5.1** Skills of self-reflection
   - **5.2** Use supervision appropriately, including evidence of understanding of the context of the child
   - **5.3** Practical creativity, flexibility, self-motivation, autonomy and ability to work proactively
   - **5.4** Ability to respond professionally to challenge
   - **5.5** Ability to recognise the limits of competency and fitness to practice.

6. **Promote self care for client and for practitioner**
   - **6.1** Maintain records of placements and periods of observation
   - **6.2** Appreciate the impact of the disclosure and management of upsetting situations, with the ability to access necessary support
   - **6.3** Management of therapeutic boundaries of safety and containment.

**D. Transferable key skills**

Child psychotherapists are expected to possess transferable skills in the following areas:

1. **Establish and maintain a therapeutic relationship**
   - **1.1** Appropriate written and oral communication using a range of media, including electronic media
   - **1.2** Maintaining professional conduct and communication that facilitates inter-agency communication
   - **1.3** Capacity to communicate at different levels according to differing needs.

2. **Manage the therapeutic process, facilitate change and manage the ending**
   - **2.1** Effective communication with other practitioners and professionals on an inter- and intra-agency basis.
2.2 UKCP professional occupational standards for cognitive psychotherapies

Overview

Cognitive psychotherapies are those that have significant links to cognitive traditions and theories, such as those of George Kelly, Aaron T. Beck and Albert Ellis. Cognitive psychotherapies are an evolving movement that includes Cognitive Behavioural Therapy (CBT), Cognitive Analytic Therapy (CAT) and the emerging third generation of CBT (e.g., Mindfulness based Cognitive Therapy and Acceptance and Commitment Therapy). All these therapies help clients achieve desired changes in the way that they think, feel and behave, and share a commitment to empirical research and evaluation.

The therapies are characterised by a collaborative relationship/working alliance and are usually focused on client problems that present in the here and now. Client and therapist normally work together to develop a joint understanding of the problems, or formulation, from which a jointly agreed treatment plan is developed. Therapeutic work is mainly time limited and enables the client to use tools from the therapy for continued practice and monitoring, self-reflection and revision of intra- and inter-personal processes.

Cognitive psychotherapies address a wide range of psychological complaints being dealt with in NHS, private, and organisational settings for individuals and groups from diverse cultural backgrounds, ability levels and from across the lifespan.

Standards and competencies

The Cognitive Psychotherapies College of the UKCP has only recently been formed and work on the development of a competency framework is still in progress. So far a number of meta-competencies for psychotherapists who work from a cognitive model have been agreed and these are listed below.

Meta-competencies for cognitive psychotherapists

1. The capacity to deliver therapy that is consistent with the underlying philosophy and values of the cognitive psychotherapies
2. The ability to filter and select appropriate referrals
3. The capacity to develop and sustain a collaborative therapeutic alliance
4. The ability to undertake competent clinical assessments
5. The ability to formulate the client's problems and develop a treatment plan that is based on this
6. The capacity to use their own clinical judgement to make treatment decisions
7. The ability to implement treatment flexibly and in response to feedback from the client
8. The ability to select and use appropriate therapeutic models and interventions
9. The ability to structure and pace a course of therapy and successfully manage endings
10. The ability to manage difficulties and challenges in the therapy
11. The capacity to recognise and work within the boundaries of their professional competence
12. The ability to identify and manage ethical and professional dilemmas as these occur in therapy.
2.3 UKCP professional occupational standards for constructivist psychotherapies

Overview

Constructivist psychotherapies are based on the underpinning assumption that people construct their own individual ways of being in the world through their personal experience of life. Each individual’s construed model of the world is constantly adapted and modified by experience, which in turn modifies their way of being in the world and how they act and interact.

Constructivist therapies help individuals to discover and explore more clearly the models through which they experience the world, explicitly or implicitly. The emphasis is on adaptive change. Clients are supported in exploring and testing new ways of seeing ‘being’ in their world and ‘operating’ in it, but it is not assumed that any particular way of constructing the world is ‘correct’. Changes can occur in small ways at the level of behaviour or, more fundamentally, at the level of core beliefs and values.

Various techniques and strategies are used which are creative, personally tailored and involve the client’s active participation. The therapeutic process rests on a client-therapist relationship of mutual respect leading the individual to a greater sense of personal control and empowerment. These therapies generally have a specific focus and expect to effect positive change in the short term or longer term. Clients may be seen individually, in families or in small groups.

Standards and competencies

1. Knowledge and understanding

Psychotherapists who work from a constructivist theoretical model would be expected to demonstrate a knowledge and full understanding of the following principles:

1.1 A central assumption that people uniquely create their own personal realities
1.2 Individual experiences are ordered into organised patterns of meaningful relationship which are open to reconstrual
1.3 These dynamic ordering processes are related to a sense of self and are highly structured within social and symbolic contexts
1.4 Ordering processes are reflected in the operation of a fluid internal and interpersonal dialogic process
1.5 Ordering processes occur within an inter-relational context and are contrast-informed and mutually interdependent
1.6 People engage in lifelong exploration, elaboration, and differentiation of themselves and the ways by which they organise their living
1.7 The Constructivist model does not assume fundamental pathology
1.8 The Constructivist model does not posit normative assumptions concerning culture or models of development, but works within a propositional framework respecting diversity within the client’s context.

2. Performance criteria

2.1 Establish the therapeutic relationship

This competence is about the quality of relationship that needs to develop between the therapist and client. The relationship plays a central role in the therapeutic process as a medium for change. The therapist needs to
2.3 Constructivist psychotherapies

adopt credulous listening and optimal therapeutic distance with the client, ensuring attention to their own and the client’s responses. Constructivist psychotherapists need to ensure that they are receiving supervision and that their practice reflects up-to-date theoretical and clinical research.

Constructivist psychotherapists need to be able to:

2.1.1 Explore the client’s expectations and understanding of therapy and the relationship with the therapist
2.1.2 Negotiate an agreed contract, including timing and duration
2.1.3 Create an agreed framework, ensuring that an understanding of the purpose, nature and process of therapy and the therapeutic relationship is shared
2.1.4 Agree initial therapeutic goals
2.1.5 Consider therapist-client commonality and sociality
2.1.6 Provide information about the therapist’s qualifications, experience, registration, insurance etc
2.1.7 Communicate limits of confidentiality and data protection requirements
2.1.8 Provide a relationship which has a basis of validation, but also the possibility of challenging and considering alternatives to the client’s construing.

2.2 Constructivist approach to diagnosis

This competence elaborates the constructivist approach to diagnosis, emphasising the therapist’s responsibility to understand the meaning of the client’s problem. The therapist should demonstrate the ability to maintain credulous listening throughout.

Constructivist psychotherapists need to be able to:

2.2.1 Employ the constructivist view of the client’s distress or discomfort, ie when a person maintains a particular view of the world and does not reconstrue events despite invalidation of this view
2.2.2 Take a transitive approach to diagnosis
2.2.3 Apply constructivist diagnostic constructs, eg constructs of transition; patterns of closure of meaning organisation
2.2.4 Where appropriate, administer constructivist assessment techniques, and analyse and interpret the results of these
2.2.5 Formulate diagnostic hypotheses
2.2.6 Elucidate the pathways of change that the client might follow to resolve their difficulties.

2.3 Selection of an appropriate therapeutic approach

The therapist should demonstrate the ability to formulate a therapeutic plan with the client based on the initial hypothesis. The hypothesis must be constantly tested for validity and revised if necessary.

Constructivist psychotherapists need to be able to:

2.3.1 Consider the extent of the investment the client is likely to make
2.3.2 Consider the level of cognitive awareness of the client’s constructions
2.3.3 Consider the therapeutic approach which might best facilitate the desired changes of construing identified in the diagnostic formulation
2.3 Constructivist psychotherapies

2.3.4 Consider the therapeutic modality (individual, couple, family or group) that might best facilitate therapeutic change and reconstruction.

2.3.5 Assess the type of transference relationship which might be encouraged.

2.3.6 Consider the extent to which the treatment approach may lead to negative emotions.

2.3.7 Consider any other implications of therapeutic change for the client and/or significant others.

2.3.8 Identify potential obstacles to the working relationship with the client.

2.3.9 Consider the permeability of the client's superordinate constructions.

2.3.10 Consider the extent to which therapy should focus on elaboration of the complaint.

2.3.11 Consider the availability of validation outside the therapy room of new constructs.

2.3.12 Consider the relative emphasis on internal and external reality in the client's construing and complaint.

2.3.13 Be prepared to consider a change in therapeutic approach if appropriate.

2.4 Understanding of the client's construing system

This competence requires the therapist to suspend their own construing system and engage, as far as anyone can, with the client's meaning system. The client's presenting problem should be seen in the context of his or her personal world. The therapist should be aware of the client's individual mode of communication and the means by which they express themselves, and assist in raising the client's awareness of their constructions. The therapist must demonstrate the capacity to contain and tolerate strong feelings or the apparent absence of feelings from the client.

Constructivist psychotherapists need to be able to:

2.4.1 Explore the structural characteristics of the client's construing system.

2.4.2 Explore the content of the client's construing system and anticipations.

2.4.3 Explore the client's construction of the problem.

2.4.4 Explore the client's personal, social and occupational world.

2.4.5 Explore the client's construing of the self and significant others.

2.4.6 Use both qualitative and quantitative constructivist assessment methods as appropriate.

2.4.7 Consider the client's pathways of movement and possible resistance to movement.

2.4.8 Be aware of both the risks and benefits for the client in establishing a relationship with the therapist.

2.4.9 Be aware that others can powerfully affirm or disconfirm one's most central meanings.

2.5 The process of reconstruction

The therapist should demonstrate the ability to apply constructivist theory to the client's presentation and work in partnership with the client through the reconstruction phase. The therapist should demonstrate the ability to formulate professional hypotheses based on the client's worldview, and assist them in considering alternative or modified constructions.
2.3 Constructivist psychotherapies

Constructivist psychotherapists need to be able to:

2.5.1 Invite the client to actively experiment and test alternative constructions both within and outside the therapeutic setting

2.5.2 Be technically eclectic, i.e., as appropriate use interventions from other theoretical traditions guided by a constructivist philosophical framework

2.5.3 Actively consider the client’s social, cultural and spiritual context, being mindful of practices which are potentially discriminatory

2.5.4 Be guided by constructivist principles to empower the client and recognise that each person is an expert within their own world.

2.6 Review of progress and management of planned endings

The therapist should demonstrate the ability to review the therapeutic experience with the client to ensure that it continues to be of service and agree any changes in direction. The therapist should use constructivist professional constructs as a framework with which to judge effectiveness from the client’s point view and demonstrate accountability to others.

Constructivist psychotherapists need to be able to:

2.6.1 Collaboratively review progress throughout the therapeutic contract

2.6.2 Use constructivist and other appropriate assessment techniques to monitor progress

2.6.3 Ensure that therapy continues to be of service to the client

2.6.4 Discuss with the client any agreed changes in the direction and nature of the therapeutic work

2.6.5 Recognise indications of potential separations or ending of the therapeutic relationship

2.6.6 Acknowledge what has been achieved and identify any issues that remain unresolved

2.6.7 Identify resources for continuing support for the client

2.6.8 Make onward referrals as appropriate

2.6.9 Reflect on clinical practice through supervision and maintain professional competence through an accredited CPD programme.
2.4 UKCP professional occupational standards for humanistic and integrative humanistic psychotherapists

Overview

Humanistic and integrative humanistic psychotherapies (HIP) are a range of approaches to practice united by shared philosophical principles which underpin practice and which evolved from the humanistic psychology movement. They draw on and integrate a range of theoretical influences which approach the individual as a whole person, including body, feelings, mind and spirit.

**Humanistic psychotherapy** is an approach which tries to do justice to the whole person including mind, body and spirit. It represents a broad range of therapeutic methods. Each method recognises the self-healing capacities of the client. The humanistic psychotherapist works towards an authentic meeting of equals in the therapy relationship.

**Existential psychotherapy** aims at enabling clients to find constructive ways of coming to terms with the challenges of everyday living. The focus is on the client’s concrete individual experience of anxiety and distress leading to an exploration of their personal beliefs and value system, in order to clarify and understand these in relation to the specific physical, psychological and socio-cultural context. The experience and influences of the past, present and future are given equal emphasis. The questioning of assumptions and facing up to the possibilities and limitations of living is an important part of this interactive, dynamic and direct approach.

**Transpersonal/psychospiritual psychotherapy** can be defined by its orientation, which includes the spiritual dimension rather than the content of therapy. It views the human psyche as having a central core Self or Soul as the centre of identity, as well as a personal ego. Psychotherapists draw on a wide range of therapeutic methods towards the uncovering of past psychological material within a context of the individual’s potential, based on spiritual insight and experience. Within this perspective there is both a movement of the personal centre to the Self and a movement of the Self to manifest its nature through and in the personal centre. Thus therapy includes both repair and individuation.

**Integrative therapy** can be distinguished from eclecticism by its determination to show there are significant connections between different therapies, which may be unrecognised by their exclusive proponents. While remaining respectful to each approach, integrative psychotherapy draws from many sources in the belief that no one approach has all the truth. The therapeutic relationship is the vehicle for experience, growth and change. It aims to hold together the dual forces of disintegration and integration, as presented by the psychologically distressed and disabled. The integrative therapeutic experience leads towards a greater tolerance of life’s experiences and an increase of creativity and service.

Standards and competencies

1. Philosophical principles

Psychotherapists working from a humanistic and integrative humanistic perspective emphasise one or more of the following ideas:

1.1 The unitive nature of personhood – the integration of affective, cognitive, physiological, transpersonal and contextual dimensions of the person as they interact with others
2.4 Humanistic and integrative humanistic psychotherapists

1.2 The multidimensional nature of consciousness and experience – including conscious and unconscious processes, the present, past, transpersonal and contextual dimensions of experience

1.3 The centrality of relationship in human development, experience and change

1.4 People are motivated towards self-maintenance, psychological growth and development and the fulfilment of their potential

1.5 ‘Experiencing’ (ie thinking, perceiving, sensing, remembering, and feeling, along with the inherent meanings and actions associated with these) is central to personhood

1.6 Human beings are free to act and construct their worlds

1.7 Therapeutic change will be both self-determined and self-directed, and dependent on the client’s experience of themselves as empowered in the therapeutic interaction

1.8 The diversity of human experience is to be valued and treated equally, regardless of culture, gender, age, religion, sexuality, sexual orientation or other identity categories

1.9 The process of psychological growth and self-development operates throughout a person’s lifetime.

2. Knowledge and understanding

A range of theoretical influences informs psychotherapists in the humanistic and integrative humanistic tradition. The overall conception of values transcending technique or theory is at the heart of this tradition. Psychotherapists from this tradition are committed to working with the full range of influences that inform the development of the individual and their relationship with society.

The approaches in the humanistic and integrative humanistic tradition promote academic rigour, clinical efficacy and effectiveness and competence through a critical and comparative understanding of the whole field. They seek to evaluate and integrate new information from clinical practice, process and outcome research and other disciplines.

Unique areas of specialist work and expertise have evolved (such as body psychotherapy, psychodrama and transpersonal psychotherapy), but all approaches in the tradition draw on and share a capacity to integrate the following body of knowledge to create a clearly articulated, coherent working model or system that is grounded in the unitive approach to the person.

3. References

Humanistic and integrative humanistic psychotherapists draw on published works of theory, clinical practice and research from across all the psychotherapy traditions and modalities. This includes:

3.1 Humanistic theories
3.2 Transpersonal theories
3.3 Psychoanalytic theories, including classical theory, ego psychology, object relations, self psychology and intersubjectivity
3.4 Jungian/analytical psychology
3.5 Drama and arts-based theories
3.6 Body-based theories
3.7 Cognitive and learning theories.
2.4 Humanistic and integrative humanistic psychotherapists

They also draw on a range of other disciplines, including philosophy, social psychology, literature, religion and the arts to throw light on what it means to be human and to understand the complex nature of human experience and distress. This includes:

3.8 Existentialism and phenomenology
3.9 Postmodernism
3.10 Social constructionism
3.11 Group and interpersonal dynamics
3.12 Field theory
3.13 Systems theories
3.14 Critical theories
3.15 Feminism.

And they draw on research and studies in developmental psychology and neuroscience. This includes:

3.16 Infant studies
3.17 Embryology
3.18 Attachment theories
3.19 Child development
3.20 Adolescent studies
3.21 Adult development and aging
3.22 Life-span development
3.23 Memory and consciousness studies.

4. Diagnosis and treatment

Humanistic and integrative humanistic psychotherapists are familiar with medical diagnoses of mental disorders (e.g. APA 2000, DSM 4TR) and the use and effects of psychotropic medication. They draw from the disciplines of psychology and medicine to gain knowledge and understanding of medical responses to severe mental illness in order to work alongside medical treatment and/or refer to a medical practitioner when necessary. This includes:

4.1 Medical diagnosis of mental disorders
4.2 The use of psychotropic medication
4.3 Assessment processes.

Humanistic and integrative humanistic psychotherapists reconfigure theory and practice according to the needs of the client from the point of referral and assessment through to termination of the work. They take into account the significance of age, ethnicity, race, culture, gender, religious beliefs, sexual orientation and the ways these contribute to psychosocial development. They consider the cognitive and physiological abilities of the client seeking treatment. This includes an examination of:

4.4 Ethics and ethical frameworks
4.5 Diversity
4.6 Professional practice.

Humanistic and integrative humanistic psychotherapists are expected to understand the ontological (how things are) and epistemological (how we know what we know) positions that underpin the different research methodologies and the implications for the different research methods that arise from these. They are expected to be able to compare and contrast their relative reliability and validity and evaluate the different findings from both quantitative and qualitative research studies into the efficacy and effectiveness of different treatments and treatment processes. This includes an understanding of:
2.4 Humanistic and integrative humanistic psychotherapists

4.7 Methodological issues and research paradigms
4.8 Qualitative and quantitative research methods.

5. Competencies of humanistic and integrative humanistic approaches

The knowledge base underpins the following competencies:

5.1 The capacity to hold a multidimensional perspective on human experience (ie interpersonal, intrapersonal, contextual and transpersonal)
5.2 An understanding of the unitive concept of the person and the ways in which the physical, emotional, intellectual, spiritual/transpersonal and contextual dimensions of the person interact to facilitate integration
5.3 Understanding that self-formation and self-experience is reciprocally shaped and mutually developed in relationship, including in the therapeutic relationship, and influenced by social context
5.4 A critical and comparative understanding of a range of theories of human growth and development; the origins of psychological distress; and the ability to critically apply these theories in relation to each individual client’s needs
5.5 An understanding and ability to evaluate the theories about the conscious and unconscious experiences which shape the client’s and therapist’s perceptions of their world in the present, and how these experiences are relived, enacted and played out both in the client’s world and between the therapist and the client in therapeutic process
5.6 To draw on knowledge of the processes of unconscious communication and the ways in which countertransference and somatic resonance may inform understanding of the client’s unconscious communications
5.7 Understand multiple dimensions (conscious and unconscious dynamics and co-transferences between client and therapist) of the intersubjective field of the therapeutic relationship and its role in therapeutic change
5.8 Understand and critically reflect on theories of internalised oppression, biases and prejudices and evaluate how these may impact on relationships with others
5.9 Understanding that human beings are free to act and construct their worlds and the ways this might be significant in facilitating the client’s experience of themselves as empowered in the therapeutic interaction and therapeutic change
5.10 Knowledge that the process of Humanistic and Integrative Humanistic psychotherapy is guided by the client’s own subjective constructs and perceptions in interaction with the therapist’s
5.11 Understanding of the central role of feelings, thoughts, beliefs, perceptions and sensations, and the inherent meanings and actions associated with these in life and therapeutic process

6. Performance criteria

6.1 Psychotherapeutic practice

6.1.1 To be aware of and to ‘suspend’ or judiciously process in the therapeutic relationship, their own values and attitudes, with the aim of putting to one side their own preconceptions and preoccupations in order to enter the client’s perceptual world
6.1.2 To attune empathically to, and bring to their attention, the client’s unconscious communications (and to explore possible meanings with
the client) when their clinical judgment indicates that this is in the best interests of the client

6.1.3 To reflect with the client on the therapeutic relationship in order to enhance the therapist’s and client’s understanding of the client’s world

6.1.4 To facilitate clients to explore and develop the personal and contextual meaning of their (emotional) experience

6.1.5 To facilitate clients to achieve a greater sense of balance and integration between different aspects of their self-experience

6.1.6 To attend to, evaluate and intervene to modify the process as well as the content of client’s communications

6.1.7 To make use of the experience and observation of the client’s ways of relating within the session as a basis for exploring the client’s internal world of relationships

6.1.8 To help the client identify, understand and evaluate problematic recurring patterns in their relationships, particularly by observing and exploring the ways in which these evolve in the intersubjective field of the relationship with the therapist

6.1.9 To value and use clinical judgment in the interests of the client and therapeutic process, to engage with, express or contain the intense emotions that may emerge within the therapeutic encounter (both their own and those of the client)

6.1.10 To appreciate the therapist’s own countertransference and somatic responses, subjective associations and ideas, and allow these to form in response to the client’s communications, and to be open to exploring these with the client through a process of empathic inquiry

6.1.11 To discuss with the client the assumptions that they are both aware of about cultural issues (eg race, culture, religion, age, gender and sexual orientation) or those expressed through unconscious communication that might be implicated in the therapeutic relationship and process

6.1.12 To establish, maintain, and process contact with the client, including conscious and unconscious levels of communication

6.1.13 To choose to hold authority and contain the therapeutic process while sharing power appropriately with the client

6.1.14 To tolerate and manage the tension between goals, process, and tasks

6.1.15 To evaluate and respond to the choices of directive and non-directive responses to the client, guided by the client’s therapeutic needs and process

6.1.16 To make judicious use of the therapist’s own conscious experience and countertransference and somatic responses.

6.2 Professional practice

Humanistic and integrative humanistic psychotherapists demonstrate the capacity for the following standards of professionalism:

6.2.1 To make an independent assessment of a client’s suitability for a humanistic and integrative humanistic psychotherapy, and to facilitate a shared understanding of the therapeutic process in collaboration with the client

6.2.2 To be autonomous and collaborative in initiating, developing and concluding therapeutic process
6.2.3 To clarify and evaluate with the client the underpinning rationale of Humanistic and Integrative Humanistic psychotherapy

6.2.4 To evaluate therapeutic process and progress with the client, both in an ongoing way and for the purposes of research or audit

6.2.5 To make onward referrals where appropriate and/or necessary and in an informed, supportive and professional way

6.2.6 To maintain self-awareness throughout the process of building, sustaining and ending a relationship with the client and to make use of supervision to support and monitor this process

6.2.7 To demonstrate an ability to relate to the client on the basis of equality and to negotiate issues of inner and outer authority as part of the therapeutic process

6.2.8 To value and practice transparency about therapeutic aims, intentions and ways of working

6.2.9 To continuously reflect on and explore issues of client’s and therapist’s authority in the therapeutic endeavour

6.2.10 To maintain a clear sense of boundary between self and client, and understand the ways in which the relationship is mutually and reciprocally constructed, and facilitate dialogue when this is difficult to maintain

6.2.11 To use supervision for reflection and processing of feelings towards the client to help develop an understanding of the implications in the intersubjective field

6.2.12 To appreciate and reflect on their own values and the ways in which these might influence and become implicated in the intersubjective field in their work with clients

6.2.13 To evaluate ethical dilemmas based on transparency, mutuality, individual responsibility and personal choice

6.2.14 To maintain a commitment to developing and extending knowledge and skills, and re-examining values and integrating these personal developments into their person as a psychotherapist

6.2.15 To maintain an openness to reflecting on their practice and the practice of others.
2.5 UKCP professional occupational standards for hypno-psychotherapy

Overview
Hypno-psychotherapy originates in procedures and practices discovered and recorded over the last three hundred years. Increasing awareness of the pervasiveness and importance in human experience of what are now more appropriately described as ‘altered state phenomena’ has led to huge shifts in theoretical understanding, convergence with discoveries emerging from modern neuro-science, and much increased consistency in application. This has been accompanied by the creation of a substantial scientific literature.

Hypno-psychotherapy may be valuable to anyone seeking to resolve specific problems, or for personal development. As well as alleviating a range of disadvantageous habits and many physical ailments, hypno-psychotherapy also deals in deep-seated problems involving themes and procedures, in many ways similar to those addressed by many other branches of Psychotherapy. Hypno-psychotherapists take a wide-ranging and eclectic view in helping clients to understand and to alleviate psychological difficulties.

Practice differs from other forms of psychotherapy in the deliberate (direct and indirect) use of altered mental states and supporting therapeutic structures as the principal medium for effecting change. In shorter-term engagements, it can be used to inculcate skills and overcome limiting habits or personal and social inhibitions. During longer-term therapy, the working relationship may present a dynamic context for the client to examine and work through important self-protection issues, including the reframing and resolution of challenging early experiences and liberation from previous blocks to personal development.

Standards and competencies
1. Knowledge and understanding

1.1 Informing principles
The principles that inform the hypno-psychotherapeutic approach are as follows:

1.1.1 Clients exist in a variety of contexts all of which need to be considered
1.1.2 Clients are shaped by their development, biological factors, family history and cultural factors
1.1.3 The self and the world are understood through a process of personal and social construction; Interpersonal interactions at multiple levels of relationship shape personal understanding
1.1.4 In any client’s narrative there will be multiple perspectives and interpretations of interactions and experiences, and those that dominate may not be the most appropriate for the client’s wellbeing
1.1.5 Recursive cycles of experience shape their narratives, beliefs, values, emotions, actions, interactions and relationships
1.1.6 Therapy is not only about resolving problems but also about striving for greater fulfilment. All people have an inherent capacity to change and strive for self-actualisation.
1.2 Basic principles and rationale
Hypno-psychotherapists understand that:

1.2.1 The nature and aetiology of psychological problems and health can be understood by the process of the development of the therapeutic alliance, potentially assisted by the use of analytical hypnotic techniques

1.2.2 Modification of patterns of communication and behaviour, involved in the maintenance of problems, can lead to positive change

1.2.3 Therapy can untangle the processes to enable clients to recognise inappropriate choices

1.2.4 Hypno-psychotherapy can be utilised to break unhelpful patterns or instil helpful patterns

1.2.5 Therapy can help develop emotional resilience and coping strategies and so reduce the potential impact of extreme events

1.2.6 Therapy can help a client understand their own role within relationships and strengthen their self-esteem, and thus their ability to relate effectively

1.2.7 Therapy is a collaborative process, creating a shared responsibility for therapeutic change.

2. Meta-competencies for hypno-psychotherapy

2.1 Hypno-psychotherapeutic assessment
Hypno-psychotherapists would be expected to:

2.1.1 Have an overarching understanding of the intricate links between assessment formulation and therapeutic work and an ability to work with the assessment process as part of the establishment of psychotherapeutic alliance

2.1.2 Gather information in order to construct potential interventions, to know what interventions to avoid and to explain the interventions fully to the client, including an overarching explanation of how hypno-psychotherapy works, so that the client may give their informed consent

2.1.3 Be aware of the potential pitfalls of formal assessment and how to overcome these if there is a necessity to write reports (eg for referrers).

2.2 Specific hypno-psychotherapeutic techniques
Hypno-psychotherapists would be expected to have:

2.2.1 An in-depth knowledge of how to induce, manage and terminate hypnosis

2.2.2 A working knowledge of a wide range of interventions and techniques appropriate to the approach and knowledge and understanding of when to use them

2.2.3 An in-depth knowledge of the concept and process of abreaction and how to work with these

2.2.4 A working knowledge of a range of psychotherapeutic theories and an in-depth knowledge of at least one major theory

2.2.5 A working knowledge of how to conceptualise issues through the use of questioning and listening

2.2.6 A working knowledge of how to create and set inter-session tasks for the client to use between sessions.
2.3 **How to establish and maintain a therapeutic relationship**

Hypno-psychotherapists would be expected to have a working knowledge of:

2.3.1 Developing and maintaining therapeutic relationships based on the Rogerian principles of empathy, congruence and unconditional positive regard

2.3.2 How to work collaboratively

2.3.3 How to use verbal and non-verbal communication appropriately and how environmental and psychological factors can inhibit communication

2.3.4 What to do when the opinions or actions of other people interfere with the therapeutic alliance.

2.4 **Culturally sensitive practice**

Hypno-psychotherapists would be expected to have a working knowledge of:

2.4.1 How their own cultural assumptions, blind spots, prejudices and stereotypes may impact on therapy and to be able to discuss these openly

2.4.2 Alternative constructions of identity to the dominant individualism in Euro-American societies

2.4.3 Culture, rituals, discrimination and advocacy

2.4.4 How to explore difference and its impact.

2.5 **The contexts of practice**

Hypno-psychotherapists would be expected to have a working knowledge of:

2.5.1 The place of hypno-psychotherapy in the world, eg in the context of UKCP and the NHS, and of any rules imposed implicitly or explicitly by these bodies

2.5.2 Any legislation that affects their practice, eg health and safety, data protection and why it is important to ensure that their knowledge is up to date

2.5.3 The resources available to support their client in the wider community and how to liaise with these when appropriate (including referrals)

2.5.4 How to balance their responsibilities as an individual practitioner with those as a member of the wider community

2.5.5 How past or present care from other health professionals, and/or past or present health issues may impact on their client’s psychological health and their therapy.

2.6 **Reflection and development**

Hypno-psychotherapists would be expected to have:

2.6.1 A working knowledge of the need for reflexive practice and continuing professional and personal development

2.6.2 An in-depth understanding of how to reflect actively on their practice and integrate their learning honestly

2.6.3 A working knowledge of how hypno-psychotherapy, as a profession, has developed, and how it continues to develop.
2.7 Ethical practice
Hypno-psychotherapists would be expected to have an in-depth knowledge of the code(s) of ethics to which they are subject and how to apply these rules in practice.

2.8 Practice management
Hypno-psychotherapists would be expected to have a working knowledge of:

2.8.1 How to record information in a level of detail and format that is suitable for all potential uses
2.8.2 Who has access to any information held
2.8.3 How to offer an effective service while maintaining boundaries (eg time, location).

2.9 Scope of practice
Hypno-psychotherapists would be expected to have:

2.9.1 A working knowledge of how to recognise when hypno-psychotherapy may be inappropriate or insufficient as a stand-alone intervention, and how to choose the appropriate action to take
2.9.2 An in-depth knowledge of when they may choose not to take on a client and when they must not take on a client
2.9.3 A working knowledge of specific scope and limitations of the theories, interventions and techniques in their repertoire and how to choose the most appropriate one(s)
2.9.4 A working knowledge of how to give accurate and clear instructions on inter-session tasks (including self-hypnosis) where appropriate
2.9.5 A working knowledge of the use of metaphor to describe the functioning of the mind and the brain processes that these metaphors model
2.9.6 A working knowledge of memory storage and retrieval functions, including the phenomenon of false memory and how to avoid it, and the fallibility of memory
2.9.7 An in-depth understanding of the stress response and how to explain this to their client
2.9.8 A working knowledge of psychopathology, in order to ensure that they work only with those conditions that they are trained to work with, whether independently or in conjunction with a medical practitioner.

3. Standards and competencies
A. Assess the needs of the client

Description
Assessment is an ongoing therapeutic activity which impacts on the client and the therapy being provided. It is a process of guidance for both the therapist and the client, and gives space to begin to create the therapeutic alliance. The therapist considers how best to ensure that the alliance is possible and, if so, how best to facilitate this; and if not, how best to refer the client on.

Explaining the rationale for a programme of hypno-psychotherapy is an intrinsic, ongoing part of the therapy.
Good practice
For assessment to be effective, the therapist considers the context of the client and also the holistic nature of health and wellbeing. They must be able to communicate with clients and companion(s) so that the processes are understood and the therapeutic alliance is created; balancing the information obtained at referral with information gained at the assessment. Throughout therapy, clients and any companion(s) are supported in taking an active part. Where the assessment process causes concern, the therapist is expected to discuss this with a supervisor and take appropriate action.

B. Undertake interventions

Description
This standard describes standards for undertaking hypno-psychotherapy programmes for clients. The interventions chosen should be planned with the full involvement of the client. This competence shows how the therapist is able to participate in the building of alliances and relationships in a way that is sensitive to the clients they work with.

Good practice
For treatment planning and its implementation to be effective, the therapist considers the contexts of the client and the holistic nature of their health and wellbeing. The therapist communicates with the client and companion(s) of the client in such a way that they understand the processes and the therapeutic alliance is created. Throughout therapy, clients and any companion(s) are supported in taking an active part. This is considered to be an essential element in ensuring that, as far as is possible, interventions will be sustainable after the end of therapy.

C. End therapy

Description
This standard is about preparation (of both the therapist and the client) for endings, and how to deal with endings that are precipitous. This standard recognises potential influence of the process by previous experience of endings and that endings may or may not be final.

This standard recognises that the end of therapy is not the end of clients using ideas/techniques learnt and that there is the need for the therapist to engage in processes to develop their professional ethical competence extraneously to client work.

Good practice
This standard is based on the principle of encouraging the client’s autonomy and their consequent responsibility for their health and wellbeing.

Glossary

Assessment A process of gathering information about the client and their situation and making a determination as to possible interventions and the likelihood that they will result in the changes desired by the client in an organismic way.

Clean language Language that does not suggest the response or lead the client in any particular direction.

Consent Consent may be either informed or implied. Implied consent is not explicitly requested or expressed. Informed consent is where the client has relevant information and understanding in order to decide whether to give consent.
Context The professional and personal systems around the client and the background to the presenting problem.

Continuing professional development (CPD) The process of maintaining or increasing one’s professional expertise by further training, reading, attendance at conferences etc.

Contract An agreement between the therapist and the client, whether formal or informal and whether in writing or not.

Contra-indications Factors which suggest that certain interventions may be unsuitable for a client.

Diversity The range of ways in which individuals are different from each other, both within any one culture and across different cultures. Such differences are not fixed, although some will consider them so, and include (but are not limited to) gender, race, religion, age, abilities, class, culture, ethnicity, education, sexual orientation, geographical location, income, marital status, parental status, work experiences, immigration history and citizenship status.

Evidence based A system of ascertaining efficacy by rigorous research.

Family A group of people who define themselves as such and who care about and care for each other.

Goals Goals may be long term or short term aims, defined by the client or negotiated between the therapist and the client, in order to be able to structure interventions towards a desired outcome.

Holistic Recognising the client as a complex individual who comprises a mind and a body and exists in contexts.

Intervention Any action driven by the therapist which is designed to move the client towards a desired goal.

Language Any means by which we communicate or express ourselves or respond to others, verbal or non verbal. Spoken or signed communication of a particular country, region, ethnicity, class, profession, sub-culture or dominant discourse.

Not knowing Open mindedness and curiosity.

Pattern Ordered sequence or connection of events.

Relational reflexivity A process of being able to adopt different viewpoints to enable discussion of a process.

Research A specific, organised process of discovering patterns to increase knowledge and understanding.

Self-reflexivity A stance that focuses on the effect of the therapy on the therapist and how this can be used as a resource for change in the family.

SUDS (Subjective Unit Of Distress) A form of scaling to discover how the client perceives the degree to of a feeling, or to rate something. For example, ‘On a scale of 0 to 10 how sad do you feel?’ The process is repeated to uncover movement.
2.6 UKCP professional occupational standards for psychoanalytic (including psychodynamic) psychotherapy and Jungian analysis

Overview

Psychoanalytic psychotherapy and psychodynamic psychotherapy derive from various traditions within psychoanalysis and analytical psychology. Psychotherapists registered in UKCP Council of Psychoanalytic Psychotherapy and Jungian Analysis (CPJA) include psychoanalysts, psychoanalytic psychotherapists, psychodynamic psychotherapists, analytical psychologists, Jungian analysts, Lacanian psychoanalysts, group analysts and child psychotherapists (analytic traditions).

Psychoanalytic and psychodynamic psychotherapy

Psychoanalytic relationships are generated by the desire to find meaning as well as relief from psychological suffering. Different schools of psychotherapy have emerged and continue to develop from Freud's original work.

In psychoanalytic psychotherapy, particular attention is paid to analysing transference and resistance issues, so that the patient is helped to find a more creative relationship between conscious and unconscious processes and to discover their own personal truths.

Jungian analysis

In Jungian analysis the theories of analysis stem from the work of Jung that, along with other schools, has emphasised that psychological development occurs through relationships.

The creativity and intelligence of dreams and the imagination are recognised, with particular attention drawn to the interactive connection between unconscious and conscious processes.

Individuation, Jung's term for self-discovery, is seen as a realisation of oneself within the psychological, spiritual, political and economic networks of society. Jungian analysts consider that we all have in us the capability of healing ourselves and this is what Jungian analysis aims to develop.

At the core of this theory is an understanding of the mind that assumes the central importance of unconscious mental processes, both individual and collective, in human behaviour, affect and relationships. From this basic perspective about the nature of the mind, psychoanalytic theory has developed its particular approach to the understanding of human development, psychopathology, mental health and individuation, and the processes of integration of the personality. From Freud's original concerns with unconscious conflict and Jung's with archetypes and complexes, the discipline has grown to encompass the theories of object relations, attachment, individuation and separation and the development of the self.

Psychoanalytic and psychodynamic understanding of human growth and development has interacted with and continues to learn from many other disciplines, including the arts and humanities, as well as pure and applied science and social science.

Clinical competence draws on a large body of theory founded on the work of Sigmund Freud and developed, elaborated and critiqued by numerous other theorists for over a century, notably Jung, Klein, Lacan, Winnicott, Bion, Foulkes and Bowlby. The professional occupational standards for UKCP CPJA represent clinical work within a plurality of theoretical approaches – including object relations, attachment based theories, Lacanian,
Jungian, relational and intersubjective, and existential-phenomenological theories. It also represents clinical work in a number of settings including private, voluntary, and public practice (group and individual work), child, family and couples, in education and with clients with disabilities.

Knowledge, understanding and skills

**1. Key concepts**

The psychotherapist will know the key concepts of the arts, humanities, biological, physical, social, psychological and clinical sciences which are relevant to their profession-specific practice, and be able to identify appropriate knowledge bases for use in the therapeutic process as follows:

- **1.1** Have a rigorous, critical knowledge and understanding of the psychoanalytic theories which inform the specificity of their clinical practice
- **1.2** Be able to critically evaluate the theories of other psychoanalytic schools and the historical relationship between them
- **1.3** Be able to recognise contemporary contributions to psychoanalytic theory, including the philosophical assumptions that underpin them
- **1.4** Have the ability to identify the key concepts of primary psychoanalytic theory as they relate to individuals, couples and groups, most specifically those relating to conscious and unconscious processes, transference and resistance as the cornerstones of psychoanalytic treatment
- **1.5** Have a working knowledge of contemporary psychoanalytic theories about human growth and development
- **1.6** Be able to critically evaluate the role of culture in conscious and unconscious processes
- **1.7** Understand the mutual agency of the patient and the therapist in the analytic process and its centrality to the work
- **1.8** Understand and be able to work with the autonomy of content, pace, timing and direction of unconscious processes
- **1.9** Have an appreciation and maintain interest in the competing and complementary schools of research that form part of contemporary development in psychoanalytic psychotherapy.

**2. Theoretical models**

The psychotherapist will be able to apply theoretical model(s) and make use of them in order to develop their own practice; the psychotherapist will:

- **2.1** Be able to critically evaluate differing psychoanalytic models of the mind, mind and body and developmental theories in the context of clinical practice
- **2.2** Be able to demonstrate understanding of psychopathologies using the key concepts of psychoanalytic theories
- **2.3** Manage breaks, boundaries and endings with an appropriate understanding of their dynamic significance
- **2.4** Be able to use psychoanalytic concepts to generate hypotheses and develop appropriate responses to clinical problems
- **2.5** Understand the importance of and be able to evaluate risk in the clinical context, and balance it against potential therapeutic gains
- **2.6** Be able to demonstrate that they value the practitioner's own negative capability and that of patients
2.6 Psychoanalytic psychotherapy and Jungian analysis

2.7 Recognise the importance of imagination and creativity and their importance to the work
2.8 Be able to use an understanding of conscious and unconscious process discriminatingly in working with clients in a range of clinical settings, time frames and intensities of therapeutic experience
2.9 Be able to draw on an in-depth knowledge and experience of practitioner's own psychological world through substantial personal psychotherapy as a key resource in clinical work
2.10 Be able to demonstrate the essential capacities to link theoretical knowledge and clinical practice
2.11 Be able to work effectively with the unpredictable and unknowable nature of unconscious processes.

3. Clinical practice

The psychotherapist will know how professional principles are expressed and translated into clinical practice through a number of different assessment, treatment and management approaches. The psychotherapist will understand and be able to select or modify approaches to respond appropriately to the individual patient. The psychotherapist will:

3.1 Be able to formulate models of psychotherapeutic change which draw on the psychoanalytic knowledge base described
3.2 Be able to manage the planning and progress of treatment in a manner consistent with the theoretical model(s)
3.3 Be able to assess and employ optimum clinical conditions for psychoanalytic work in different clinical settings, with different clients and different psychopathologies, including severe and enduring psychiatric illness
3.4 Be able to identify the particular ethical implications of psychoanalytic work under conditions of regression, resistance, transference and countertransference
3.5 Be able to facilitate mutual reflection upon conscious and unconscious dynamics of the psychotherapy relationship
3.6 Be able to undertake this reflection across many aspects of human relating, including (but not exclusive to) emotional, spiritual, ethical, erotic, political, financial, intellectual, aesthetic and imaginal relating
3.7 Be able to explain the linking of theoretical knowledge and clinical practice in the context of their work.

4. Relevant and appropriate treatment

The psychotherapist will ensure that application of the model(s) is relevant and appropriate to the client. The psychotherapist will:

4.1 Be able to assess clients for their suitability for psychoanalytic/psychodynamic psychotherapy, taking account of their psychopathology and psychological-mindedness and suitability of the specific approach
4.2 Be aware of the limitations of psychoanalytic psychotherapy and inform patients of other models of treatment where appropriate
4.3 Have an informed understanding of other major psychotherapy approaches, in order to identify and refer to other treatment models when considered to be in the client's best psychotherapeutic interest.
4.4 Demonstrate the ability to value cultural, gender, ethnic, religious, ability and age diversity and adapt practice to patients' experience within this diversity.
2.7 UKCP professional occupational standards for psychotherapeutic counselling

Overview

Psychotherapeutic counselling has an emphasis on the co-creation of an in-depth therapeutic relationship where human beings are viewed holistically – body, mind and soul – and in the context of a concrete life situation and developmental stage. Practitioners have acquired skills, knowledge and experience on a number of levels, including cognitive, emotional, attitudinal and behavioural.

The development of competencies in establishing and maintaining the psychotherapeutic counselling relationship is the central factor in the work.

Meta-competencies

The UKCP Psychotherapeutic Counselling Section (PCS) identify the following meta-competencies:

1. Critical self-reflection
2. Critically evaluate, undertake and reflect upon research
3. Work with unconscious process
4. Critically reflect upon process
5. Transference phenomena
6. Show capacity to use themselves in the therapeutic process by critically reflecting upon their countertransferential response
7. Show awareness of cultural identity and implications thereof, and an ability to clearly relate these to philosophical assumptions
8. Work with unconscious process

1. Critical self-reflection

Self-reflection is a vital component in psychotherapeutic counselling. It requires the practitioner to take time to reflect upon the work they are undertaking with their clients. The tool used is awareness, and the goal is deepening awareness of themself within the counselling process.

The psychotherapeutic counselling practitioner would be expected to:

1.1 Have developed a self-reflexive capacity
1.2 Be able to critically reflect upon the counselling process
1.3 Be able to critically reflect upon their own functioning
1.4 Be able to critically reflect upon and identify their own defences
1.5 Have developed an awareness of the impact of their shame on the counselling process
1.6 Demonstrate an understanding of the importance of self-reflection
1.7 Identify the key principles underpinning the counselling process
1.8 Define the purposes and aims of self-awareness
1.9 Critically evaluate their own response to a range of issues presented by clients
1.10 Reflect on, investigate and critically evaluate their own beliefs, values and attitudes
1.11 Critically reflect upon and evaluate the effectiveness of interventions in the counselling process
1.12 Show an understanding of the importance of personal therapy to their own growth as a psychotherapeutic counsellor.

2. Critically evaluate, undertake and reflect upon research

As the profession of psychotherapeutic counselling matures, there is an increasing emphasis on verifiable and accountable practice. Psychotherapeutic counsellors therefore need to be familiar with research practice and methods, and be able to read research papers with a good degree of understanding. This competency covers the basic analytical skills expected to carry out research, and is combined with understanding of ethical issues raised by research in counselling practice.

The psychotherapeutic counselling practitioner would be expected to:

2.1 Have learnt and understood basic research skills
2.2 Be able to read research papers with good understanding
2.3 Engage in research and have the ability to discuss this with colleagues
2.4 Be aware of ethical issues in counselling
2.5 Demonstrate understanding of basic research skills
2.6 Be able to conduct basic psychotherapeutic counselling research
2.7 Have the knowledge, skills and understanding to evaluate presentation of data
2.8 Demonstrate awareness of ethical issues in counselling research.

3. Transference phenomena

The displacement of affect from one person to another, or the projection of inappropriate emotions onto another, is a powerful phenomenon that frequently occurs within the boundaries of a psychotherapeutic counselling relationship. The ability to recognise this happening, spotting when a client starts to re-enact unconscious buried memories from childhood, and acting them out in the therapy is paramount to understanding the process of the counselling relationship and the nature of being human.

The psychotherapeutic counselling practitioner would be expected to:

3.1 Have an understanding of the nature of transference in the relationship
3.2 Have an understanding of the nature of counter-transference in the relationship
3.3 Be able to articulate to others the ways in which these phenomena influence the counselling relationship
3.4 Critically reflect upon the significance of transference in the counselling relationship
3.5 Critically reflect upon their counter-transferential response
3.6 Have the ability to explain projection in terms of disowned material
3.7 Understand and be able to articulate the history of transference/counter-transference within psychotherapeutic counselling
3.8 Hold an understanding of the importance of personal therapy and supervision to their own growth as a psychotherapeutic counsellor.
4. Critically reflect upon embodied process

Current neuro-scientific research is able to provide evidence that early significant relationships can affect not only our physical growth but also our neuro-psychological growth. As more research into early attachment patterns is conducted, the link between attachment and subsequent personality disorders and mental health issues becomes ever more distinct.

The psychotherapeutic counselling practitioner would be expected to:

4.1 Have an understanding of and work with the nature of embodied process
4.2 Have a good understanding of attachment theory and its relevance to their work
4.3 Identify ways in which these phenomena influence the counselling relationship
4.4 Identify key issues in their own developmental history and understand how to hold this awareness appropriately when with the client
4.5 Have a critical assessment of the contribution of Stern, Winnicott and others to the theory and practice of psychotherapeutic counselling
4.6 Critically assess the impact of attachment theory on the history of psychotherapeutic counselling
4.7 Critically assess the impact of neuro-scientific research on the history of psychotherapeutic counselling
4.8 Have an understanding of and ability to work with embodied process as an unconscious absorption of intra-psychic processes emanating from previous significant relationships.

5. Cultural awareness

It is an imperative in today’s multicultural world that practitioners have the ability to reflect upon how their own culture impacts upon the therapeutic relationship. An ability to relate this understanding to philosophical assumptions is paramount.

The psychotherapeutic counselling practitioner would be expected to:

5.1 Reflect upon their own cultural background and history and make use of this reflection in their work
5.2 Be able to define the aspects of their culture that have most influenced them and understand the relevance of this to their working relationship with others
5.3 Be able to describe the philosophical assumptions that underpin their understanding of culture
5.4 Be aware of how their own culture will impact upon the therapeutic relationship
5.5 Be able to reflect upon the impact that gender, ethnicity, class, sexual orientation, age, religion and politics have in the relationship
5.6 Be able to explain the significance of their own values, beliefs and attitudes in their work with clients
5.7 Be able to recognise and question their own assumptions
5.8 Be able to define difference and explore effects of stigmatisation, stereotyping, discrimination and oppression
5.9 Be able to critically challenge their own values and beliefs.
2.7 Psychotherapeutic counselling

6. Critically reflect upon ‘process’

‘Process’ is often defined as the way in which information is handled (ie processed). For psychotherapeutic counselling to be at its most effective, the counsellor must have an in-depth knowledge of working with, and helping their client to understand, their own process and how it impacts upon relationships and the interpersonal dynamics that emerge.

The psychotherapeutic counselling practitioner would be expected to:

6.1 Have the ability to identify, understand and reflect on the client’s process in the therapeutic relationship
6.2 Define what ‘process’ means within the terms of the psychotherapeutic counselling model being utilised
6.3 Critically reflect upon the client’s process within the therapeutic relationship
6.4 Critically reflect upon their own process within the therapeutic relationship
6.5 Demonstrate understanding of their own process and understand its potential impact on the work with the client
6.6 Understand how their own process might interfere with the client’s process
6.7 Have knowledge and understanding of the vital role personal therapy plays in understanding their own process and to utilise this support as needed.

7. Show capacity to use themself in the therapeutic process by critically reflecting upon their own counter-transferential response

Counter-transference is understood to be the counsellor’s response to the client’s transference onto the counsellor. In some areas this phenomenon is deemed to be controversial, or indeed not even to exist. However there is a movement to amass evidence that this is indeed a very powerful interpersonal phenomenon, and it is ignored to the detriment of the client.

The psychotherapeutic counselling practitioner would be expected to:

7.1 Have an ability to identify when they are experiencing a counter-transferential response
7.2 Critically reflect upon the nature of their response and deduce what this might infer about the client’s history
7.3 Use themselves in the therapeutic relationship to make sense of their response
7.4 Understand, and at times engage in research of the phenomenon to the further understanding of its role in the work
7.5 Have a critically reflective understanding of counter-transferential theory and its use in psychotherapeutic counselling
7.6 Use themselves and their counter-transferential response in the therapeutic alliance
7.7 Demonstrate understanding of the importance of their own personal therapy in order to more fully understand their response to the client
7.8 Critically reflect upon their response to the client
7.9 Read, understand and keep informed about research papers on the phenomenon
7.10 Have knowledge and an understanding of hypnotic induction in the work.
8. Work with unconscious process

Witnessing, curiosity and compassion creates a therapeutic environment in which unconscious process can emerge. Empathic attunement allows and enables patterns of behaviour, and ways of relating to both self and other, to become available for exploration. Working with unconscious process allows the shadow side – that which was previously hidden, buried and/or is shaming – to become known and witnessed by another. This can also contain knowledge of our talents that can equally be shaming. Expansion of awareness opens up the possibility for change.

The psychotherapeutic counselling practitioner would be expected to:

8.1 Be open to the client’s emerging process, without prior assumption
8.2 Demonstrate sensitivity and empathy towards the client’s defences
8.3 Demonstrate understanding of the client’s emerging process and have knowledge of how it can impact both intra-psychically and interpersonally
8.4 Reflect on how defences provide the clue to what may have been missing developmentally
8.5 Reflect on the client’s childhood development as a means to understanding the unconscious process
8.6 Have the capacity to attune to the pace and unfolding of process as it emerges
8.7 Pay attention to a client’s unique ‘way of being’ as an indication of the client’s history
8.8 Create a therapeutic space, where previously unrecognised patterns of behaviour and ways of relating can emerge and be explored
8.9 Be able to expand awareness through appropriately attuned challenge
8.10 Be able to understand the importance of, and facilitate the client in, making meaning for themselves
8.11 Have good understanding of several models of child development.

9. Undertake diagnosis of personality styles with reference to DSM IV
   (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition)

Diagnosis is seemingly always a contentious issue whenever it is raised, with many holding a prejudice towards ‘labelling’ clients and perpetuating the medical model. We take the position that the ability to formulate an accurate diagnosis of a client’s predominant personality style is an essential part of a psychotherapeutic counsellor’s training, enabling them to work at a much deeper level with their clients.

The psychotherapeutic counselling practitioner would be expected to:

9.1 Critically explore the difference between personality styles
9.2 Identify strategies for working with different personality styles
9.3 Have an understanding of the odd/eccentric personality styles
9.4 Have an understanding of the dramatic/emotional personality styles
9.5 Have an understanding of the anxious/fearful personality styles
9.6 Have knowledge, understanding of, and ability to formulate multi-axial diagnosis and differential diagnosis
9.7 Be able to explain the importance of diagnosis in the psychotherapeutic counselling model
9.8 Be able to critically reflect upon the impact their own personality style might have upon the counselling process.
2.8  UKCP professional occupational standards for sexual and relationship psychotherapies

Overview

Sexual and relationship psychotherapies work at a psychodynamic or behavioural level with individuals or couples where issues of intimate relationships, sexuality and sexual dysfunction are foremost. This talking therapy offers individuals and couples opportunities to work with an experienced therapist to assess and treat sexual and relationship problems. A respectful and collaborative approach is adopted, which endeavours to help clients identify and decide on the changes they desire. It recognises the way in which individuals and couples can become stuck in unhelpful patterns of interaction, and seeks to build on strengths and resilience to help find new ways of managing intimate relationships. A variety of treatment strategies are used specifically designed to meet the unique needs of the particular clients.

The multi-modality of this approach, which principally integrates psychodynamic and cognitive behavioural theory, and draws on psycho-educational and systemic ideas, also takes account of differences such as those of culture, race, gender, spirituality, ability, age and sexual orientation to inform best practice. It recognises the interaction between relationships, behaviour and emotion and the implications for sexual functioning. Contemporary relationship configurations are understood as varied in terms of how people define the concept of family and how they form intimate relationships of significance.

Although sexual and relationship psychotherapists often meet with individuals, they have particular training and skills in working with couples across the life cycle. Strong emphasis is placed on making positive therapeutic relationships, which allow exploration of intimate and sensitive material in a supportive atmosphere.

As sexual and relationship therapy is multi-modal in its approach, therapist training is necessarily broad to encompass understanding of the interactions between psychological, physical and relational issues in adult couple relationships. The modality uses evidence-based research to inform clinical judgements and choice of practice. Attention to the assessment of risk and the safeguarding of young people and vulnerable adults is part of training, as is ongoing continuous professional development and clinical supervision. The approach values transparency and openness, and clients are regularly consulted about their experience of this model.

Sexual and relationship therapy is provided in a number of settings, which may include the NHS (e.g. psychosexual therapy services, diabetes clinics, urology departments), couple counselling services, and independent practice. The discipline is often used on its own, but can be used in collaboration with other treatments; integrating with the medical interventions associated with surgery, medication and physiotherapy to produce a more holistic approach.

Standards and competencies

The UKCP Sexual and Relationship College sets and maintains professional standards through:

- The accreditation of practitioners and supervisors
- The approval of training courses
- Codes of Ethics and Practice for practitioners and clinical supervisors
- Complaints procedure
• Continuous professional development offered through seminars, conferences and the International, peer-reviewed journal of the British Association for Sexual and Relationship Therapy (BASRT), Sexual and Relationship Therapy.

Any professional occupational standards will develop over time in response to research, social policy and other factors. The standards listed below reflect current practice and provide information for the public, employers and commissioners of services.

1. Knowledge and understanding
The practitioner would be expected to have knowledge of:

1.1 Human growth and development with particular reference to sexual and relationship development across the life cycle
1.2 The sexual and relationship needs of individuals at particular stages of development
1.3 Couple dynamics and interaction and current theoretical models
1.4 The interaction between biological, social, physical and psychological factors in sexual and relationship wellbeing
1.5 The impact of psychological trauma, neglect, sexual, physical and emotional abuse and how these manifest within adult sexual and relationship difficulties
1.6 The relationship between pharmacology, illness and surgery on sexual functioning
1.7 The diversity and range of sexual expression and behaviour and attitudes that exist in a multicultural society
1.8 Mental health and its impact on intimate relationships
1.9 The social construction of sexualities in relation to discourse of health normality
1.10 Female and male sexual anatomy and the human sexual response cycle
1.11 Psychosexual and relationship dysfunctions using one or more recognised classification systems
1.12 Differences and similarities between approaches in sexual therapy and relationship theories
1.13 Treatment strategies for the treatment of sexual dysfunction
1.14 Codes of Ethics and Principles of Good Practice of the Sexual and Relationship College.

2. Skills
The practitioner would have the skills to:

2.1 Work therapeutically with couples and individuals
2.2 Develop and maintain a collaborative working alliance with couples and individuals
2.3 Work effectively with the principles of couple interaction and be able to facilitate improved couple communication at all levels
2.4 Explore and be able to communicate about the key developmental processes within individuals and couple systems
2.5 Demonstrate an understanding of psychological trauma, neglect, sexual, physical and emotional abuse and how these manifest within adult sexual and relationship difficulties
2.6 Assess and name psychosexual and relationship dysfunctions using one or more recognised classification systems
2.7 Work with the diversity and range of sexual expression and behaviour and attitudes that exist in a multicultural society
2.8 Use knowledge and understanding of the relationship between pharmacology, illness and surgery on sexual functioning and to utilise this knowledge effectively in working with clients
2.9 Assess predisposing, precipitating and maintaining factors in sexual dysfunctions with the purpose of informing diagnosis and treatment planning
2.10 Make risk assessments in respect of the clients' and others' safety
2.11 Devise treatment strategies and out of session tasks to address sexual stress and dysfunction
2.12 Identify and critically analyse relevant aspects of couple relationship dysfunction and formulate appropriate strategies to address these aspects
2.13 Manage referrals and liaise where appropriate with other professionals in the best interest of the client(s)
2.14 Attend to continued professional development through regular supervision and consultation and further training
2.15 Work within Codes of Ethics and Principles of Good Practice of the UKCP Sexual and Relationship College.
2.9 UKCP professional occupational standards for systemic psychotherapy

Overview
The systemic modality considers an individual's problems, issues and concerns in the context of the family and other relationship groups that have helped to shape people's lives. It is a respectful and collaborative approach that helps clients to identify and decide the changes they wish to make in their lives; and actively takes account of differences, including those of culture, race, gender, spirituality, ability, age and sexual orientation. It recognises the way in which families, couples and other groups can become stuck in their patterns of interaction and seeks to build on strengths and resilience to help clients to find new ways of managing their lives. It takes into account the power of wider systems to influence and shape personal and shared narratives and addresses this in therapy. It recognises the importance of different perspectives and the different meanings attributed to events and interactions.

Systemic psychotherapy seeks to understand the pressures and constraints afforded by external circumstances and events and over which individuals and families may have little control. It seeks to help clients to understand the impact of these circumstances and to support clients, wherever possible, to find alternative ways of addressing them.

Working with families
Although systemic psychotherapists often work with individuals, they have particular training and skill in working with couples, families and other relationship groups across the life cycle. There are many different notions of what 'family' means and 'family' is taken to mean any group of people who define themselves as such. They also focus on the variety of networks to which people belong, including professional groupings and organisations.

Strong emphasis is placed on making good therapeutic relationships with everyone and using special techniques and interventions to engage young children, as well as more vulnerable adults and those with learning disability. The understanding of individual, family and group developmental processes informs work with children, families, couples and organisations. There is a focus on understanding power issues and the importance of attending to emotional, psychological and physical risk.

Knowledge base
The modality draws on a wide range of theoretical ideas, and considers change as something that is necessary for successful transitions through life. It assumes a strong interaction between beliefs, behaviour, relationships and emotions and uses interventions that focus on one or all of these. Psychotherapists draw from a wide range of interventions and aim to create a useful fit between client, problem, therapist and context.

The modality is evidence based and psychotherapists are required to draw on a wide range of research and practice experience to inform their clinical judgements and choices within the therapy whilst keeping in mind the needs and preferences of individual client(s).

Practice base
Systemic psychotherapy is carried out in a wide range of settings, including NHS specialist and primary care services, social care, school, third sector services and independent practice.

The approach is often used on its own, but can work well in collaboration with other treatment approaches. It recognises the value of working in teams in order to draw on a range of perspectives, especially with family groups. It has developed ways of effectively using the potential of the team approach. It includes work on parenting issues, individual
work with children on relationship issues, couple work (including sexual relationship issues),
divorce and separation, response to death, illness, accident, and other trauma, life cycle
transitions, older age and work with couples, individuals and families in connection with a
wide range of mental health issues, including depression, anxiety and serious and enduring
mental health problems. Within the modality, systemic psychotherapists may choose to
specialise.

Psychotherapists are required to employ self-reflexivity in all aspects of their work and to
continually question their own prejudices and assumptions. They explore personal issues
and experiences that may be a resource or constraint in the work they do. The approach
values transparency and openness and psychotherapists will regularly review with their
clients the usefulness of the work.

All therapists are required to assess and pay attention to risk, and to work in a way that is
ethical, non-discriminatory and anti-oppressive. They will also have continued consultation/
supervision as part of their continuing personal development (CPD) programme and keep
up to date with research and developments relating to their field of practice.

Standards and competencies

The systemic professional occupational standards for the systemic modality are based on
four previous pieces of work:

• *National Occupational Standards for Systemic Psychotherapy* developed by Skills for
Health, due to be published in March 2010. The development group was chaired by
Dr. Eia Asen

• The *Competency Framework* for the systemic modality commissioned by the NHS
and others, developed by Anthony Roth and Stephen Pilling from University College
London. This was developed from studies showing evidence of effectiveness and
the findings fed into the Skills for Health process above. The working group which
developed these was chaired by Professor Peter Stratton

• The learning outcomes for qualifying level training laid out in the Association for
Family Therapy *Blue Book*

• The job descriptions developed by the Association for Family Therapy in relation to
Agenda for Change.

Any professional occupational standards will develop over time in response to research,
social policy and other factors, but in this form reflect current practice and provide
information for the general public, employers and commissioners of services

Systemic family psychotherapists work across the lifecycle and place an emphasis on
working with diversity and difference. Standards reflect that breadth of training. These
professional occupational standards developed by UKCP should be read in conjunction with
the NOS and competency framework noted above and any other standards which may be
developed. They provide an overview of what can be expected of a systemic family therapist
by clients, employers and commissioners of services.

1. Knowledge and understanding

The systemic psychotherapist would be expected to demonstrate a knowledge and full
understanding of the following principles:

1.1 The importance of viewing individual needs in a number of different contexts,
including the family and other significant relationships, social and community
setting, professional networks, work setting, professional networks cultural
setting and in the socio-political environment
2.9 Systemic psychotherapy

1.2 The way in which these contexts are connected and interacting, constituting a system that is shaped by feedback, has properties such as organisation, beliefs and roles, evolves over time and is reflected in the behaviour and interactions between people.

1.3 Developmental processes in children, adolescents, adults and older people and implications for formulation and therapy.

1.4 The importance of trans-generational patterns and their influence in the present.

1.5 The way in which people understand themselves and the world through a process of social construction, and that these different understandings are shaped by multiple levels of relationships, attributions of power, and cultural contexts, and that these meanings also shape the way people live their lives.

1.6 A range of systemic theories relating to psychological problems, resilience and change.

1.7 Theories of attachment and how they manifest themselves across the life cycle.

1.8 Methods of communication with children, adolescents and those with limited cognitive ability, in ways that are age and ability appropriate, and ways of utilising creativity, play and other non-verbal techniques.

1.9 Common mental health presentations in children and adults, and the evidence based approaches associated with those presentations, including the use of medication and its effects.

1.10 Relevant legislative frameworks, including those relating to the safeguarding of children and those who are particularly vulnerable.

1.11 Research methods associated with clinical practice in mental health and social care settings.

2. Skills

The practitioner would have the skills to:

2.1 Initiate contact and undertake a systemic assessment.

2.2 Work therapeutically with individuals, couples and families, including children, adolescents and adults.

2.3 Develop and maintain therapeutic engagement and alliance and to give a rationale for the systemic approach.

2.4 Work in an ethical, non-oppressive and anti-discriminatory way, taking account of power differentials and issues of access to therapy.

2.5 Work autonomously and take appropriate clinical responsibility seeking consultation and supervision as appropriate.

2.6 Work collaboratively with clients to develop systemic formulations and help the client(s) to identify appropriate goals and to negotiate revision of goals as the work progresses.

2.7 Establish the context for systemic interventions through use of information, research evidence, explanation of approach, involvement of relevant people and systems, identification of strengths and limitations and to adapt approach to fit with age and ability, family culture and circumstance.

2.8 Work in a reflexive manner by using information to reflect on themselves within the therapeutic process and make appropriate changes in their work. In order to maintain engagement and intervene appropriately.

2.9 Monitor engagement and therapeutic alliance through use of feedback and self and relational reflexivity.
2.10 Appropriately use a wide range of systemic interventions, including structural behavioural, narrative and brief solution focused interventions

2.11 Fully use the potential of Genograms, and other system maps

2.12 Communicate and work with children and adolescents, individually and in family groups and sub groups, using appropriate methods of communication, including play, visual and other non-verbal techniques

2.13 Manage situations of high emotional intensity and help individuals, couples and families to manage conflict and difference, and to solve problems and dilemmas in a more constructive way

2.14 Use interpreters and others in facilitating the contribution of family members whose first or spoken language is different from that of the therapist

2.15 Design and implement out-of-session tasks and communications, in order to promote the work and establish new patterns of interaction

2.16 Assess and manage risk situations and, if necessary, to involve statutory agencies

2.17 Explore the role of historical and trans-generational factors and stressful life events, and their impact on family functioning and the development and maintenance of psychological disturbance, health and recovery

2.18 Use teams, including reflective teams, in an effective and appropriate way

2.19 Amplify and promote positive patterns of behaviour and communication that may promote or facilitate change

2.20 Monitor progress of work through discussion with clients and colleagues, use of observation and outcome measures, and use the feedback to inform the therapy

2.21 Effectively communicate formulations and the process of therapy to clients, professionals and relevant others, taking account of ethical issues and the impact of the information on different parts of the system(s)

2.22 Manage a referral to another professional if this is the best way of meeting a client’s needs

2.23 Manage endings through negotiation with clients, effective review of the work, identification of any specific issues relating to ending, and make appropriate communications and arrangements with referrer or other relevant professionals

2.24 Work and communicate effectively with other professionals, respecting their different theoretical frameworks

2.25 Offer support and help to other colleagues in furthering their own systemic work

2.26 Appropriately use measures to assess, monitor and measure the outcome of therapy

2.27 Attend to continued professional development, including regular supervision and consultation, and to identify areas for further training and development.
Section 3

A career framework for psychotherapists

The following indicative case studies were originally written by Carmen Joanne Ablack and John Monk-Steel as part of UKCP’s contribution to the New Ways of Working Department of Health initiative, and have been adapted for this publication. The indicative case studies reflect information given to UKCP by our members about their roles and work in the NHS and elsewhere. All case studies are generic to the banding and are reflective of more than one person’s professional role, and none should be read as being that of any specific individual.

Using UKCP professional occupational standards

Psychotherapists bring a range of essential skills to their teams and services:

- Research, evaluation and audit skills
- Training, practice and development, clinical supervision and practitioner mentoring
- Planning and delivery of innovation and service improvement projects
- Clinical leadership, that may be clinical capacity building, managerial, consultancy or research based.

UKCP professional occupational standards can be used as a framework in each of these areas, to guide, enhance and evaluate service, research, training and practice, as the following examples demonstrate.

Research

Professional occupational standards can be used to help to identify gaps in evidence, articulate a research question and as a tool to be used in carrying out the research, or evaluating the results.

Audits

Professional occupational standards can be used as the measure to gather information. They can answer questions such as:

- How do we measure good practice or innovation?
- What are we doing and what do we need to do?
- Does our practice meet the required standards?

Professional occupational standards can be used as a tool to help measure these areas, and to help develop a picture of current and future development.

Service design

Professional occupational standards can be used to identify what the service needs to achieve and the attitudes, knowledge, skills and abilities required to succeed. Workforce planning and development can then be carried out on the basis of the identified needs. Roles, functions and skills can be matched to personnel and the gaps addressed.

Succession planning

Professional occupational standards can be used to identify the knowledge skills and attitudes required to fulfil the role, and creating opportunities to assess, address and develop these in potential successors to posts.
3. A career framework for psychotherapists

**Education and training**

Professional occupational standards can be used to identify education and training needs, design specific workshops and courses to meet these needs, design ongoing training programmes, and evaluate the learning that has taken place through participating in a learning experience or event.

Professional occupational standards will indicate the attitudes, knowledge and skills needed to perform to the professional occupational standards standard, and education and training resources can be designed around these, for both groups and individuals.

Individual learning plans can be created using the professional occupational standards to identify gaps in knowledge and skill, or how to develop an already competent practitioner as part of their ‘continuing professional development’. On completion of the learning package, assessments or evaluations can be designed to determine whether the required learning has taken place, and the effectiveness of programmes can be researched.

**Individual support**

To support the practice and development of individuals, professional occupational standards can be used in clinical supervision. They can provide the basis for normative evaluation and formative development, providing support for individual practitioners by identifying what they already do well.

They can also be used by individual practitioners in a self-assessment process, and in designing their own ‘continuing professional development’. They can be used as a structure to develop portfolios to demonstrate capability and professional standards as an ongoing record of achievement.

**Practitioner monitoring**

Professional occupational standards can be used by professional organisations to carry out audits of practitioners and monitoring requirements for CPD, and in demonstrating ethical and professional practice.

**Quality assurance**

Professional occupational standards have a quality assurance function for individuals, organisations and the public, measuring what is good practice and what can be expected from a service.

**Workforce development**

Professional occupational standards can be used to identify the competencies needed to reach strategic goals, help identify whether the numbers of staff and the skills mix are there to achieve the strategic goals and identify any reconfigurations and gaps that may need to be addressed in order to meet the strategic goals.

Professional occupational standards can be used in the recruitment and selection process. Creating job descriptions and profiles through the professional occupational standards leads on to identifying candidates’ attitudes, knowledge and skills through the selection process, including shortlisting and interviewing. In selection processes, portfolios that demonstrate practicing within the professional occupational standards may be a useful tool.
Indicative professional occupational standards application to role and case studies

Significant points are identified for several of the role descriptions and case studies below; these show where the professional occupational standards can assist the post holder in carrying out their role. These are written in italics:

**Band 9 – Senior Consultant Psychotherapist**

This is a non-managerial senior consultant psychotherapist post.

The consultant is an expert clinician highly skilled in psychotherapy who provides clinical supervision to psychotherapists as well as individuals from a range of other disciplines.

*The professional occupational standards are useful to the consultant in providing a structure and benchmarks in order to work across disciplines and to provide a shared language and set of expectations to frame his dialogue with his supervisees. They use the professional occupational standards from differing modalities to work in ways that are most appropriate to their supervisee and their clients/patients.*

**The role**

The consultant spends over 50 per cent of their time in face to face clinical activities and approximately 20 per cent of their time in research/evaluation/audit in the area of psychological therapies.

*In this aspect of the role, the professional occupational standards provide an evaluation tool in order to monitor and respond to current research/evaluation/audit issues as they arise.*

There is an expectation that, as a senior clinician, the consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service.

The post holder is responsible for initiating plans and co-coordinating the area of activity. Planning competencies by the post holder would include complex staff or work planning; often the role will include organisational skills – for example, where the job holder is the main person organising case conferences or discharge planning, often involving working with a wide range of other professions or agencies.

At this level of policy work, the post holder would be expected to include implementation impact on other disciplines, sections, departments or parts of the service. Research, research audit and evaluation are a major requirement of the job. The post holder spends at least 20 per cent of the development time during the working week on research.

*The research aspect of the role is supported by the professional occupational standards in helping to determine and prioritise which aspects of the service could be developed through research activity and where further evidence is needed to inform practice and service development. They are helpful in determining research questions, and are adapted as a measurement and evaluation tool.*
Case Study – Senior Consultant Psychotherapist

Mark is a senior consultant psychotherapist based in a primary care trust (PCT) specialist psychological therapies service. He is a highly experienced practitioner and trainer with many years experience of delivering training to a wide range of mental health professionals, including other psychological therapists, more junior psychotherapists and qualified specialist registrars and specialist counsellors. He has gained this experience in the NHS and the Third Sector.

He is a qualified experienced supervisor with a post-registration diploma in the theory and practice of supervision, plus a number of years of continuing professional development (CPD) in the practice and application of supervision. Mark regularly provides supervision, mentoring, professional and clinical leadership to psychotherapists, specialist registrars, specialist counsellors, advanced trainee psychotherapists and other practitioners. He is responsible for maintaining an overview of teaching and training, ensuring that what is offered is appropriate and relevant to the needs of trainees and participants at all levels of specialisation, and that it is in line with the relevant clinical governance.

Mark works clinically with individuals and groups of patients with very severe and complex problems involving situations with high levels of risk management, emotional complexity and acute stress. His work requires highly developed clinical expertise and professional capacity delivered with balanced judgment and sensitivity. He also oversees and trains others within the service and in the wider PCT in the assessment and placement of such patients.

He is regularly involved as a specialist in multidisciplinary child protection agency (CPA) and child protection meetings; he sits on working groups for and on behalf of the trust and liaises with his counterparts in other services, agencies and trusts etc as needed.

Mark’s role includes keeping up to date with advanced and specialist research in the field of psychotherapy, regarding both the understanding of human nature and development, and the principles of psychotherapeutic practice – particularly in relation to the specialist client groups that use the service. Mark oversees and undertakes clinical research pertinent to the service and the service users. He is responsible for communicating, disseminating and sharing research information, as appropriate, with medical clinicians, adult psychotherapists in training, adult psychotherapists and other clinicians, so that clinical practice is appropriately informed by current developments in the field. This is both a formal and informal training and development responsibility.

He is part of the senior team managing the strategic and operational planning of the service. As a consultant lead clinical specialist, he is responsible for major aspects of the strategic and clinical management of the service, for maintaining an overview and supporting their ongoing effectiveness.
Band 9 – Senior Consultant, Education

This is a non-managerial senior consultant psychotherapist post.

The consultant is an expert clinician, highly skilled in psychological therapies, and may be a clinical supervisor for other disciplines and other psychotherapists. The consultant carries out a small amount of face to face clinical work, but a major component of the job is education and training.

The role

The consultant is responsible for the establishment of training programmes in psychological therapies and also directing a research programme in this area. There is an expectation that, as a senior clinician, the consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service.

Planning includes complex work planning, for example, organisational skills where the job holder is the main person organising training programmes typically involving a wide range of other professions or agencies. The post holder is responsible for initiating plans and coordinating the area of activity. Participation in working parties/proposing policy and service policy changes are an integral part of the job development (not as a one-off exercise). At this level, policy must address implementation impact on other disciplines, sections, departments or parts of the service.

Case Study – Senior Consultant, Education

Agneska is a senior consultant psychotherapist specialising in education, training and research in a university based NHS Trust. She carries a small client and research supervision (different psychological therapists) load. Her main role is to train and develop clinicians and advanced trainees in the practice and application of psychotherapeutic clinical work, and to promote and develop the research base and understanding of psychological therapies staff and allied professional groups of the Trust.

The professional occupational standards would be valuable in communicating across differing psychological therapies traditions and could enable her to communicate and develop a shared understanding of the values, knowledge base and skills of the clinicians she is responsible for across differing modalities and professional groups.

She does this work across the psychological therapies disciplines and contributes to training, development and research publications and other discourse media, nationally and internationally. Agneska sits on several working groups, including a group exploring differential (multi-disciplinary) treatment protocols and research methods. This work contributes to her input on programmed development for the Trust, improvement in strategic and clinical operational services, and evaluation of the impact of such work, including risk assessment and change management protocols.

The professional occupational standards can be used here to identify the specific standards needed to fulfil the improvements in the strategic and operational services and to evaluate the impact on service delivery.
Band 9 / High Band 8 – Professional Head of Psychotherapy Services

This is a high level managerial professional head of psychotherapy services post.

The professional head of psychotherapy services is an expert clinician who, in addition to their individual clinical responsibilities, manages a large psychological service for one or more Trusts.

The role

Key responsibilities in the job statement will be:

• Responsibility for organisational and professional leadership/management and policy development of psychotherapy services for one or more services
• Manage leads and motivate qualified practitioners, assistants and trainees from their own and other professions
• Lead on research, audit and evaluation
• Teaching and supervisory responsibilities
• Responsibility for the psychotherapeutic aspects of policy development across one or more organisations. In addition to staff management, the post holder manages a budget and has planning and organisational responsibilities for the service.
• Plan the delivery of a significant specialist psychotherapy service, including long-term planning
• Accountable for direct delivery of a clinical service
• Patient/client care
• Responsible for organisational and management/professional leadership of psychotherapy services in one or more organisations
• Develop and implement policies for service/directorate policy and service or equivalent
• Propose and implement policy changes/service development for psychological aspects of policy development for other services across one or more organisations
• Hold budget for psychotherapy service.
• Coordinate and implement research and development (R&D) projects, developing R&D programmes or activities which support organisational objectives as an integral part of the job.

Case Study – Service Head, Psychotherapy

Caroline is a psychotherapist with substantial clinical experience and extensive levels of leadership and management experience. She heads the service that provides psychotherapy and other psychological therapies across a large Trust, setting the lead for the service in the organisation, management, development, delivery and quality of psychotherapy and psychological therapy provision and research. She holds overall managerial lead responsibility for the continued development of high quality mental health services within the Trust, including setting the tone for research and development.

She can use the professional occupational standards to evaluate the quality of service provision and identify the standards for psychotherapy and psychological therapies across the Trust for a range of modalities, settings and clinical pictures.

She can also use the professional occupational standards to design and develop future provision.

She can use the professional occupational standards to negotiate personal development plans with staff and plan educational and developmental experiences, having evaluated performance against the set standards.
Clinically, Caroline provides highly specialist assessment and treatment protocols grounded in the principles and techniques of evidence-based psychotherapy at consultant supervisor level. Additionally, she is directly answerable for the provision and development of training provision and research undertaken by the service.

The professional occupational standards provide a structure and content for the treatment protocols drawn from a wide evidence base across a range of modalities. The treatment protocols can be cross-referenced to the Professional occupational standards, evidencing their currency, applicability to practice and placing them within current best practice in the field.

It is a substantial leadership role where she is accountable for the service budget, and the planning and delivery of the service in a complex organisation.
Band 8 – Senior Psychotherapist

This is a post for an expert psychotherapist able to work with severe and complex clinical cases.

A senior psychotherapist is able to exercise expert analytic and judgement skills in complex and unique situations. In addition, they will provide supervision to other psychotherapists and other professionals working in the psychological services who are less experienced.

The role

At this level, a senior psychotherapist will hold broader roles and responsibilities in policy and service development, establishing and implementing policies and procedures relating to psychological care, for example, within a specialist team. They continue to provide a direct service for service users and work with the most complex people. However, their added value comes from the extra skills and knowledge that they bring to a multi-disciplinary team or service, and their ability to extend the capacity of the whole team through supervision, training and consultancy.

Key responsibilities in the job statement will be:

- Autonomous clinician with responsibility for own caseload (complex cases) and continuing professional development and updating
- Resource for team in:
  - working with the most complex service users and those who present significant risks to themselves or others
  - clinical leadership
  - research, evaluation and audit skills
  - delivery of training and development, clinical supervision and advice
  - delivery of innovation and service improvement projects.

Case Study – Senior Psychotherapist

Neela has responsibility for the management and delivery of a defined patient/client caseload, from referral to discharge, within the philosophical integrity and boundaries of a defined psychotherapeutic approach (humanistic integrative in this case). As a full member of the specialist psychotherapy services multi-disciplinary team, she regularly engages in the promotion of psychotherapy services within the Trust and/or with other agencies, including providing clinical/consultative supervision and formal/informal psychotherapy training programmes for mental health professionals.

She can use the professional occupational standards to evaluate the quality of her training and development work, and to identify the levels of input needed to update and help other groups of staff develop within her field of expertise.

Neela has responsibility for assessment, planning, delivery and evaluation, providing a highly specialised psychotherapy to consenting individuals referred to the service with complex and enduring psychological difficulties. She is required to exercise professional judgement in interpreting overall health service policy and local Trust/services standards within the sphere of her own specialist psychotherapy practice.

She has responsibility to initiate, design, implement and evaluate research and development programmes relevant to her sphere of psychotherapeutic practice and the wider service/Trust objectives. She is accountable for auditing activities and standards relevant to her own sphere of work, and for the planning, implementation and evaluation of audit projects set against agreed service / trust standards.

The professional occupational standards can provide an evaluation tool to identify and suggest solutions to evaluation and audit issues as they arise on the specific projects. The professional occupational standards can indicate other areas for future study and development.
Band 7 – Newly Qualified and Accredited Psychotherapist

This is the first level career post for a qualified psychotherapist.

Training
The psychotherapist will have completed at minimum a four-year Master of Science (MSc), other masters or equivalent level training, including a substantial number of client and supervision hours.

Clinical work
The psychotherapist is able to operate independently in their clinical work. They are able to assess, develop and implement psychotherapeutic interventions and provide advice to others concerning their specialist area of work. They are able to plan and prioritise their own workload.

Supervision of others
The psychotherapist may be able to supervise others in psychological therapies, for example nursing staff etc, with supervision support from a more senior supervising clinician.

Research
Qualified psychotherapists may be able to undertake research supervision of less qualified staff, as well as carry out research, audit or development work as part of a formal research programme as a job requirement.

The role
The newly qualified and accredited psychotherapist’s main function is direct service user care and treatment, but they are also a resource for the whole multi-disciplinary team they work in. Key responsibilities in the job statement will be:

- Autonomous clinician with responsibility for own caseload.
- Resource for team in:
  - working with complex service users (e.g., people with multiple or atypical problems)
  - research, evaluation and audit skills
  - training and development skills
  - capacity for innovation and service improvement
  - continuing development of specialist role and leadership skills.

Case Study – Accredited Psychotherapist

John is a recently qualified and accredited psychotherapist who originally trained as a social worker. He worked within multi-disciplinary mental health teams in the voluntary sector whilst doing his training and training practice as a psychotherapy trainee. He qualified as an integrative body psychotherapist which included post-traumatic stress disorder (PTSD) and somatic trauma therapy training, and receiving clinical supervision of work in these areas.

He holds a large caseload of short-to-medium term psychotherapy patients, many with severe complex needs, and has some experience of providing supervised practice to other mental health professionals. John manages his own workload and provides advice and support to the rest of the team on somatic illness and psychotherapeutic processes.

John has experience of research methodology and practice, and is a researcher on two research projects (short and medium term) in his workplace. He is also part of the audit working-group in his service. He is currently undertaking an integrative supervision qualification.

The professional occupational standards can be used here to identify the specific standards being used by John to fulfil his role and to help evaluate his input to the professional development of other staff.
Section 4

Click on title to navigate to website

UKCP Publications

The following publications are available for your reference:

- **UKCP Generic Standards of Education and Training for working with adults**
  Guidelines for organisational members for the development of codes of practice and professional conduct for working with adults

- **UKCP Generic Standards of Education and Training for working with children**
  Guidelines for organisational members for the development of codes of practice and professional conduct for working with children

- **UKCP Ethical Principles and Code of Professional Conduct**
  Definition of the generic UKCP ethical principles which UKCP registrant members commit to and maintain.

**UKCP - Karnac book series**

The UKCP – Karnac book series is a partnership between UKCP and a specialist in psychotherapy and mental health publishing. This partnership is enabling UKCP to develop a series of publications exploring the psychotherapeutic themes which UKCP represents as well as embracing academically the latest in psychotherapy research, practice and training.

- **The 3-point therapist – Hilary A Davies**
- **Child-centred attachment therapy: the CcAT programme – Alexandra Maeja Raicar**
- **Dialogue and desire: Mikhail Bakhtin and the linguistic turn in psychotherapy – Rachel Pollard**
- **Diversity, discipline and devotion in psychoanalytic psychotherapy: clinical and training perspectives – Gertrud Mander**
- **The emergent self: an existential-gestalt approach – Peter Philippson**
- **Hidden twins: what adult opposite sex twins have to teach us – Olivia Lousada**
- **The Muse as Therapist: A New Poetic Paradigm for Psychotherapy – Heward Wilkinson**
- **Not just talking: conversational analysis, Harvey Sacks’ gift to therapy – Jean Pain**
- **Our desire of unrest: thinking about therapy – Michael Jacobs**
- **Psychosis in the family: the journey of a psychotherapist and mother – Janet C Love**
- **Revolutionary connections: psychotherapy and neuroscience – Jenny Corrigal and Heward Wilkinson**
- **Shakespeare on the Couch – Michael Jacobs**
- **The use of psychoanalytic concepts in therapy with families: for all professionals working with families – Hilary A Davies**
- **What is Psychotherapeutic research? – Del Loewenthal and David Winter**

For more information about the UKCP – Karnac book series
visit www.ukcp.org.uk/ukcp_karnac_book_series.html