

# Consultation on the development of National Occupational Standards for Psychological Therapies

## REPORT

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## Acknowledgements

We have received 162 responses to the consultation. We are grateful for the contribution people have made – as individual therapists, clients, associative groups, working teams and professional associations. We have a range of individuals and organisations (from PCTs to professional associations) that have volunteered to help in the National Occupational Standards (NOS) development. Some of these liked what they saw in the consultation. Others were critical of it, but nevertheless are keen to be part of the attempt to express standards for the range of psychological therapies in which they have a particular interest.

This paper and the consultation document that it follows are available on the Skills for Health website [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

## Section 1 - Feedback

### Feedback - general comments

Most people were positive about the fact that consultation was taking place, despite having concerns about its content and purpose. They:

- Welcomed the challenge
- Sympathised with what Skills for Health has taken on
- Set out the difficulties (or impossibility) of the exercise
- Set out the evidence on which their practice was based – in the different ways in which they saw it

A small minority regarded the attempt to develop NOS as an intrusion into a private world of engagement with clients or, worse, another tool in the campaign to control and suppress their right to practice the therapy of their choice.

The need to work harder to include Psychodynamic and Humanistic approaches, for example, was expressed in a variety of ways, and particularly regarding the client-therapist relationship and importance of the therapeutic alliance.

The feedback highlighted perceptions of the position of counselling in the model. It came across as something of an add-on rather than a primary mode of delivering therapy with its own points of reference.

‘Overall, we welcome the exercise undertaken by Skills for Health and appreciate the opportunity to comment on the proposed standards. We feel that the general model outlined is a useful one and one that will be of intuitive sense to both practitioners and users of psychological services. At the same time, we believe that there are some limitations to the model proposed and indicate below how it might be enhanced.’

*Counselling unit, University of Strathclyde*

‘The approach taken appears to sideline theory or merge it with “evidence”. This is unsatisfactory, as the theoretical basis for therapeutic approaches will remain but becomes implicit rather than explicit.’

*Psychodynamic psychotherapists working in the NHS within Manchester Mental Health and Social Care Trust.*

‘I have concerns about the repeated reference to evidence and research, since my understanding is that most research and evidence is on short term and cognitive behavioural techniques – that there is little funding for and interest in the long term, qualitative impact of the long term therapies’

*Counselling Co-ordinator, Well Woman Centre*

‘Although the intention is to work with four therapies, my sense of the NOS in the current format is that they are very heavily weighted towards a CBT model of therapy and could sit very uncomfortably with other modalities, especially humanistic therapy, and person centred therapy most of all.’

*Primary Care Counsellor*

‘The tagging on of “and counselling” onto “humanistic psychotherapy” in the list of the four therapies given downgrades the status of counselling and misrepresents it. Counselling should be added to each of the four focus areas.’

*COSCA*

### Feedback - existing competences

There was strong promotion from a number of professional associations for standards that they had developed. Not surprisingly people felt that these had a part to play in informing the Psychological Therapies NOS. Some, more strongly, felt they might be a model for the NOS. Some of these standards are in use (eg standards for psychology from BPS) or being consulted on currently (ENTO on counselling). They provide a window into the thinking and expectations of professional associations in particular, but do not fully convey the descriptions of day-to-day practice that are also needed, and which were provided by individual practitioners responding to the consultation.

## Feedback - structure of the model

Two criticisms were particularly strong. Many respondents stated that the model was mechanistic. Many stated that it too closely resembled a medical (or healthcare) model - this in an occupational area in which so many practitioners did not work in healthcare settings or with patients with diagnosed problems. They expressed the distinction between those who seek psychological therapy for solutions to issues and those who seek it for their wellbeing and personal development. This was often reinforced by a stated intention to maintain a holistic approach.

'Here the medical model gets in the way of thinking about the part that the client/patient ought to be playing in this process'

*Independent practitioner*

'Children are embedded within the context of the family and wider systems such as school and other agencies. Clinical psychologists therefore draw on a range of therapeutic models in order to assess and understand the child's difficulties in context'

*British Psychological Society Faculty for Children and Young People*

A number of people thought the model needed to be made more inclusive of other psychotherapeutic theory bases than they identified within it, and more flexible to accommodate people who use integrative approaches. The model in the consultation document was seen by some respondents as relating to a single client issue only and not applicable in its current form for complex and enduring issues (eg groups, families, people with Learning Difficulties, children)

Feedback mentioned making the model less linear and more dynamic. Reflective processes would feedback to each other, reflecting the nature of interaction between client and therapist.

## Feedback - content of the model

A major issue has been the style of language used, many felt that it was too medical and power-oriented in tone and this meant that it could not reflect what they did. Using the word client rather than patient could partly overcome this issue. More emphasis on joining with the client rather than treating them was another useful corrective.

Many respondents made suggestions for reshaping the model, including headings as well as detail. Using terms to enable people to see their work reflected was also fed back as important, for example, 'relationship', 'personal awareness', 'transference', 'unconscious', ...

Consistency in use of terminology was highlighted; this is key as it is important that all therapists right across the board understand standards in the same way. A glossary of terms was suggested.

Respondents would like to see included a section that

'Concepts that are prevalent in our way of thinking do not appear in the proposed model, for example "unconscious", "internal world", "fantasies", "relationship between patient and therapist" (with the phenomenon of transference and counter-transference), "ability to symbolise", "setting and framework", "interpretation", "dreams" and integration.'

*Association of Group and Analytical Psychotherapy*

'What about ethical standards that should guide a therapists professional behaviour, the therapists position on ethical issues and dilemmas and existence a complaints procedure. How about being responsive to individual clients from a range of cultures in the interest of fostering good relationships'

*Association of Family Therapy*

deals with values - ethics, diversity and working to meet the needs of people accessing therapy (eg using interpreters) – though this was seen as relating to broad conduct rather than in the nature of openness, collaboration, control in the heart of the therapy.

Many respondents saw supervision as very important to them and are looking for this to be inherent to any model.

## Feedback - development of the project

We conclude from the responses to the consultation that the project is feasible. The process and effectiveness of psychological therapies is capable of being discussed, analysed and specified while reflecting the individuality of style of a therapist and the unique needs of the client.

The consultation has demonstrated, further:

- Interest on the part of practitioners
- A challenging tension over the significance and validity of evidence and theory
- The significance to be given to the therapist-client relationship and the therapeutic alliance
- Potential material for standards (functions and performance criteria, knowledge and techniques)
- A need for a client perspective
- The value of dialogue

The responses are full of detailed comments on the model and descriptions of therapies that were seen as not fitting the model. These provide raw material for the early stages of the NOS development project.

'In response to the questions you pose on pages 16-17, they demand rigorous debate and inquiry and I would prefer to fully engage with these through collaborative discussion'  
*Counselling therapist, coach, therapy trainer and supervisor of psychological therapists*

For example, many respondents wanted psychodynamic psychotherapy and counselling to be included in the NOS development, but on their terms, not as a mere variant on the model we had offered. These are the kinds of suggestions that were put forward, pointing to some of the constructs and processes that would need to be addressed in standards.

A change of focus was suggested by psychodynamic therapists (and other respondents) to one of **wellbeing**. A number put forward the view that there was a need to reflect the **process** rather than problem orientation as laid out in the consultation document. Respondents said that they wanted to see the timelines reflected more consistently; suggestions were put forward to reflect a more dynamic, iterative and multi-dimensional model: these were Kolb's theory of experiential learning, a more **circular** form and a more **spiral** process. This could then reflect the exploring, discovering, reflecting, reviewing and learning nature of this work. A change was required in the model, some said, to allow for longer term and more deep seated and complex issues to be reflected within it.

### Reflect the concepts

Feedback was given for a clearer inclusion of concepts such as those below, and offers were made to explore them in a way that might allow good practice to be defined:

- the **holistic view** of human beings, their **diversity** and the different forms of distress we experience; the **context** of the work
- the value and meaning of people's **internal** and **unconscious world** in this work (with the opportunity that **transference** affords in the client-therapist relationship)
- the importance of **relationships** as the vehicle of human interaction and as an opportunity for review and learning, particularly within the **therapeutic relationship**
- orientation towards **acceptance, understanding or participation**
- the therapist's own **self-awareness, self-knowledge** and **personal development** in order to maintain a psychological posture for the setting to be maintained

### Reflect the language

Many respondents said that the tone needed to be set at a higher level, expressing more the relational nature of the activity. Examples of terms to address this point included the following: **unconscious processes, internal world, exploration, transference, counter transference, interpretation, causes and meanings, attunement, containing, not-knowing, suspecting, creativity, developmental stage, discrepancy, defences, hypothesis, blocks.**

### Feedback: the possibilities

Some respondents were explicit about their belief in the possibility of writing standards across the therapies: '*There is room for different emphasis and different approaches given the diversity of human beings and their needs*' (CPCAB) and the need to embrace observable outcomes, although the language for expressing and measuring these will be different.

In addition, possible commonalities for all therapies were identified:

- The need to work with evidence-based practice
- The need to review and evaluate the progress of the therapy
- The need to work in ways that are consistent with a sound theoretical approach in
  - the use of skills
  - understanding of common mental health problems
  - an understanding of the therapeutic relationship
  - an understanding of the therapeutic process and how this facilitates change
  - working with the clients personal history
  - working with the client's patterns of relating (explicit and implicit)
  - working with and understanding of the "self"
- The need to create safety so the client can work with vulnerable aspects of self
- The need to stay focussed on the client's agenda
- The need to help the client explore blocks to change
- The need to examine and work through counsellor's own blocks and prejudices
- The need to work through difficulties in the relationship
- The need to maintain professional boundaries throughout the therapy
- The need to work towards change

## Part 2 - implications

### Definition of psychological therapies

Several respondents enquired about our definition of psychological therapies. We were also asked about the distinction between therapy and counselling or between psychotherapy and counselling.

When we use the general terms *Psychological Therapy* and *Therapy* and *Therapist* we are proposing that this includes counselling and counsellors. Issues of definition for the purpose of this project will be considered by the project's Strategy Group at its first meeting in April.

For the moment we suggest working with a concept of Psychological Therapy that involves:

- An interpersonal context, environment or methods
- A therapist-client relationship or alliance
- A model or theory that informs how the therapist acts and interprets the interaction with the client or clients
- A reason for the client or clients to seek therapy or be referred to it, broadly the alleviation of distress and promotion of wellbeing, sometimes self-referred by the client and sometimes referred by other practitioners

Respondents have made plain that any occupational standards that fail to address the concept's four principal components are sure to offer a restricted view of therapy and the role of therapists.

### The range of therapies and applications

Within this concept of Psychological Therapy lies a variety of therapies, from those working directly with symptomatic change to those that work through the resolution of conscious- and unconscious conflict. Psychological Therapy includes instances in which a therapist may work with a client who has been diagnosed with a specific disorder; those where therapists are in a helping role with someone who is troubled or distressed; those where they are supporting healthcare treatments. The concept allows therapy offered in particular circumstances, for example, during cancer treatment, after bereavement, or for patients suffering dementia.

Therapy ranges from brief solution focused therapy or long-term therapy that is much more exploratory and historical in scope. It includes complex, enduring and deep seated issues as well as the apparently simple/single issue that the consultation model seemed to address.

Therapy includes work with individuals, families and groups. It includes adults, adolescents and children.

We have been impressed by the eagerness of a number of therapeutic movements to be included in this project. Play, drama, music, art, occupational therapy share with psychodynamic and cognitive and humanistic approaches the aims of improving wellbeing and reducing distress. If there were to be any generic NOS, they may share

them. Where there is a need for more specific standards, they may need to have their own outside this project.

The strategy of the project is to explore what generalisation of standards is possible, rather than presuming that every therapy and every context can be collapsed into a single set of standards. It is still to be determined how much we can offer to any specialist area.

## The model

In the consultation document, we offered a ‘model’ or map of possible competences in psychological therapy. Responses have, as a whole, suggested that many of these competences indeed form part of many therapies in many cases. The pattern of competences in the consultation, however, gave the impression of a rigid system, and the set of competences omitted include many of those that therapists say they use. Of particular importance to respondents is the significance of the therapist-client relationship (both from their own experience and from their reading of research) and the therapeutic alliance (ditto). Both of these areas are expressed as more complex than simple stages in a process or the following of a procedure.

The map and the language surrounding it were also read as a ‘medical model’. Psychological Therapies NOS will not be based on a medical model. This just does not fit the reports of many therapists about how they and their clients engage in therapy.

We need a more sophisticated, inclusive starting point for the NOS development project, and it is therefore inappropriate to amend the map of competences. The responses to the consultation offer a helpful body of information to start this process. We conclude that the representation of competences against which we intend to develop standards should be as much the subject of interactive engagement with practitioners as the detailed content of the standards themselves.

We are also conscious of a deficiency of the map, as it is of all maps that try to capture the various components of competence across an occupation – wider than the competence an individual might be expected to display. It gives the impression of a massive process that is meant to operate on all occasions. It also disguises the possibility of reflecting in standards the ways in which a therapist works with an individual client. Standards need to capture the knowledge and decision making that makes a therapist say, ‘In this case I had to do this, because I thought that’.

## Implications for methodology

From the consultation we identify three pillars for the NOS development:

- Literature, documentation and evidence
- Investigation of good performance
- Practitioners’ and other stakeholders influence

### *Literature, documentation and evidence*

Much of what needs to be included in the occupational standards has already been written down. It exists in the form of published literature of theory, trials, outcome research. It is in manuals, guidelines, audits and protocols, from those of a PCT to a

professional association to NICE. It is what is meant to inform evidence-based practice. National Occupational Standards and other specifications of competence also form part of the documentary resource, subject to, as with all such data, examination of their provenance and authority.

### ***Investigation of good performance***

This project cannot afford to rely solely on practitioner reporting as some standards development does. Documentary evidence is too powerful to ignore. But it cannot ignore practitioners' insights into their work and its constraints and personal challenges. There needs to be a marrying of the ideal and the practical. There will remain, therefore, significant input of investigation of therapy through practitioners' descriptions of how they work, through strongly disciplined around the description of specific instances rather than summary or general description. We will also draw on clients' experience.

### ***Practitioners' and other stakeholders influence***

This process has already started through the consultation. NOS need to reflect the philosophy and commitments and highest aspirations of the practitioners whose practice they seek to capture. They need to accord with the interests of those who are clients of those practitioners. They need to have the support of practitioners and clearly reflect their insights into their own practice. This will require the development project to be open and accessible in all its stages.

In turn these three pillars rest on partnership and engagement with the community of practitioners in the form of:

- Interviews
- Consultation
- Discussion
- Working groups
- Piloting

They will enable the project to capture evidence-based practice in a way that is practical and credible within the community of psychological therapy practitioners.

The present consultation is the first step in this engagement. It does not form a model for what now needs to take place, because that needs to be much more interactive. There needs to be more discussion rather than formal statements. There needs to be more engagement directly with individual practitioners where the investigation of good performance includes the description of specific instances rather than broad generalities and principles. Small working groups can complement such one-to-one engagement and can follow the disciplines of the same investigational interviewing.

The development of occupational standards for psychological therapies needs to moderate between theory, research and reports of experience to identify what is desirable and practicable to deliver with the client or clients in the room, complete with ethical and other boundaries. If you devote standards to theory or evidence, they may be impractical to apply. Rely solely on practitioners' exploration or reporting of their practice and you end up with NOS that are impressionistic, dependent on selective memory and perhaps idiosyncratic. The process of investigation and

agreement has to, pragmatically, balance the tensions between evidence, custom and practice, personal commitments (of practitioners) and so on, but always pushing towards standards that can be justified and that attract the support of practitioners and other stakeholders, especially clients.

### ***Use of material from the consultation***

Respondents to the consultation have gone to a good deal of trouble, at individual, colleague group and corporate levels, to furnish us with descriptions of their approaches to psychological therapy as well as commenting on the consultation document directly. They have explained their fundamental commitments and approaches. They have referred us to their preferred literature. They have presented their own standards and competences in various forms. This material gives a flying start to the NOS development project in April. It will help us begin to create a bank of data that will constitute part of the project's evidence for the eventual NOS. It provides a series of agendas for discussions with interest groups. It also provides a powerful framework against which to evaluate later developments.

### ***Existing standards***

A number of respondents, particularly professional associations, have suggested that their standards might form a model or at least data towards the development of NOS. It seems unlikely that NOS can be started from a single modality or psychological therapy, taking the standards for that area and adapting or extending them or convincing the rest of the world that they are right. The insight that these standards represent, however, is a valuable one. We will engage with the developers to identify what may apply to NOS for Psychological Therapy in its various guises.

### ***General or specific standards?***

How general or specific should the National Occupational Standards be? Should they be, as some respondents have urged, 'generic', at least in a first round of development? Should they reflect the uniqueness of this therapy or that? Should they be specific to the context in which the client comes to therapy – the disorder, problem or distress? Should counselling and psychotherapy share standards? How specific or general should standards be for individuals, families and groups, for children, adolescents, adults?

It's too soon to say. In the project being established by Skills for Health there is no need to presume before it starts either that the same occupational standards will apply to all engaged in psychological therapies or that they will apply only therapy by therapy. There is the opportunity to explore where standards might be common and where they need to be specific.

The project, guided by the Strategy Group, will therefore refine, at the start of the project, the method we proposed in the consultation document of investigating a few areas of psychological therapy before extending to other therapies, using shared, common or generic standards where these are appropriate and justified by evidence and/or theory, and standards specific to a form of therapy or the contexts in which these are used.

## Tensions

There are problems that the profession has to resolve, and which NOS can only reflect to the degree to which they are resolved. For example:

- The question of what constitutes ‘evidence’ in support of a therapy\*
- The tension between evidence and theory as providing a basis for therapy
- The scepticism or occasional distaste by some psychological therapists for others of a different persuasion

\*Objections to the perceived priority given to evidence from Randomised Controlled Trials; elevation of evidence to the level of ‘proof’ as though statistical significance of an effect somehow equated to the magnitude of that effect.

Such tensions are not unique to psychological therapies, nor need they undermine the process of developing standards.

## Issues and uncertainties

We will have to attend to some under-representation in the consultation. For example, psychological therapists in Northern Ireland, BME therapists and clients, learning disabilities, a wider range of client perspectives.

## Conclusion

The challenge for this project, developing NOS across Psychological Therapies, is to derive standards for a field that is pluralistic in its aims and methods, its theories and its view of clients.

Skills for Health’s job is to allow both the evidence for the benefits of therapy and the understandings of therapists and clients to be visible in the standards. To do this it will offer a process of real engagement combined with a critical, evaluative edge to ensure that the resulting standards are well-founded, ethical, safe and effective for clients.

The development project is scheduled to start in April 2007 and run until May 2008. Respondents to the consultation will be contacted again during the early stages of the project to see how they wish to continue their involvement.

## Next steps

In April the new NOS development project Strategy Group will meet to make decisions on major issues and decide on the project’s structure and governance.