

## **Psychotherapists and Counsellors Professional Liaison Group (PLG) 15 December 2010**

### **Responses to the draft standards of proficiency from the consultation on the proposed statutory regulation of psychotherapists and counsellors**

#### **Executive summary and recommendations**

##### **Introduction**

This paper was included as a paper to note at the meeting on 30 September and 19 October 2010 and is included again for reference.

This paper brings to the PLG the detailed comments we received on the draft standards of proficiency for psychotherapists and counsellors. The standards were included within the report of the psychotherapists and counsellors PLG, which we consulted on last year.

##### **Decision**

This paper is to note; no decision is required.

##### **Background information**

None

##### **Resource implications**

None

##### **Financial implications**

None

##### **Appendices**

None

##### **Date of paper**

1 December 2010

---

# Responses to the draft standards of proficiency from the consultation on the proposed statutory regulation of psychotherapists and counsellors

## Contents

1. Introduction .....	2
About this paper .....	2
Consultation on the report of the Psychotherapists and Counsellors PLG .....	2
The Standards of proficiency .....	3
Function .....	3
Structure .....	3
Generic standards .....	4
2. General comments about the standards .....	5
General comments .....	5
Generic standards .....	5
Medical model and terminology .....	5
The standards and differentiation .....	5
Impact of the standards of proficiency .....	6
The standards and safe and effective practice .....	6
Applicable across modalities and client groups .....	6
3. Comments on specific standards .....	7
1a. Professional autonomy and accountability .....	8
1b. Professional relationships .....	12
2a. Identification and assessment of health and social care needs .....	16
2b. Formulation and delivery of plans and strategies for meeting health and social care needs .....	18
2c. Critical evaluation of the impact of, or response to, the registrant's actions .....	24
3a. Knowledge, understanding and skills .....	26

# 1. Introduction

## About this paper

- 1.1 This paper brings to the PLG the comments we received on the standards of proficiency for psychotherapists and counsellors. The standards were included within the report of the psychotherapists and counsellors PLG.
- 1.2 This paper is divided into three sections:
  - Section one provides background to the consultation and also explains the standards of proficiency, their structure and their function.
  - Section two provides an overview of the general comments that were received about the standards.
  - Section three contains the comments we received on the profession specific standards.
- 1.3 The generic standards were not the subject of this consultation. Where we only received comments about the generic standards, these comments and the standards have not been included within this paper.
- 1.4 Where respondents have made comments about the profession specific standards, the generic standards have been included so that the PLG can consider the comments within the context of the whole standard.

## Consultation on the report of the Psychotherapists and Counsellors PLG

- 1.5 Last year we consulted on the report of the Psychotherapists and Counsellors PLG to the Council of the HPC. The report contained recommendations by the PLG on a number of areas, including the structure of the Register, protected titles, standards and threshold levels of qualification for entry to the Register.
- 1.6 One of the PLG's recommendations was that there should be differentiation between psychotherapists and counsellors. This meant that there would be different standards for psychotherapists and counsellors, although there would also be standards common to both.
- 1.7 We asked a number of questions about the standards in our consultation. They were:
  - Do you think that the standards support the recommendation to differentiate between psychotherapists and counsellors?
  - Do you think the standards are set at the threshold level for safe and effective practice? If not, why not?
  - Are the draft standards applicable across modalities and applicable to work with different client groups?
  - Do you think there are any standards which should be added, amended or removed?

- Do you agree that the level of English language proficiency should be set at level 7.0 of the International English Language Testing System (IELTS) with no element below 6.5 or equivalent? (Standard 1b.3)
- 1.8 The consultation and the document summarising the responses we received can be found on our website here:  
<http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=93>

## **The Standards of proficiency**

### **Function**

- 1.9 Article 5(2)(a) of the Health Professions Order 2001 says that we must:
- “...establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register”
- 1.10 This means that we must publish standards for each of the professions that we regulate which are the ‘necessary’ or ‘threshold’ that we consider to be essential for safe and effective practice.
- 1.11 The standards play a central role in how someone becomes registered and remains registered with us.
- 1.12 We approve education programmes to make sure that they allow students to meet these standards when they graduate. We also assess applications from applicants who have trained outside of the UK and some applications via our grandparenting process against these standards. If an applicant meets these standards they are eligible to be registered.
- 1.13 If a registrant’s competence is called into question we will look at these standards in deciding whether we need to take any action.
- 1.14 Every time a registrant renews their registration, we ask them to sign a declaration to confirm that they continue to meet the standards of proficiency which apply to them.

### **Structure**

- 1.15 The standards of proficiency are divided into generic standards which apply to all professions and profession-specific standards which apply only to that part of the Register.
- 1.16 In the case of psychotherapy and counselling, the standards that were consulted on included generic standards, profession specific standards for psychotherapists and counsellors and profession specific standards for psychotherapists or counsellors.

## **Generic standards**

- 1.17 The generic standards of proficiency were not included within the consultation. However, since the consultation on the PLG report we have drafted revised generic standards. We are currently consulting on new generic standards of proficiency. The consultation can be found on our website here: <http://www.hpc-uk.org/aboutus/consultations/>.

## **2. General comments about the standards**

2.1 We received comments about specific standards and general comments in response to the consultation questions. These are summarised below under the relevant topics.

### **General comments**

- The standards were welcomed and the work that had been undertaken to compile them was recognised.
- The standards could have a negative impact upon the practice of psychotherapy. This included the potential to standardise practice or adversely affect the scope of practice within psychotherapy or counselling.

### **Generic standards**

- Much of the language used and some of the standards were not appropriate for psychotherapists and counsellors.
- The generic standards were too focussed on work within the NHS and did not acknowledge that many psychotherapists are sole practitioners.

### **Medical model and terminology**

- There are difficulties associated with regulating psychotherapy and counselling as 'health professions' with healthcare related standards based on working within the NHS which were not appropriate to private practitioners.
- The standards were based on a 'treatment model' where actions were done to a service user, which was inappropriate to psychotherapy and counselling.
- The HPC should develop a broader description of the term 'health' to include psychological, emotional and spiritual dimensions.

### **The standards and differentiation**

Most respondents who answered this question said that the standards did not support differentiation because:

- the vast majority of standards were common for both psychotherapists and counsellors;
- there was no evidence to show that the differentiated standards were an accurate reflection of practice;
- the difference in education levels was not reflected by the small number of standards which differentiated between psychotherapists and counsellors; and
- whilst there were differences between psychotherapists and counsellors, these were not reflected within the standards.

## **Impact of the standards of proficiency**

Some respondents raised concerns about the impact that the standards of proficiency would have on practice. Their concerns included that:

- differentiation based on being able to diagnose and treat severe mental disorder might prevent counsellors working with individuals with severe mental disorder from practising their profession;
- counsellors might have to stop working with clients with severe mental disorders and instead refer the client to a psychotherapist or risk disciplinary action by the HPC;
- differentiation would have the effect of establishing a hierarchy between psychotherapy and counselling and of lowering the status of counsellors. In turn, this could affect the employment status of the professions and career development;
- defining psychotherapists on the basis of their ability to diagnose and treat severe mental disorders would greatly restrict practice and would exclude large numbers of practitioners and clients;
- the standards could result in standardisation in practice and limit opportunities to respond innovatively to clients.

## **The standards and safe and effective practice**

Some respondents agreed that the standards were set at the threshold for safe and effective practice.

However, others disagreed and argued that the standards were not set at the threshold for safe and effective practice because:

- many of the standards were not applicable to psychotherapy and counselling;
- there was insufficient evidence to show that all current training courses for psychotherapists incorporated training on the diagnosis and treatment of people with severe and enduring mental health problems;
- there were insufficient standards for working with children and adolescents;
- the standards did not recognise the different levels of skills needed to work with different levels of client need;
- the standards for counsellors were set at the wrong level – either too high or too low; and
- the standards made no reference to supervision, training standards or personal supervision.

## **Applicable across modalities and client groups**

- Some respondents agreed that the standards were applicable across modalities and client groups.
- However, other respondents raised concerns that the standards were not applicable to working with children, young people, people with learning difficulties or working in psychosexual therapy or counselling.

### 3. Comments on specific standards

- 3.1 The generic standards are indicated in black text. The profession specific standards for both psychotherapy and counselling are indicate in blue whilst the profession specific standards for either psychotherapy or counselling are indicated in red.
- 3.2 Suggested deletions are indicated in bold with a strikethrough whilst additions to the standards are indicated in bold.

## 1a. Professional autonomy and accountability

1a.1	<p><b>be able to practise within the legal and ethical boundaries of their profession</b></p> <ul style="list-style-type: none"> <li>- understand the need to act in the best interests of service users at all times</li> <li>- understand what is required of them by the Health Professions Council</li> <li>- understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing</li> <li>- be aware of current UK legislation applicable to the work of their profession</li> </ul>
<p><b>Psychotherapists and Counsellors</b></p>	<ul style="list-style-type: none"> <li>- <i>be able to recognise and manage the dynamics of power and authority</i></li> <li>- <i>understand the role of the psychotherapist / counsellor in a range of settings, services and theoretical approaches</i></li> </ul>

Respondents made the following comments about the first profession specific standard '*be able to recognise and manage the dynamics of power and authority*':

- The standard was unnecessary if it applies to other therapeutic provision in addition to psychotherapy and counselling.
- The standard should be revised to say either:
  - 'be able to **recognise and manage work through the complexities of** the dynamics of power and authority'; or
  - 'be able to recognise and manage the dynamics of power and authority **and hold boundaries appropriately**'
- It should also articulate power relationships and contextual risks so that clients were not encouraged to seek additional or continuing therapy when it was clear that it had little positive therapeutic effect.
- The language of the standard was not terminology which humanistic practitioners would use as it removed the client from being involved in developing awareness of their process and how they create relationships.

Respondents made the following comments about the second profession specific standard '*understand the role of the psychotherapist/counsellor ...*':

- The standard was unclear. Did it mean that a practitioner should be able to practice in a range of settings or only understand the role of those who do? How would that understanding be demonstrated?
- The standard should say:
  - 'understand the role of the psychotherapist / counsellor in a range of settings, services and theoretical approaches **and in relation to particular client groups**'

1a.5	<b>be able to exercise a professional duty of care</b>
<b>Psychotherapists and Counsellors</b>	- <i>understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults</i>

Respondents made the following comments about the profession specific standard '*understand their duty of care with regard to...*':

- Psychotherapists and counsellors working with children should have an additional standard around understanding the current safeguarding guidelines and practice for working together to safeguard children and the implications for their professional role.
- The standard should be changed to read:
  - 'understand their duty of care with regard to the legislation on safeguarding children, young people and vulnerable adults **and be able to interpret and put this into practice in a multi-agency context**'
- An additional standard should be added for psychotherapists only:
  - 'when working with children, young people or vulnerable adults, understand how the developmental stage or learning ability of the client impacts on informed consent and be able to consult as appropriate with parents and carers'

1a.6	<b>be able to practise as an autonomous professional, exercising their own professional judgement</b> <ul style="list-style-type: none"> <li>- be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem</li> <li>- be able to initiate resolution of problems and be able to exercise personal initiative</li> <li>- know the limits of their practice and when to seek advice or refer to another professional</li> <li>- recognise that they are personally responsible for and must be able to justify their decisions</li> </ul>
------	--

- One respondent suggested two profession specific standards, one for psychotherapists and one for counsellors where the work was undertaken with children and/or young people:
  - 'be able to use understanding, knowledge and abilities gained through children and or young person specific training, education and supervised practice to meet the SOP in a manner appropriate to practicing psychotherapy with children and young people' (for psychotherapists only)
  - 'be able to use understanding, knowledge and abilities gained through children and / or young person specific training, education and supervised practice to meet the SOP in a manner appropriate to counselling children and young people' (for counsellors only)

1a.8	<p><b>understand the obligation to maintain fitness to practise</b></p> <ul style="list-style-type: none"> <li>- understand the need to practise safely and effectively within their scope of practice</li> <li>- understand the need to maintain high standards of personal conduct</li> <li>- understand the importance of maintaining their own health</li> <li>- understand both the need to keep skills and knowledge up to date and the importance of career-long learning</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>recognise the obligation to maintain fitness to practise including engagement in their own counselling or psychotherapy based process in a way consistent with their own theoretical approach</i></li> <li>- <i>be able to identify and manage their personal involvement in and contribution to the processes of therapy, including recognising their own distress or disturbance and by being able to develop self-care strategies</i></li> </ul>

- One respondent commented that the profession specific standards were repetitious, wordy and were already covered within the generic standards.

Respondents made the following comments about the first profession specific standard '*recognise the obligation to maintain fitness to practise...*':

- The standard should be revised to say:
  - 'recognise the obligation to maintain fitness to practise including engagement in ~~their own counselling or psychotherapy based process~~ **appropriate support mechanisms and/or therapeutic based processes** in a way consistent with their own approach'
- It was unclear how this standard would be used in the fitness to practise process, in determining whether the individual had engaged in their counselling or psychotherapy based process.
- The standard was unclear and meant that someone was limited to only using the process which was consistent with their theoretical model.

Respondents made the following comments about the second profession specific standard '*be able to identify and manage their own personal involvement in...*':

- Recognising the meaning of the practitioner's own distress and disturbance is part of working with 'countertransference'. There are additional core skills that needed spelling out, not just 'developing self-care strategies'.
- The standard did not recognise the importance of allowing the distress and/or disturbance as part of the relationship that is present in the consulting room. Whilst there may be an element of self-care after a session has finished, if self-care strategies are being focussed on whilst the session is in progress the focus was being taken away from the client.

- The standard presented a view of self which was antithetical to many traditions of psychotherapy. For those traditions, therapy was not about self care strategies, but was instead more centred on a recognition and engagement with conflict, contradiction and fracture.
- The standard created the impression that the therapist was a kind of ‘...manager whose job involves risk-management of the patient whilst managing and auditing the self’.
- This standard should make reference to supervision, alongside the reference in 2c.2.

## 1b. Professional relationships

1b.1	<p><b>be able to work, where appropriate, in partnership with other professionals, support staff, service users and their relatives and carers</b></p> <ul style="list-style-type: none"> <li>- understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team</li> <li>- understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals</li> <li>- be able to make appropriate referrals</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the role of the therapist in the broader social and cultural context</i></li> <li>- <i>be able to demonstrate sensitivity to organisational dynamics</i></li> </ul>

Two respondents commented on both of the profession specific standards.

- One respondent said that they would not particularly emphasise either profession specific standard in their training as it was not appropriate for the work that would be undertaken once training had been completed.
- The standards were unnecessary as they were already included within the generic standards and should therefore be removed.

Respondents made a number of comments about the first profession specific standard '*understand the role of the therapist ...*':

- The standard should be included for arts therapists as well as psychotherapists and counsellors.
- The wording suggested that the role of the therapist was clearly defined when the roles were in fact many and varied.
- The standard should be changed to say:
  - 'understand the role of the **therapist counsellor or psychotherapist** in the broader social and cultural context'

A number of respondents also commented on the second profession specific standard '*be able to demonstrate sensitivity to organisational dynamics*' saying that although it was important, the standard was not necessary for safe and effective practice.

Two respondents each proposed an additional profession specific standard for both psychotherapists and counsellors. They suggested either:

- 'understand the importance of and be able to share information across agencies in a manner appropriate to the client group especially where working with children or young people'; or
- 'understand the limits of the therapist's own knowledge and expertise in relation to mental and physical disorders and to know when it is necessary or appropriate to refer to another specialist professional'.

One respondent proposed three additional profession specific standards for psychotherapists:

- 'be able to make informed decisions, independently, in complex situations of conflicting values, views or interests'
- 'be able to work creatively with the dynamics of complex multi-disciplinary teams, relationships and organisational processes'
- 'understand and be able to assess family functioning in relation to children and young people, appropriate to approach (where working with children and/or young people)'

<p><b>1b.3</b></p>	<p><b>be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers</b></p> <ul style="list-style-type: none"> <li>- be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5<sup>1</sup></li> <li>- understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability</li> <li>- be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others</li> <li>- be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status</li> <li>- understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions</li> <li>- understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible</li> <li>- recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility</li> </ul>
<p><b>Psychotherapists and Counsellors</b></p>	<ul style="list-style-type: none"> <li>- <i>be able to communicate the nature of their chosen theoretical approach in a way which is consistent with their chosen theoretical approach</i></li> <li>- <i>be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work</i></li> </ul>

<sup>1</sup> The International English Language Testing System (IELTS) tests competence in spoken and written English. Applicants for registration who have qualified outside of the UK, whose first language is not English and who are not nationals of a country within the European Economic Area (EEA), have to provide evidence that they have reached the necessary standard. We accept a number of other tests as equivalent to the IELTS examination.

Two respondents each proposed an amendment to the first profession specific standard '*be able to communicate the nature of their chosen theoretical approach...*':

- It should have 'and in a manner they can understand' added at the end of the standard.
- It should be changed to say:
  - be able to communicate the nature of their chosen theoretical approach in a way which is consistent with ~~their chosen theoretical~~ **that approach, and with the age or learning ability of the client**

Respondents made several comments about the second profession specific standard '*be able to communicate appropriately and effectively...*':

- The standard made the patient someone who can be discussed with other professionals and where the intervention is done to them. In therapy, the patient is an active person who undertakes the main work of the therapy.
- The standard was already incorporated within the generics and therefore not necessary.
- The standard should be amended to take account of sharing information with others where appropriate:
  - be able to communicate appropriately and effectively with other professionals **and parents or carers where appropriate** about the client and proposed ~~therapeutic~~ **therapeutic counselling or psychotherapy** work
- The standard needed to be rewritten within the context of informed consent and confidentiality:
  - **with a mind to confidentiality and informed consent, unless this is contra-indicated with regard to the safety of the practitioner and/or others**, be able to communicate appropriately and effectively with other professionals about the client and proposed therapeutic work

One respondent proposed one additional for psychotherapists and counsellors:

- understand the dynamics of language use, communication and power dynamics when working with children and young people, appropriate to setting and chosen theoretical approach

One respondent proposed three additional standards for psychotherapists:

- be able to recognize and work with complex, difficult and disturbing facets of interpersonal engagement and make in the moment decisions under conditions of uncertainty
- be able to recognize and evaluate critically both explicit and implicit complex communications and work with these appropriate to the situation and the client group in a way that is consistent with chosen theoretical model

- be able to work with and evaluate critically the dynamics of language use, communication and power dynamics including imaginal, metaphoric, symbolic, non-verbal and spoken word as appropriate to setting and chosen theoretical approach and in an age appropriate manner when working with children and young people

<b>1b.4</b>	<p><b>understand the need for effective communication throughout the care of the service user</b></p> <ul style="list-style-type: none"> <li>- recognise the need to use interpersonal skills to encourage the active participation of service users</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to build, maintain and end therapeutic relationships with clients</i></li> </ul>

A number of respondents made comments about the profession specific standard '*be able to build, maintain and end therapeutic relationships...*':

- Although the requirement to build therapeutic relationships might seem straightforward, it was based on the idea of work applied to the patient rather than work done by the patient. It is really the work of the patient to build, maintain and end the therapeutic relationship, though the therapist may facilitate it. This practice of 'negotiation' was underrepresented in the standards.
- The standard was not necessary as the overarching generic standard required understanding of the need for effective communication 'throughout' the care of the service user.
- The standard should be amended to read:
  - 'be able to build, maintain and end therapeutic relationships with clients **consistent with their therapeutic approach**'

## 2a. Identification and assessment of health and social care needs

2a.2	<p><b>be able to select and use appropriate assessment techniques</b></p> <ul style="list-style-type: none"> <li>- be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to devise a strategy and conduct and record the assessment process that is consistent with the theoretical approach, setting and client group</i></li> <li>- <i>be able to observe and record clients' responses and assess the implication for therapeutic work</i></li> </ul>

- One respondent stated that both profession-specific standards repeated the generic standards and should be removed.

Respondents made several comments about the first profession specific standard '*be able to devise a strategy and conduct and record the assessment process ...*':

- The standard does not fit with the traditions of psychotherapy that do not subscribe to the idea of an objectifying assessment and also do not accept the principle of recording and the reduction of the patient to a written record.
- The use of the phrase 'client group' imposes classification structures rather than attending to the uniqueness of each individual.
- The standard should be amended to:
  - be able to devise a strategy and conduct and record the assessment process that is consistent with the **chosen** theoretical approach, setting and client group.

Three organisations made comments on the second profession specific standard '*be able to observe and record clients' responses...*'

- One organisation suggested the word 'therapeutic' should be replaced with 'counselling or psychotherapy' in the second profession specific standard.
- The second profession specific standard is problematic as it neglects the fact that responses can be constructed retroactively and so may only 'be observed' years later within the context of the therapeutic process.
- The standard should be changed to say:
  - be able to observe, **analyse** and record clients' responses and assess the implications for therapeutic work.

One organisation proposed an additional standard for psychotherapists and counsellors:

- be able to assess the competence of young people or vulnerable adults to make decisions about treatment and where needed, to involve parents and professional networks

2a.4	- <b>be able to analyse and critically evaluate the information collected</b>
Psychotherapists and Counsellors	<ul style="list-style-type: none"> <li>- <i>be able to apply a chosen theoretical approach to assess the clients' needs</i></li> <li>- <i>be able to apply a chosen theoretical approach to assess the suitability of the therapy offered to clients</i></li> <li>- <i>be able to identify and respond appropriately to areas of potential risk for the client, such as suicide, self injury and possible danger to others</i></li> </ul>

Respondents made the following broad comments about these standards:

- Psychotherapists should not apply a chosen theoretical approach to assess the clients needs as this is not how psychotherapists work.
- In reference to the first two profession specific standards, one respondent questioned how a therapist can choose a 'theoretical approach', stating that most counsellors and psychotherapists are trained to work in 'core' models, which is not about 'choosing'. They suggested changing the wording from 'be able to apply a **chosen** theoretical approach' to 'be able to **use one's** theoretical approach.
- The second profession specific standard '*be able to apply a chosen theoretical approach ...*' should say:
  - be able to apply a chosen theoretical approach to assess the suitability **and effectiveness** of the therapy offered to clients.
- The word 'therapy' should be replaced with 'counselling or psychotherapy' in the second profession specific standard.
- One organisation suggested two extra standards for counsellors:
  - be able to assess the client's on-going presenting in the light of implementing a counselling process
  - be able to understand a diversity of recognised concepts for assessing patients and clients for counselling
- One organisation suggested three extra standards for psychotherapists:
  - be able to draw on and manage a range of diagnostic features in the assessment of severe mental, emotional and developmental disorders in clients and patients;
  - be able to understand a diversity of recognised concepts and approaches for assessing patients and clients for psychotherapy;
  - be able to manage independently an initial assessment process and ongoing assessments, develop a problem formulation and guidelines for treatment, with clients or patients, in a way that is appropriate to the setting and consistent with chosen theoretical model

## 2b. Formulation and delivery of plans and strategies for meeting health and social care needs

2b.1	<p><b>be able to use research, reasoning and problem solving skills to determine appropriate actions</b></p> <ul style="list-style-type: none"> <li>- recognise the value of research to the critical evaluation of practice</li> <li>- be able to engage in evidence-based practice, evaluate practice systematically, and participate in audit procedures</li> <li>- be aware of a range of research methodologies</li> <li>- be able to demonstrate a logical and systematic approach to problem solving</li> <li>- be able to evaluate research and other evidence to inform their own practice<sup>2</sup></li> </ul>
------	--

- Several respondents suggested additional profession specific standards for psychotherapists and counsellors:
  - be able to develop a critical understanding of the strengths and weaknesses of evidence-based practice relevant to their theoretical orientation
  - be aware of both the art and the science of theory based practice and be able to integrate aspects of each to inform their own practice as appropriate
- One organisation suggested the following additional profession specific standards for psychotherapists only:
  - Understand and critically evaluate the relevance and use of different approaches to research and to different evidenced based practices in psychotherapy to the practice of your chosen theoretical model of psychotherapy
  - understand and be able to critically evaluate the significance and implications of research findings in relation to assessment and therapeutic intervention
  - understand and be able to critically evaluate both the art and the science of psychotherapy, including philosophical considerations, as utilised in own professional practice models when working with clients

2b.2	<p><b>be able to draw on appropriate knowledge and skills in order to make professional judgements</b></p> <ul style="list-style-type: none"> <li>- be able to change their practice as needed to take account of new developments</li> <li>- be able to demonstrate a level of skill in the use of information technology appropriate to their practice</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to work effectively whilst holding alternative competing explanations in mind</i></li> <li>- <i>be able to recognise when further therapeutic work is inappropriate or unlikely to be helpful</i></li> <li>- <i>be able to use a chosen theoretical approach to formulate</i></li> </ul>

<sup>2</sup> The PLG discussed whether there should be an additional standard for psychotherapists and counsellors about understanding the relevance of different approaches to research, or whether this was already adequately covered by the existing HPC generic standards.

	<p><i>appropriate therapeutic responses</i></p> <ul style="list-style-type: none"> <li>- <i>be able to conceptualise presenting situations within a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors</i></li> <li>- <i>be able to reflect on and engage with complex and sometimes contradictory information elicited from the client in order to progress / develop a working understanding of psychological difficulties and their origins</i></li> <li>- <i>be able to make informed judgements on complex issues in the absence of complete information</i></li> </ul>
--	---

- One individual stated that these standards go ‘to the heart of the complex work that counsellors/psychotherapists do’. They also noted that these standards were common to both counsellors and psychotherapists, yet the recommended threshold levels of qualification were different.
- One respondent suggested removing all profession-specific standards except the second standard as the other points were encompassed in the generic standards. One organisation suggested removing the first and last profession specific standards for the same reason.
- The third, fourth and fifth profession specific standards could be condensed into the following:
  - be able to use a coherent framework of theory and evidence to respond to and work with clients’ presenting issues, psychological difficulties and their origins
- One organisation suggested removing all of the professions specific standards and replacing them with the following for psychotherapists and counsellors:
  - be able to use chosen theoretical approach to formulate appropriate counselling or psychotherapy responses bearing in mind the setting and constraints of time, and particular needs of the client group
  - be able to use relevant knowledge to develop an understanding of the client’s presenting concerns
  - be able to recognise when further counselling or psychotherapy work is inappropriate or unlikely to be helpful

Respondents made the following comment about the second profession specific standard ‘*be able to recognise when further therapeutic work...*’:

- The standard could open up questions about third party complaints, for example when a family member feels that the therapy that their loved one is undertaking is inappropriate and unhelpful.

Respondents proposed the following changes to the third, fourth and fifth profession specific standards

- The third standard ‘*be able to use a chosen theoretical approach ...*’ should be changed to say:

- 'be able to use ~~a chosen one~~'s theoretical approach to formulate appropriate therapeutic responses'.
- The fourth standard '*be able to conceptualise presenting situations ...*' should read:
  - 'be able to conceptualise presenting situations within ~~a coherent framework of psychological theory and evidence, incorporating interpersonal, societal, cultural and biological factors~~ their chosen theoretical approach'
- One individual suggested the fifth standard '*be able to reflect on and engage with..*' should be changed to:
  - 'be able to reflect on and engage ~~with complex and sometimes contradictory~~ competing information elicited from the client in order to progress / develop a **shared** understanding of ~~psychological difficulties and their origins~~ the clients general distress/disturbance/presenting situation'

Two organisations suggested additional profession specific standards for psychotherapists:

- One suggested:
  - be able to work effectively whilst holding alternative and or competing theoretical /clinical explanations in mind.
  - be able to use theoretical knowledge and clinical experience to develop, independently, clinical hypotheses, generate psychotherapeutic responses to clinical problems, and to develop new approaches where appropriate
  - be able to work effectively in the context of complex, incomplete and contradictory areas of clinical understanding
  - be able to manage complex unpredictable contextual variables that may require adaptation and innovative practice
- The other suggested:
  - be able to assess the impact of intensity/frequency of treatment and make a judgment about the appropriateness of time-limited or open-ended work
  - be able to provide an appropriate psychotherapeutic setting for a client enabling them to feel safe enough to explore disturbing thoughts and feelings as they emerge during the therapeutic process
  - be able to be able to bear their own experience of disturbance when exploring troubling areas with the client and to be able to use this experience of disturbance to help a client address their difficulties

2b.3	<p><b>be able to formulate specific and appropriate management plans including the setting of timescales</b></p> <ul style="list-style-type: none"> <li>- understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors</li> </ul>
------	---

- One organisation suggested adding the following profession specific standards:

- be able to assist those who have severe and enduring mental, developmental, trauma and/or emotional issues to engage in the psychotherapy relationship and with psychotherapy treatment
- be able to hold and work with a strategic as well as clinical view of psychotherapy in this work.

2b.4	<p><b>be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skilfully</b></p> <ul style="list-style-type: none"> <li>- understand the need to maintain the safety of both service users and those involved in their care</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to establish an effective, collaborative working relationship with the client</i></li> <li>- <i>be able to make appropriate therapeutic interventions consistent with the chosen theoretical approach</i></li> <li>- <i>be able to facilitate client exploration of experiences, meanings and self-understanding</i></li> <li>- <i>be able to enable and work with expression of client emotion</i></li> <li>- <i>be able to recognise and work with life transitions and developmental crises</i></li> <li>- <i>be able to hold a model of implicit and explicit communications in a therapeutic relationship</i></li> <li>- <i>be able to communicate empathic understanding to clients</i></li> <li>- <i>be able to initiate and manage first and subsequent counselling / psychotherapy sessions by developing rapport and trust</i></li> <li>- <i>be able to work with and manage the psychological aspects of the dynamics and boundaries of time</i></li> <li>- <i>be able to encourage the client to reflect on his or her psychological functioning</i></li> <li>- <i>be able to respect and take into account the client's capacity for self determination</i></li> <li>- <i>be able to work with both the explicit and implicit aspects of the therapeutic relationship</i></li> </ul>

Several respondents made general comments about the standards:

- The specific standards are very detailed and more appropriate to curriculum content rather than working safely and effectively.
- The profession specific standards would not be applicable to all the different views and forms and schools of thought within psychotherapy.
- One individual commented that all of the profession specific are simply clarify the generic standards and are not standards of proficiency.

Respondents made the following comments about the first profession specific standard '*be able to establish an effective, collaborative...*':

- It should be amended to say 'be able to establish an effective, collaborative working relationship with the client **and their carers as needed**'

- It was not relevant as psychotherapy is not something that one person applies to another, but rather it is a dynamic relationship.

Three respondents proposed different amendments to the second profession specific standard '*be able to make appropriate therapeutic interventions ...*':

- be able to make appropriate **therapeutic counselling or psychotherapy** interventions consistent with **the** chosen theoretical approach; or
- 'be able to make appropriate therapeutic interventions consistent **with the chosen theoretical approach with theory**'; or
- 'be able to **make conduct** appropriate therapeutic interventions consistent with the chosen theoretical approach'.

We received one comment on each of the other standards so they have been summarised below.

- The fourth standard ('*be able to enable and work with...*') is only appropriate to certain kinds of learning and is not universally applicable as there are different schools of thought around the expression of emotion in psychotherapy.
- One organisation proposed amendments to the fifth and sixth profession specific standards:
  - be able to recognise and work with life transitions and **developmental crises lifespan developmental related change, loss and crises**
  - be able to hold a model of implicit and explicit communications in a **therapeutic relationship counselling or psychotherapy relationship and work with these in a way consistent to chosen theoretical model and profession**
- The seventh standard ('*be able to communicate empathic understanding...*') would be rejected by many traditions of psychotherapy which hold that empathy with a patient is a sign that something has gone wrong in the therapeutic process.
- The eighth standard ('*be able to initiate and manage first and...*') is not applicable to all forms of psychotherapy. If a therapist actively tries to make the patient trust them there is something wrong with the therapeutic process. In addition, the language in the standard suggests that things are being done by the therapist to the client.
- The eleventh standard should not just be to 'respect and take into account' the client's capacity for self-determination, but rather it should be encouraged and supported.
- Respondents suggested deleting the twelfth standard ('*be able to work with both the explicit and implicit...*') as it was unclear and unnecessary.
- One organisation suggested the following additional standards for psychotherapists only

- be able to manage conflict and difficult dynamics with troubled families or communities when working with children, young people or vulnerable adults in a manner consistent with chosen theoretical approach
- be able to recognise, reflect critically on and work effectively with the implicit and explicit dynamics of the therapeutic relationship within complex, intensive and often enduring clinical work
- be able to facilitate client's exploration and integration of disowned or buried emotions and experiences in a way that is consistent with chosen theoretical model and in an age appropriate manner when working with children or young people
- be able to work with clients and patients through a range of areas encompassing certain or specified life issues and transitions as well as an ability to work with the complexity of more fundamental aspects of client and patient functioning and depth psychological issues

## 2c. Critical evaluation of the impact of, or response to, the registrant's actions

2c.1	<p><b>be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly</b></p> <ul style="list-style-type: none"> <li>- be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care</li> <li>- be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user</li> <li>- recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes</li> <li>- be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>be able to help clients to reflect on their process in therapy</i></li> <li>- <i>understand the need to review and evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i></li> <li>- <i>be able to evaluate the therapeutic work in collaboration with the client, consistent with their theoretical approach</i></li> </ul>

- One organisation suggested replacing the term 'therapy' with 'counselling or psychotherapy' across all three profession specific standards.
- One respondent suggested removing the second standard '*understand the need to review and evaluate the therapeutic work...*' as they felt it was unnecessary. Whilst another respondent suggested also removing the third standard '*be able to evaluate the therapeutic work...*'.
- One organisation suggested the following amendment to the third standard:
  - be able to evaluate the **therapeutic work counselling or psychotherapy process** in collaboration with the client **and with their carers as appropriate**, consistent with theoretical approach
- One respondent proposed an additional standard for psychotherapists only:
  - be able to analyse, evaluate critically and adapt their psychotherapeutic work, and the development of therapy over time, in relation to their own experiences and observations, clinical literature, and relevant research consistent with chosen theoretical approach

2c.2	<p><b>be able to audit, reflect on and review practice</b></p> <ul style="list-style-type: none"> <li>- understand the principles of quality control and quality assurance</li> <li>- be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures</li> <li>- be able to maintain an effective audit trail and work towards continual improvement</li> <li>- participate in quality assurance programmes, where appropriate</li> <li>- understand the value of reflection on practice and the need to record the outcome of such reflection</li> <li>- recognise the value of case conferences and other methods of review</li> </ul>
<p><b>Psychotherapists and Counsellors</b></p>	<ul style="list-style-type: none"> <li>- <i>understand the need for and role of supervision</i></li> <li>- <i>be able to make use of supervision, consistent with their theoretical approach</i></li> <li>- <i>be able to critically reflect on the use of self in the therapeutic process and engage in supervision in order to improve practice</i></li> </ul>

- One organisation suggested removing the three profession specific standards and replacing them with:
  - understand the need for and be able to make use of clinical supervision consistent with their theoretical approach
- One individual expressed concern that there is no set requirement for supervision. They suggested a minimum requirement of at least one and a half hours a month for the working lifetime of the counsellor/psychotherapist.
- Two organisations proposed different changes to the first standard:
  - understand the need for and role of supervision **and its contribution to good practice**
  - understand the need for and role of **clinical** supervision
- Some respondents suggested removing the second and third profession specific standards and only retaining the first standard about supervision.
- One organisation suggested changes to the second and third standard:
  - be able to make use of supervision **and continual professional development**, consistent with their theoretical approach and the client group
  - be able to critically reflect on the use of self in the therapeutic process and engage in supervision **and continual professional development** in order to improve practice
- One respondent suggested adding a new standard for counsellors and psychotherapists:
  - be able to understand the need to choose a supervisor who is competent to supervise both approach and the client group(s) worked with

### 3a. Knowledge, understanding and skills

3a.1	<p><b>know and understand the key concepts of the bodies of knowledge which are relevant to their profession-specific practice</b></p> <ul style="list-style-type: none"> <li>- understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction</li> <li>- be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process</li> <li>- recognise the role of other professions in health and social care</li> <li>- understand the theoretical basis of, and the variety of approaches to, assessment and intervention</li> </ul>
<b>Psychotherapists and Counsellors</b>	<ul style="list-style-type: none"> <li>- <i>understand the historical development, theory and philosophy underpinning the theoretical approach or approaches</i></li> <li>- <i>understand the concepts underpinning work with different groups of clients, consistent with the theoretical approach</i></li> <li>- <i>know about other therapeutic approaches and be aware of alternative ways of working</i></li> <li>- <i>understand the importance of considering the impact upon clients of cultural, socio-political and other contexts</i></li> <li>- <i>understand the importance of cultural sensitivity and recognition of diversity</i></li> <li>- <i>understand and be able to evaluate theories and research on the following, consistent with the theoretical approach:</i> <ul style="list-style-type: none"> <li>• <i>lifespan development;</i></li> <li>• <i>psychopathology;</i></li> <li>• <i>the therapeutic relationship and therapeutic change; and</i></li> <li>• <i>mind and personality.</i></li> </ul> </li> <li>- <i>understand and be able to evaluate social conceptualisations of mental and emotional health</i></li> <li>- <i>be able to recognise severe mental disorder in clients / or - be able to recognise disorder of the mind in clients</i></li> <li>- <i>understand and be able to work with common / general mental health problems / or – understand and be able to work with mild / moderate mental health problems<sup>3</sup></i></li> </ul>
<b>Psychotherapists only</b>	<ul style="list-style-type: none"> <li>- <i>understand typical presentations of severe mental disorder</i></li> <li>- <i>understand methods of diagnosis of severe mental disorder appropriate to the theoretical approach and be able to conduct appropriate diagnostic procedures</i></li> <li>- <i>understand and implement treatment methods to address symptoms and causes of severe mental disorder</i></li> </ul>
<b>Counsellors only</b>	<ul style="list-style-type: none"> <li>- <i>understand theories and research on mental health and well-being and obstacles to wellbeing and be able to use these to facilitate client development</i></li> <li>- <i>understand theory and research concerning specific life problems, issues and transitions that commonly lead individuals to seek counselling and be able to use these to inform practice</i></li> </ul>

<sup>3</sup> The PLG recommended that the views of stakeholders should be sought during the consultation process on alternative forms of wording for these standards

- The language in the profession specific standards for psychotherapists and counsellors should be changed. Psychotherapists should have the prefix 'be able to evaluate' whilst counsellors should have the prefix 'know about'.
- One respondent said that as the historical development, theory and philosophy underpinning the theoretical approach was already part of counselling criteria it was not necessary as a standard of proficiency.
- One respondent suggested that the first profession specific standard for psychotherapists and counsellors should be amended to:
  - understand the historical development, theory and philosophy underpinning their **chosen** theoretical approach or approaches
- Two respondents proposed different changes to the second profession specific standard:
  - understand **the** concepts underpinning work with different groups of clients, consistent with the theoretical approaches
  - [remove standard and replace with] understand aspects of the developmental lifespan to incorporate the therapeutic relationship (and therapeutic change) to address the clients general distress within their chosen theoretical framework
- One respondent commented that the standard on understanding the concepts underpinning work with different clients was very vague and should be removed.
- One respondent commented that the third profession specific standard should make reference to referrals:
  - know about other therapeutic approaches and be aware of alternative ways of working **and refer when appropriate**
- One respondent suggested the fourth profession specific standard should be removed, whilst another proposed the following amendments:
  - understand the importance of considering the impact upon clients **and practitioners and the relationship between them** of cultural, socio-political and other **contexts contextual dynamics**
- Several respondents commented on the sixth profession specific standard:
  - One said that the standard did not reflect what entry level counsellors needed to know, as they would not need to evaluate these concepts, only know them.
  - One respondent suggested that the term 'psychopathology' was possibly more associated with the psychiatric world and might be problematic for some humanistic practitioners.
  - Another respondent said that the standard should be removed.
- Three respondents commented on the seventh profession specific standard.

- One said that it did not reflect the entry level requirements for counsellors, who would need to know about these concepts but not evaluate them.
- One proposed that the standard should be removed.
- One individual suggested that the standard should be changed to say:
  - ~~understand and be able to evaluate~~ **be aware of the relevance of social conceptualisations and the impact on client work of mental and emotional health**
- Respondents raised concerns that there were no clear definitions of terms such as 'severe mental disorder' and 'common/general mental health problems' and that this could cause confusion. They also highlighted that the terms were not used by all psychotherapists and that using the terms might affect an individual's willingness to seek psychotherapy or counselling.
- Several organisations said that the standard 'be able to recognise severe mental disorder in clients' should be removed. However, other respondents gave alternative suggestions to replace this standard:
  - be able to differentiate between mild, moderate and severe mental disorders of the mind; or
  - be able to recognise common mental health disorder; or
  - understand and be able to work with common mental health problems.
- Several organisations said that the standard 'understand and work with common/general mental health problems' should be removed. However, other respondents gave alternative suggestions to replace this standard:
  - understand and work with common mental health problems as understood within the chosen theoretical approach; or
  - understand and be able to work with clients to promote their mental health and well-being; or
  - understand and be able to work with common mental health problems.
- One organisation recommended two additional standards for psychotherapists and counsellors working with children. They suggested:
  - have a good working knowledge of child development theories and their application to practice
  - have a good working knowledge of issues of safeguarding and implications for practice
- One individual respondent suggested that these standards should make reference to the psychotherapist or counsellor engaging in their own personal therapy, which was essential to both roles.

### **Comments about profession specific standards for psychotherapists**

- Several respondents suggested that these standards would prevent counsellors from working with clients with severe mental disorders. Respondents asked for evidence that counsellors could not meet the

standards and argued that both psychotherapists and counsellors would be able to meet these standards.

*understand typical presentations of severe mental disorder*

- One organisation commented that this standard was at odds with many traditions of psychotherapy which are critical of the notion of mental disorder.
- Another respondent said that the requirement that psychotherapists should be able to understand typical presentations of severe mental disorder was only helpful in that the therapist should be able to ensure that the client is also receiving medical care if such a condition was currently undiagnosed.
- One individual proposed that the reference to 'severe mental disorder' should be removed. They suggested:
  - understand typical presentations of ~~severe mental disorder~~ **common mental health problems within their chosen theoretical model**

*understand methods of diagnosis of severe mental disorder appropriate to the theoretical approach and be able to conduct appropriate diagnostic procedures*

- One organisation commented that the phrase 'appropriate to the theoretical approach' suggested that the diagnosis of severe mental disorder could be left to the theoretical approach adopted, rather than being based upon evidence.
- Two respondents said that they would like the standard changed to:
  - understand methods of diagnosis of ~~severe mental disorder~~ **a range of psychological disorders** appropriate to the theoretical approach and ~~be able to conduct appropriate diagnostic procedures~~ **appreciate the consequences of particular psychological disorders in the process of analysis and context of the therapeutic relationship**
- Respondents also raised concerns about whether diagnosis of a particular condition or use of diagnostic procedures was important to the practice of psychotherapy.
- One individual suggested that the standard should be changed to remove the reference to 'severe mental disorder' and replace it with 'common mental health problems'. They suggested:
  - Understand methods of ~~diagnosis of severe mental disorder~~ **assessing typical presentations of common mental health problems appropriate to the theoretical approach and be able to conduct appropriate diagnostic procedures** within their chosen theoretical model

*understand and implement treatment methods to address symptoms and causes of severe mental disorder*

- Several respondents commented that this standard was vague and did not reflect current training for psychotherapists. Other respondents commented that the approach to working with a client did not change because an individual has a particular medical diagnosis.
- Two respondents suggested different standards which could replace this standard:
  - understand and implement counselling/psychotherapeutic approaches to address typical presentations of common mental health problems within their chosen theoretical model; or
  - understand and implement work with a client to address the origins and causes of a range of psychological disorders
- One individual proposed that the profession specific standards for psychotherapists should be removed and replaced with:
  - understand typical presentations of a range of types and severities of mental health problems / mental disorder
  - understand methods of diagnosis of mental health problems and disorders appropriate to the theoretical approach and be able to conduct appropriate diagnostic procedures
  - understand models of psychopathology and how these inform treatment methods
  - understand psychological mechanisms that give rise to psychological disorders and how these are central to the formulation of the presentation of these disorders and the development of appropriate intervention plans
  - understand and implement treatment methods to address symptoms and causes of serious mental health problems and disorders that have an impact on personal and social functioning
- One organisation commented that the assumption that psychotherapists will be working with severe mental illness might be overly prescriptive. They suggested removing the existing standards and replacing them with:
  - understand how mental disorders of varying degrees of severity typically present
  - understand and be able to conduct methods of diagnosis of mental health problems appropriate to the psychotherapist's theoretical approach
  - understand and be able to apply in psychotherapy psychological models of mental disturbance appropriate to the diagnosis arrived at above
  - understand and be able to implement methods of psychotherapy based on the psychotherapist's theoretical approach, their understanding of the underlying psychological causes of the disorder and typical barriers to implementing effective treatment
- One organisation proposed additional standards for psychotherapists:

- understand, critically evaluate and apply, in a way that is consistent with chosen theoretical approach and client group:
  - theories of child and adult development,
  - theories of emotional and social development during infancy, childhood and adolescence, when working with children and young people
  - theories of sexuality and sexual identity
  - theories of mind and personality
  - theories of psychopathology,
  - theories of psychotherapeutic change processes;
- understand key diagnostic features of severe and /or enduring mental, emotional and developmental disorders and have knowledge of a diversity of recognised concepts and approaches for assessing patients and clients for psychotherapy;
- recognise, understand , be able to critically reflect on and work effectively with complex implicit and explicit processes and dynamics within and between client(s) and psychotherapist(s) and in the context of intensive and enduring clinical practice;
- be able to recognise, critically reflect upon and work in depth with complex explicit and implicit patterns of experience and relationship within intensive clinical work in a manner consistent with chosen theoretical framework

### Comments about profession specific standards for counsellors

- Several individuals commented that both counselling standards were applicable to psychotherapists and vice versa. Other respondents said that psychotherapists should be able to meet the standards for counsellors and that these standards should also therefore be included for psychotherapists.

*understand theories and research on mental health and well-being and obstacles to wellbeing and be able to use these to facilitate client development*

- Several respondents proposed different amendments to this standard:
  - understand **and implement counselling** theories/research on mental health and well-being and obstacles to wellbeing, and be able to use these to facilitate client personal development; or
  - understand theories and research on mental health and well-being **and obstacles to well-being** and be able to used these to facilitate client development; or
  - understand theories and research on **mental health and** well-being and obstacles to well-being and be able to use these to facilitate client development
- Some respondents commented that the standard was not applicable to those forms of counselling which were critical of the idea of wellbeing.

*understand theories and research on mental health and well-being and obstacles to wellbeing and be able to use these to facilitate client development*

- Two respondents proposed different amendments to the standard:
  - understand **counselling** theory and research concerning specific life problems, issues and transitions that commonly lead individuals to seek counselling and be able to use these to inform practice; or
  - understand theory and research concerning **normal development and** specific life problems, issues and transitions that commonly lead individuals to seek counselling and be able to use these to inform practice
  
- One individual proposed two additional standards for counsellors:
  - understand how normal development may be disrupted and be able to use this knowledge to inform interventions
  - understand and be able to work with common, mild mental health problems
  
- One respondent proposed replacing the standards with:
  - understand different presentations of a range of psychological disorders
  
- Another organisation also suggested replacing the profession specific standards for counsellors with:
  - understand theories and research on well-being and obstacles to well-being and be able to use these to facilitate client development
  - understand theory and research concerning normal development and factors entailed in determining individual reactions to specific life problems, issues and life transitions which often lead individuals to seek counselling and be able to use these to inform practice
  - understand and be able to work with common, mild mental health problems
  
- One organisation proposed several new standards for counsellors:
  - understand and be able to work with mild / moderate mental health problems and well-being concerns, including immediate and short term emotional difficulties
  - understand that whilst counselling has a number of theoretical approaches they must adopt coherent approaches to their counselling, including the relationship between theory and practice
  - understand theories and research on mental health and well-being and obstacles to well being and be able to use these to facilitate client development
  - understand theory and research concerning life span development, specific life problems, issues and transitions that commonly lead individuals to seek counselling and be able to use these to inform practice
  - understand and work with a model(s) of human change and how change can be facilitated through the process of counselling