SCoPEd Methodology Update:

Framework Iteration Three: Response to Member and Stakeholder Consultation (July 2020)

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The SCoPEd framework has been developed by utilising an evidence-based process. The contents remain the property of the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC) and the United Kingdom Council for Psychotherapy (UKCP) as part of the SCoPEd collaboration. The intended use of the framework is to inform the development of course content, curricula, and practice standards, and therefore the contents of the SCoPEd framework may not be altered in any way.

Contents

1.0 Introduction

This document sets out the methodological process used to consider responses to the member and stakeholder consultation process on the second iteration of the shared competence framework. It should be read in conjunction with the first methodology document which details the process prior to this consultation (this can be accessed here).

1.1 Ethical considerations

The SCoPEd Project has been conducted in accordance with the ethical requirements of each of the collaborating bodies, and with reference to the *Ethical Guidelines for Research in the Counselling Professions* (BACP, 2019). Formal ethical review of the project was understood not to be required since the project does not involve data collection from human subjects but instead is documentary research looking systematically at sources available within the public domain. Details of the professional body affiliations and theoretical orientation of both Technical Group (TG) and Expert Reference Group (ERG) members are listed in Appendix i. Their professional backgrounds were declared and scrutinised as part of recruitment to the project. No conflicts of interest have been declared.

2.0 Member and Stakeholder Consultation

Iteration 2 of the SCoPEd framework and practice standards was published in January 2019 as part of a consultation process. An external market research company 'Critical Research', independent of the three organisations was recruited through a tendering process and conducted the consultation.

The consultation consisted of two parts involving a consultation with members of the three collaborating organisations and of stakeholders. These are described in turn.

- Member consultation: a quantitative survey was developed to go to all members of each organisation. The focus of this survey was to assess the views of the members of the impact of the framework, if the findings were adopted in future work. A quantitative approach was taken due to the large number of anticipated responses which would have meant that a wholly qualitative consultation was not practical or feasible. Questions in the survey were:

  Please consider the potential impact of this framework on the wider profession, as follows:
  a) How will the framework impact on clients or patients being able to find the right kind of help to meet their needs?
  b) How will the framework impact on employers being able to establish which counsellors and psychotherapists to employ in their service?
  c) How will the framework impact on trainees in their understanding of the pathways open to them for core training with adults?
  d) How will the framework impact on professional bodies being able to promote the skills and services of their members?

  For each question members were asked to rate their answers on a five-point rating scale, with an additional 'don't know' option, as follows:
  1) The framework will make this aspect much harder
  2) A little harder
  3) It will make no difference
  4) A little easier
  5) The framework will make this aspect much easier
  6) I have no idea of the effect

In addition to the quantitative questions, the survey also included one open-ended question where respondents were able to offer free comments, and to identify any gaps or omissions within the framework.

- Stakeholder consultation: Different groups of interested parties were identified by the TG and ERG to approach as potential stakeholders to consult about the framework. Stakeholders were identified in the following groups:
    - Training and (or) Education organisations – those designing and (or) delivering counselling training and qualifications
    - Other professional bodies representing the sector, including those with a voluntary register accredited by the PSA
    - Employers such as charitable and (or) third sector organisations and private organisations such as EAPs
    - National organisations with a potential interest in this work such as the Professional Standards Authority
    - Individuals such as MPs or other experts within the sector

  Stakeholders were asked one free-text question as follows:
  If this framework were adopted how would it impact you and (or) your organisation?

The consultation surveys were opened on 21 January 2019 and data collection was conducted over a four-week period before closing on 22 February 2019. Email invitations were sent to members using email lists provided by their member organisation. Due to the very large volume of emails, these were sent out by the independent research organisation over a period of a week. One reminder email was sent out to those who had not responded after week three. In a small number of cases, individual members made contact to indicate that they had not received an invitation to participate and these members were then sent the relevant survey link. In addition to the two formal questionnaires, BACP opened a dedicated email inbox throughout this period, where additional comments and feedback were captured and forwarded onto Critical Research for analysis and inclusion as part of the consultation.

Critical Research undertook detailed analysis of demographic data relating to survey respondents as well as descriptive statistics relating to responses to quantitative questions. Responses to the open questions, and any comments sent in via email were analysed using thematic analysis. Due to the volume of response, a random sample of 10% of responses were analysed in the first instance to produce themes as this was considered likely to be sufficient to reach saturation. However, in order to ensure that no new comments or material were excluded from consideration as part of the consultation, every item of feedback was subsequently read by the TG, compared with the thematic analysis, and any new items were extracted for consideration by both the TG and ERG.

2.1 Participation and Response to Member and Stakeholder Consultation

Email invitations to contribute to the consultation were sent to all members of each of the collaborating organisations: 47,603 BACP members, 1,537 BPC members and 7,474 UKCP members, totalling 56,614 invitations. In total, 7,087 participants completed the member consultation survey, an overall response rate of 12.5%. When analysed individually, the response rates were fairly similar across all three organisations (BACP, 5,879 respondents = 12.4% response rate; BPC, 230 respondents = 15.0%; UKCP, 979 = 13.1%). The number or emails returned undelivered was equivalent to between 1% and 2% in each organisation. In addition, more than 3,000 free text

comments were provided by respondents in the survey as well as via email and other channels such as social media.

Email invitations to the stakeholder consultation were sent to 483 identified contacts, and 86 stakeholders responded (a response rate of 17.8%), primarily from training establishments, but returns spanned all types of stakeholders invited to participate. A higher proportion (7%) of emails were returned undelivered.

3.0 Data Analysis: Themes

Every item of feedback from the membership responses (over 3,000 comments), and all 86 stakeholder responses were subject to a rigorous thematic analysis to identify additional themes for the ERG, and comments were inserted into the relevant place in the framework document to aid analysis.

The following overarching themes emerged:

1) ERG membership and representation of modalities
2) Methodology, including rationale for inclusion and exclusion of different types of evidence
3) Practitioner titles imply a hierarchy
4) Modality and language, insufficiently inclusive of different therapy philosophies and modalities
5) Complexity, that the framework has not sufficiently captured the complexity of some competences across the levels
6) Practice standards including concerns about specific requirements and their relevance for entry points
7) Gaps – omissions from the framework.

4.0 Responding to feedback

Feedback from the consultation was considered by the TG and ERG. Feedback relating to membership of the ERG and methodological concerns were considered immediately and appropriate actions taken (as detailed below in 4.1 and 4.2). Detailed feedback relating to the framework and practice standards was considered comprehensively and systematically over a period of months and the process of considering this is shown below in section 5.

4.1 ERG membership

Feedback in the consultation included comments that membership of the ERG did not include sufficient diversity of theoretical orientation and that this has resulted in a framework that was insufficiently inclusive of all modalities. The ERG agreed to recruit new members, actively seeking volunteers who could contribute different theoretical perspectives and who could assist with ensuring that the developing framework reflected diversity of theoretical orientation. After a formal recruitment and interview process, two new members joined the ERG from August 2019 (see Appendix i).

4.2 Methodological limitations

Throughout the project, both the TG and ERG have worked to ensure rigour and methodological robustness, however, methodological limitations are inherent in any research project. The limitations of this project have been considered throughout and, where possible, appropriate steps

to mitigate their impact on the project have been taken. The main methodological limitations in this project relate to:

- **Use of the Roth and Pilling methodology.** Roth and Pilling (2008) methodology was selected as it was considered most suited to the task of identifying competences, as supported by the evidence. The Roth and Pilling (2008) methodology utilises a process of identifying manualised treatments that have demonstrated good effectiveness in clinical trials, and then extracting competences from the treatment manuals. Whilst the SCoPEd process has been informed by an evidence-based methodology to identify competences, where necessary, this approach has been adapted, due to a paucity of empirical research into differentiated competences. When gaps were encountered within the empirical research, other sources of evidence were reviewed, such as 'grey' literature, for example: textbooks, curricula and professional codes of practice. A consensus decision was reached based on the best supporting evidence and ERG recommendation. In adapting the methodology, rigour has been maintained throughout in ensuring both systematic searching for such documents and evaluating the evidence they contain.
- **Excluding evidence from client outcomes research.** Client outcomes research was excluded as considered to be beyond the remit of the project which focused on existing evidence of standards. This decision was revisited in light of consultation feedback and inclusion of client outcomes research was reconsidered. After careful consideration, the decision of the ERG was not to expand the project to include client outcomes research as this was beyond the scope and capacity of the project to capture current training and practice standards. In addition, the assessment of the ERG was that there was insufficient research directly linking client outcomes to specific practitioner competences. The list of sources includes the National Occupational Standards (NOS), which form part of the existing range of standards available (and are, therefore, within the scope for inclusion for this work) and also draw partly on client outcomes research as part of their development.
- **Limiting the mapping of practice standards to the three collaborating organisations.** This decision was made because the focus was on finding shared agreement between the three participating bodies. It also became clear that the task of extending this wider would have been even more complex, and there were difficulties about establishing which bodies to include and how to get reliable data. This was therefore agreed to be outside the scope of the project. However, the TG and ERG recognise the limitations this places on the published framework and recognises that this could be extended at a later date.

5.0 Developing the framework from the themes

The ERG systematically considered each theme linked to the relevant part of the framework, considering the merits of the feedback and agreeing an appropriate response. A decision-making matrix was produced to record the response to the themes, which includes the rationale for each of these decisions (Appendix ii, ERG Decision Making Matrix).

There were three possible responses:

1. The theme or comment does not fit within the remit of the project
2. The feedback requires additional searching of the literature to be undertaken by the Information Analyst (IA) who will then present findings for further consideration
3. Feedback and evidence support a consensus ERG decision about amendments and (or) changes to wording within the framework.

The TG met more frequently than in earlier stages of the work in order to consider the feedback and consult the evidence, and was also responsible for acting on the decisions of the ERG in order to

incorporate consultation-informed changes into the new iteration of the framework, liaising with the Independent Analyst (IA) and escalating any further decisions to the ERG (shown in Appendix iii, TG Decision Making Matrix). The IA re-visited the literature to ensure that any recommendations made to the ERG about possible changes were supported by evidence. Updated sources used by the IA and considered by the TG and ERG are listed in Appendix iv: IA Use of Resource Base.

5.1 Practice Standards

The findings of the initial mapping of the existing training and practice requirements of the three member bodies were presented for consultation in January 2019 (see link). In response to consultation feedback relating specifically to the practice standards, a wider and more detailed mapping of the participating bodies' training and practice requirements (both their membership and training courses) was conducted. This included the requirements not just at entry point (on completion of initial training) but also at other recognised transition points (gateways) associated with:

- Membership category requirements
- Registration requirements
- Accreditation requirements.

This further mapping resulted in a revised document showing a matrix of different requirements included in the framework document published alongside this methodology, *Consolidated Current Training and Practice Requirements (BACP, BPC, UKCP).*

5.2 Small group clarity check process by critical readers

Once the draft 3rd framework iteration and practice standards were ratified by the ERG and Steering Group (SG), these documents were shared with a group of critical readers, identified by each of the three collaborating organisations, to gain feedback independent of the ERG and TG, about whether the revised documents successfully addressed concerns and feedback from members in the consultation, and whether the information has been presented in the clearest possible way. This was agreed as an additional quality check before the documents were shared with all members and stakeholders.

Each member of the collaboration identified their own list of critical readers among their contacts. The critical readers include internal members of staff of the organisations, members of each of the Boards of Governors, members of various relevant committees and external contacts such as training providers and academic researchers. The range of critical reader groups sought to ensure that a broad variety of expertise and understanding supports the rigour of the process of assessing the work undertaken in the revised framework.

A series of focused questions was agreed by the TG for circulation to the critical readers along with the revised documents, and a feedback sheet to collate comments. The areas of focus for the questions were:

- Whether the revisions in the document overall faithfully capture the concerns and feedback raised in response to the 2nd iteration and specifically in the themed areas of:
  - Titles and hierarchy
  - Modality and language
  - Complexity
  - Practice standards
  - Gaps and omissions
- Whether the presentation of the new documents and accompanying narrative are sufficiently clear.

Each organisation collected feedback from their own critical readers, which was then collated into one document for examination and consideration by the TG. Comments were given a preliminary analysis and any feedback not commenting on clarity of communication or effectiveness of responding to consultation feedback was excluded as out of scope. Every remaining comment was considered systematically by the TG, and resulting recommendations for changes to the framework presentation and text were presented to both the ERG and SG for sign off. (Record of changes made to the framework following small group clarity check process by critical readers is shown at Appendix v.)

6.0 Framework publication

Upon completion of these steps, Iteration 3 of the framework was ratified by the ERG for presentation to the memberships and for further feedback and engagement.

Appendix i: Technical Group and ERG Membership

Name	Theoretical orientation	Membership body	Role and (or) group	Representative of SCoPEd for which membership body
INDEPENDENT ROLES:				
Professor Alessandra Lemma	Psychoanalytic	BPC	Independent Chair	
Dr Alan Dunnett	Humanistic Integrative	BACP	Information Analyst	
Expert Reference Group (ERG) and Technical Group (TG) Members:				
Fiona Ballantine Dykes	Humanistic-Integrative	BACP	ERG, TG (Chair of TG)	BACP
Ms Fiona Biddle	Hypno-psychotherapy	UKCP	ERG, TG	UKCP
Ms Helen Coles *(from September 2019)*	Integrative	BACP	ERG, TG	BACP
Ms Ani de la Prida *(from August 2019)*	Person-centred/ Pluralistic	BACP	ERG	*[None – recruited as additional ERG member]*
Ms Maxine Dennis	Psychoanalytic	BPC, HCPC, TSP	ERG	BPC
Ms Nicola Forshaw (*until November 2019)*	Integrative	BACP	ERG, TG	BACP
Professor Lynne Gabriel	Pluralistic	BACP	ERG	BACP
Dr Carol Martin	Psychoanalytic	BPS/DCP Associate member, HCPC, UKCP	ERG	UKCP
Dr Jan McGregor-Hepburn	Psychoanalytic /Psychodynamic	BPC	ERG, TG	BPC
Professor John Nuttall	Integrative	BACP, UKCP	ERG	UKCP
Ms Katy Rose	Psychodynamic	UKCP	ERG, TG	UKCP
Professor Alistair Ross	Psychodynamic	BACP	ERG	BACP
Dr Clare Symons	Psychodynamic	BACP	ERG, TG	BACP
Dr David Vincent	Group Analysis Psychoanalytic	British Psychotherapy Foundation (Retired member) Institute of Group Analysis	ERG	BPC

		(Retired member)		
Dr Brinley Yare *(from August 2019)*	Psychoanalytic	UKCP	ERG	*[None – recruited as additional ERG member]*

Administrative Support
Debbie Delves, Project Manager (BACP)
Kathy Roe, Senior Administrator (BACP)

Appendix ii: SCoPEd Framework ERG Decision Making Matrix

Date	Decision	Rationale and (or) narrative	ERG Member allocation	Date completed
01.05.19	To widen ERG membership in response to consultation feedback.	Agreement to expand the ERG to be inclusive of additional modalities, with a clear remit	NF and FBD	30.07.19
01.05.19	The group agreed there needs to be a clearer description of the methodology used including both terms 'evidence based' and 'Roth and Pilling'. The group then discussed feedback from stakeholder re complexity-based approaches.	**Action:** ERG to look into complexity theory document mentioned in stakeholder re feedback http://www.newvisionformentalhealth.com/2018/12/14/ and report back at the next meeting. Methodology to be updated by CSy.	ERG for complexity theory ERG member for clearer description of methodology	19.06.19
19.06.19	Query around inclusion or exclusion of evidence. Decision to continue to exclude outcomes research (e.g. Norcross) as this is inconsistent with methodology.	Client outcomes research was excluded as considered to be beyond the remit of the project which focused on existing evidence of standards. This decision was revisited in light of consultation feedback and inclusion of client outcomes research was reconsidered. After careful consideration, the decision of the ERG was not to expand the project to include client outcomes research as this was beyond the scope and capacity of the project to capture current training and practice standards. In addition, the assessment of the ERG was that there was insufficient research directly linking client outcomes to specific practitioner competences. The list of sources includes the National Occupational Standards (NOS), which form part of the existing range of standards available (and are, therefore, within scope for inclusion in this work) and also draw partly on client outcomes research as part of their development.		06.09.19

		NF and AD update source documents for inclusion into revised methodology. CSy to complete methodology.		
19.06.19	'Religion' to be included in all other protected characteristics, and a generic term to be used throughout the framework. Footnote to be devised that identified the full range of protected characteristics.	Inconsistency within the framework around 'protected characteristics'. Ensure consistency throughout the framework. Check equality and diversity wording. See 02.10.19 footnote to 1.2. Re: Consistency.	NF	27.11.19
19.06.19	2.4.a. and 2.4.b. Re-word to include 'ability to understand the language and discourse of medical diagnosis, mental disorders and'.	In response to consultation feedback about the ability to 'critically appraise' the diagnostic system. This also ties into wider issue for the ERG to address medicalised and modality specific language. Language addressed and agreed at ERG.	NF (to update 2.4a and b) ERG for ongoing language. HC	 06.11.19
19.06.19	Titles. Entry point 'A', 'B' and 'C'.	The ERG acknowledged that agreeing final titles is not within its remit. The decision to use the working titles Therapist A, B and C was agreed as a way forward for the next iteration.	Discussed at SG 06.11.19. TG to take forward.	06.11.19
02.10.19	Add in 'identity' to culture, worldview etc.	This further includes identity in terms of gender, sexuality, etc	NF	16.10.19
02.10.19	2.4. Separate competence required for medication	APPG guidance re: medication warrants separate competence. Competence outstanding for differentiated level B	NF	16.10.19
02.10.19	Need a rationale and footnote for term 'assessment'.	Suggestion from ERG wording: - "Assessment" meaning the ability to evaluate suitability for therapy (consistent with one's therapeutic training) and develop a working-plan of therapeutic steps (see 06.11.19 in language below).	HC	06.11.19
06.11.19	Rationale required for including APPG Guidelines.	2.5. Ability to understanding issues relating to the role of psychiatric drugs, dependence and withdrawal and the implications this has for clients or patients in therapy. Amended to: understand the.	HC	06.11.19

		Footnote required: that this is an aspirational competence (not currently in training but based on new APPG Guidelines). Leave gap in column B and C and reference to 2.5.*		

Language and terminology:

Date	Language, terminology or phrase	Suggested re-wording	Date of agreement
07.08.19	Medicalised and diagnostic language	2.4.a. Ability to critically appraise and conceptualise a range of symptoms of psychological distress, functioning and coping styles. (with due understanding of cultural norms), during assessment and throughout therapy. 2.4.b. Ability to understand the language and discourse of mental disorders. *Does this competence demonstrate appropriate differentiation in competence language from 'critically appraise' at 2.4.a. to 'understand' at 2.4.b.? (Resolved - see 06.11.19.)	02.10.19
07.08.19	'unconscious'	unconscious, or out-of-awareness (terminology to be replicated throughout).	02.10.19
07.08.19	'attachment style' and endings	3.14.a. Ability to consider the potential issues arising when ending therapy in the light of a client's or patient's previous experience.	02.10.19
07.08.19 06.11.19	'unconscious', 'transference' 'counter-transference'	Unconscious, or out-of-awareness. Transference and countertransference remain outstanding – ERG to review entire competence wording across 4.7. 4.7.a. and 4.7.b. Rewording submitted broadly agreed by ERG, consequence of suggestion by ERG to use 'conscious' throughout on standardisation of language to be discussed by TG. See below 29.11.19 TG decision.	02.10.19
07.08.19	'assess and formulate'	Agreed to use 'assess' and 'assessment' across all levels. 2.1.b. Ability to conceptualise and (or) formulate ways of working with clients (or) patients with chronic and enduring mental health conditions.	02.10.19
07.08.19	Therapeutic 'alliance'	Alternative wording not discussed 02.10.19. See 3.14. on 06.11.19 below - see TG decision by 29.11.19.	04.12.19
06.11.19	"Assessment"	2.1. Ability to make an assessment of the client's or patient's problems and suitability for therapy.	29.11.19

		Explication of term “assessment” also required in glossary, but footnote added. Draft framework to go to critical readers without glossary and see what their feedback is.	
06.11.19	More inclusive language	Agreed to change to 2.4.b. to: 2.4.b. Ability to understand the language and discourses around diagnosis, psychopathology and mental disorder.	06.11.19
17.12.19	3.5. and 3.14.	TG recommended new wording for 3.5. and 3.14. following ERG member final comments and feedback: 3.5. Ability to establish and hold appropriate boundaries and create and maintain a collaborative relationship. 3.14. Ability to foster and maintain a good therapeutic relationship, and to grasp the client's or patient’s identity, culture, values and worldview: . capacity to recognise and to address threats to the therapeutic relationship . ability to recognise when strains in the relationship threaten the progress of therapy . ability to use appropriate interventions in response to disagreements about tasks and goals. 11.12.19 email circulated to ERG to ask for decision on new wording. Agreement on new wording received from all ERG members by 17.12.19.	17.12.19

Appendix iii: SCoPEd Framework Technical Group Decision Making Matrix

Date	Consultation Theme Member Stakeholder	Decision	Rationale and or narrative	Date completed
17.07.19	1.6.b. Reference to BACP EFCP (2018). 1.6b. applies to all registrants. *Ethical Framework* states a counsellor should be able to do this.	To re-word competence 1.6.b.: 1.6. Ability to address and respond to **challenging** ethical dilemmas and recognise when to consult with supervisor and (or) other appropriate professionals Source: BACP *EF* (GP 93 and GP 94)	TG decision: BACP *Ethical Framework* asks all members to consult, 'challenge' and 'respond' to ethical dilemmas (GP 93 and GP 94)	07.08.19
04.09.19	**Decision reached:**	The BACP *EF* asks all members to give attention to: 'Being watchful for any potential contractual incompatibilities between agreements with our clients and any other contractual agreements applicable to the work being undertaken and proactively strive to avoid these wherever possible or promptly alert the people with the power or responsibility to resolve these contradictions. (GP 31f)' Remove the word 'challenging' as this is covered by 1.6.b. if all competences move across to column A. Will need to remove the word 'critically' from column B. Decision: TG full agreement 04.09.19 on undifferentiation as per BACP *Ethical Framework* evidence.04.09.19 06.12.19 Evidence checked and sources do not use the word 'complex' (1.7. now) only 'challenging' which TG agreed to remove 04.09.19.		
17.07.19	1.7. We would like to include 'religious' views.	To re-word 1.7. based on NOS Suggested re-word:	ERG Decision: Check EDI legislation for protected characteristics. Devise one standard term throughout	07.08.19

	3.3. ‘we would like to include ‘religious’ views’ (1.7.) and ‘We would like ‘culture’ and ‘worldview’’ (3.3.) 3.3. We would like "culture" and "worldview". We believe that culture is a related but nonetheless distinct concept, and does not adequately incorporate within its definition: religion and worldview - both of which can be important in counselling.	Ability to incorporate equality awareness and consideration of diversity of client or patient’s culture, values and worldview into ethical decision making. Source: NOS: LSICLG8 Demonstrate equality and diversity awareness when working in counselling: contribute to promoting a culture that values and respects the diversity of individuals.	whole framework. With a footnote to explain the standard term. Collins English Dictionary definitions: ***Values:*** *the* moral *principles and beliefs or* accepted *standards of a person or social group.* ***Culture:*** *the way of life, especially the general customs and beliefs, of a particular group of people at a particular time.* ***Worldview:*** *A person’s worldview is the way they see and understand the world, especially regarding issues such as politics, philosophy, and religion.* Equality and Diversity Act (2010) lists the following protected characteristics: age disability gender reassignment marriage and civil partnership pregnancy and maternity race religion or belief sex sexual orientation	27.11.19

26.11.19	Theme 2 Assessment and 1.2., 1.9.	See Framework v1.3 27.11.19 for TG sign off – Should this also be referenced in 1.9.*?	Footnote to be added to: Theme 2: Assessment: 1.2. and referenced at 1.9. *The term "assessment" is used to indicate the ability to evaluate suitability for therapy (consistent with one's therapeutic training), and develop a working-plan of therapeutic steps. TG agreed 29.11.19.	03.12.19
Decision reached: 04.09.19, 02.10.19 and 29.11.19		**Decision: Recommended wording agreed throughout framework 04.09.19 ERG Update 02.10.19 add in 'identity'. Footnote agreed and added to 1.2. and 1.9.**		03.12.19
19.06.19	2.1., 2.2. 2.1. Suggests that a qualified counsellor is not capable of undertaking an assessment without referring to a supervisor. 2.2. 'form a general idea of the client's problems' - it doesn't sound enough to form a general idea and this language feels a bit vague and not instilling trust that this is a professional assessment.	Keep 2.1. wording as is: 2.1. Ability to **collaborate** with supervisor and (or) other professionals to decide if a client or patient is suitable for therapy. 2.2. Re-word to include assessment (to demonstrate independent judgment). Ability to **make an assessment of** the client's or patient's problems and suitability **for therapy.**	Agreed that when the competences are viewed separately, they can be read as de-skilling Entry Point A, as it suggests an inability to make an independent decision about suitability of client or patient for therapy. Re-visit wording of 2.1. and 2.2. to ensure that the following are captured: 'assess' 'collaborate' 'refer'.	22.10.19

		Source for 'assessment' NOS LSICLG7 Manage the counselling assessment process. 2.5. to be moved to 2.3. (and rest of framework to be re-numbered). 2.5. Ability to **collaboratively** manage the process of **referral** with the client or patient and (or) other professionals during assessment and throughout therapy.	Re-order competences so that 2.5. follows on, to bring about the process of 'collaborate', 'assess' and 'refer' so that they can be read together.	
Decision reached: 04.09.19		**Decision: All agreed. 04.09.19**		22.10.19
17.07.19	2.4. - Ability to make sound judgments in relation to DSM 5 or ICD-11 are key for a psychotherapist. However, I do not feel it is ethically in our remit to assess or evaluate without appropriate medical training, e.g. psychiatry. I feel this aspect of the framework leaves psychotherapists at risk. 2.4.a., 2.4.b. Firstly the outcomes around mental health do not reflect an ability to question the epistemological basis (i.e. medicalised model) of notions of psychopathology which I would have thought would be expected at psychotherapy level and to some extent at advanced counselling levels. At counselling level	Medicalised wording to be re-visited by ERG. 2.4.b. re-worded to address the epistemological basis of knowledge and to emphasise not making a diagnosis: 2.4.b. Ability to understand **the language and discourse** of medical diagnosis.	Emphasise that wording for 2.4. does not suggest that Entry Point C is 'making a diagnosis', rather about understanding diagnosis. Re-worded 2.4.b. agreed by ERG.	07.08.19

	some awareness of different ways of viewing mental health might also be relevant. Such issues are approached differently within different modalities too. 2.4. There is no reference to diagnosis (awareness of current systems e.g. ICD; use and limitations of diagnosis, meeting responsibilities and acknowledging personal and (or) professional limitations in expertise, etc.			
	2.4. The APPG for Prescribed Drug Dependence is currently developing guidance for therapists, working with BACP, UKCP and BPS, which invites all members to broaden their knowledge and understanding of the effects of psychiatric drugs for the benefit of clients taking or withdrawing from such drugs. 2.4. Need to consider the sometimes-questionable role that medication plays.	Extract high level competences from APPG? DECISION: APPG document may not be published due to current political issues in the UK. But it would be helpful to use APPG document to extract competences. FBD to liaise with BACP's Good Practice Guidance Manager who has been reviewing this guidance. Suggested wording below (from APPG).	TG to review APPG language and guidelines and incorporate across all levels. APPG sent to TG 21.08.19. ERG revisiting 2.4. for medicalised language.	22.10.19
	2.4. renumbered and now 2.5.	2.5. Ability to demonstrate an understanding of the core issues relating to the role of psychiatric drug use, dependence and withdrawal and the implications this has for clients or patients in therapy.	2.5.b. Ability to understand the impact of prescribed psychiatric drugs on clients (or) patients during assessment and throughout therapy.	See decision below.

		Entry point A	Entry point C	
02.10.19 **06.11.19** **26.11.19**	**Decision reached: (with ERG)** **Decision reached: (with ERG)** **Decision reached (by TG)**	Wording agreed for 2.5., Agreed to leave gap at entry point B and C: 2.5. Ability to understand the core issues relating to the role of psychiatric drugs, dependence and withdrawal and the implications this has for clients or patients in therapy [*This is aspirational competence not currently included in training programmes but based on the: All-Party Parliamentary Group (APPG) Guidance for Psychological Therapists: Enabling conversations with clients taking or withdrawing from prescribed psychiatric drugs.]	TG agreed to remove "the", preceding core issues 29.11.19. Wording of footnote agreed by TG 29.11.19.	03.12.19 03.12.19
01.05.19	2.3. Working online: additional, specialised training re: boundaries, ethics and legal framework.	No change.	ERG decision that online competences are specific enough for a generic framework.	01.05.19
19.06.19	I do not believe that linking 'suicide and other self-harm' is accurate nor helpful. Whilst an unsuccessful suicide attempt results in harm to oneself, this is very different from the coping mechanism that self-harm is generally used for.	Agreed to separate risk assessment of suicide and self-harm. Re-wording: 2.8. Ability to undertake a collaborative assessment of risks, needs and strengths when working with imminent and ongoing a) suicidal ideas and (or) behaviour and b) self-harming ideas and (or) behaviour. Source: UCL Suicide Competence Framework (2018)	TG advised that this was about risk assessment. Agreed to re-word to separate out self-harm and suicide.	07.08.19

		Consistency required later in framework (to separate out suicidal and self-harming behaviours):		
04.09.19. Decision reached:		Agreed to suicide and self-harm separation (but to be included within the same competence, and to use UCL wording). Wording as above. Ensure new wording continues throughout framework.		22.10.19
	3.5. I believe fundamental to any counselling training is understanding of power and oppression - so much of the pain and wounding that clients bring to us is, in my mind, a result of abuses and misuses of power both individually and societally. So, I would want to see in Column 1: 3.5a., b. and c. (so, not differentiated) and definitely 3.5d.	Move 3.5a. (wording below) to 3.5. and re-number: 3.5.a. Ability to recognise, understand and address issues of power and how these may affect the therapeutic relationship. Suggested wording 3.5.b. Ability to assist the client or patient towards self-empowerment and autonomy (Source EAP and QAA). 3.5.b. Ability to continuously reflect on and explore issues of client's or patient's and therapist's authority and power in the therapeutic endeavour. (original wording)	TG evidence review demonstrated 3.5. across all levels. Decision to move 3.5a. into 3.5. 3.5.b. represents overall therapeutic world rather than individual clients or patients. Consider splitting into two competences: Individual client or patient AND Therapeutic work No evidence to show that 3.5.c. sits across all levels. Keep at Entry Point C.	07.08.19
04.09.19. Decision reached:		**Wording as above agreed**		22.10.19

	3.6. An omission in the competences is awareness of (and in some cases capacity to work with) key relationships in a person's environment that impact on their mental health and wellbeing. This is different from cultural awareness but shares the same aim of ensuring counsellors and therapists recognise the impact on the people they see of salient current relationships and how the therapy might be impacting on these relationships for better or worse. This is to avoid therapists creating bubbles or pockets of experience with their patients that are split off from their social environment. I also wondered about awareness of intergenerational factors that might affect patients as a generic competence.	This wording (taken from systemic competence 1.1.) does not fit at 3.6., but this awareness should be included in relationship competences: Ability to view individual needs in a number of contexts, including the family and other significant relationships, social and community setting, professional networks, work setting, professional networks, cultural setting and in the socio-political environment. (Systemic competences 1.1.) Differentiated at level B?		See decision below

Decision: 04.09.19: Whole group agree that this is a competence, but as derived from systemic, it is differentiated at B. Agree it sits in theme 3. Look for evidence for entry level. Suggested BACP *Ethical Framework*. *Ethical Framework* reviewed – no evidence for this particular competence. NOS competence wording as below:

P12 (Ability to) help the client manage change in relationships with family, friends and co-workers as a result of their changing through counselling (source: NOS: SFHMH101 Manage the process of change throughout counselling).

ERG Decision: 06.11.19 3.6. reworded and circulated to ERG and TG. TG to confirm agreement with wording of 3.6. as:

3.6. Ability to recognise, understand and work with issues of power and how these may affect the therapeutic relationship.

3.6.a. Ability to work with issues of power and authority experienced in the 'unconscious' and 'out of awareness' processes of the client or patient as part of the therapeutic process. 3.6.b. Ability to communicate about the harm caused by discriminatory practices and aim to reduce insensitivity to power differentials within therapeutic service provision, training and supervisory contexts.				
03.12.19	**Decision reached by TG 29.11.19**	**Wording of 3.6. confirmed by TG and footnote for 'unconscious' and 'out of awareness' terminology agreed. Use of inverted commas throughout when using 'unconscious' and 'out of awareness' and reference to footnote agreed.**		**03.12.19**
	4.2. TG identified gap around patterns of relating to 'self' and 'others'.	IA additional review of evidence indicated additional competence to be included (across all levels) in relationships after 3.8.: Approval needed for wording. (new 3.9.) Ability to use self-awareness to monitor own emotional or physical responses to the client or patient. (new 3.9.a.) Ability to (intentionally) use own responses to the client or patient in way that is (therapeutic and) consistent with a core theoretical perspective, and use self-disclosure appropriately. (BACP Core Competences) (remove self-disclosure).	Amalgamate sources: Demonstration of awareness of and use of own response to the client (NOS SFHMH100 BACP Core Competencies) AND Capacity for self-monitoring in the therapeutic relationship (COSCA L4 Certificate, BACP Accreditation of Training Courses) AND Recognition of implications of use of self in the therapy process (NOS SFHMH100, AIM L4 Diploma, CPCAB L5, BACP Core Competences) with specific reference to practitioner self-disclosure (NOS SFHMH100, BACP Core Competences).	See decision below
04.09.19	**Decision reached:**	**Agreements as above. Add in new wording at 3.9. (see below 06.11.19).**		

06.11.19	**Decision reached on wording by ERG:**	**3.9. Ability to establish, sustain and develop the therapeutic relationship.** **3.9.a. Ability to critically reflect upon the client's or patient's process within the therapeutic relationship.**		**06.11.19**
19.06.19	Have you checked Body Psychotherapy standards?	IA confirmed that Body Psychotherapy standards have been reviewed. TG suggested that NF review the standards for competences relating to 'congruence' 'use of self' and 'body language'. 8.1.14. the psychotherapist monitoring their shifting level of presence and using it to explore the dynamic between client and psychotherapist through awareness of bodily, psychological and transpersonal levels of attunement. 8.1.18. working with the client's highly charged emotions as well as subtle communications and containing own heightened feelings in response to charged or disturbing emotional and psychological states	Beoning, M., Westland, G., Southwell, C. (2012) *Body Psychotherapy Competencies*. Downloadable from: https://www.eabp.org/forum-body-psychotherapy-competencies.php	See decision below
04.09.19	**Decision reached:**	**Agreed that wording extracted from Body Psychotherapy standards be incorporated into new competence around self-awareness (3.10.).**		

	3.10.b. Use of terms such as 'unconscious' implies modality specific language. 3.10.b. skills and critical awareness of unconscious processes would, I think, be described as 'processes happening at the edge of awareness'. '3.10. - what about working with the 'unprepared' client?	'unconscious' language to be reviewed by ERG. Review of evidence (Alliance Ruptures AD 19.06.19) presented evidence that ruptures occur across all levels. Change wording of 3.10. to take out conflicts, and introduce 'ruptures' as follows: 3.10. Ability to recognise and respond to difficulties and **ruptures** in the therapeutic relationship. Re: 'unprepared client' – not enough evidence to support separate competence as this is covered in the areas of assessment, purpose of relationship and expectations.	Decision made at ERG.	04.11.19
19.06.19	3.13. wording around endings – theoretical language of 'attachment'.	Agreed wording to be reviewed and forwarded to ERG.	Revised wording agreed by ERG.	04.10.19
19.06.19	4.2. Specialism in regard to developmental and psychological knowledge, counselling approaches, presenting conditions, client groups, counselling settings, delivery routes, and related fields of research does not seem to be adequately expressed in section 4 of the framework.	The remit of the framework is not to research and specify areas of specialism.		19.06.19
31.07.19	4.2. TG identified gap around patterns of relating to 'self' and 'others'.	IA additional review of evidence indicated additional competence to be included in 'relationships' theme after 3.8. (see 3.8. - new 3.9. above).	Amalgamate sources: Demonstration of awareness of and use of own response to the client (NOS SFHMH100 BACP Core Competencies).	See decision below.

			AND Capacity for self-monitoring in the therapeutic relationship (COSCA L4 Certificate, BACP Accreditation of Training Courses) AND Recognition of implications of use of self in the therapy process (NOS SFHMH100, AIM L4 Diploma, CPCAB L5, BACP Core Competences) with specific reference to practitioner self-disclosure (NOS SFHMH100, BACP Core Competences).	
19.06.19	**Decision reached:**	**New competence 3.10. added.**		**22.10.19**
19.06.19	The framework and hierarchy would benefit from further reflection on competencies to remove bias and (or) be accommodating to different philosophies and modalities of counselling.	Agreed. Wording review to be conducted by ERG. See ERG decision making matrix for details of individual competence wording review.		ERG sign off framework with all changes 26.11.19.
19.06.19	4.8.a., 4.8.b. I would suggest that many counsellors right from the start, when working in their placements, where clients are often not paying so tend to be from a wider variety of socio-economic, class, ethnic backgrounds than would be found in private practice, are already having to develop skills of working with the	Decision to make 4.8.b. undifferentiated, re-word and move to column A. 4.8.b. Ability to define difference and explore effects of stigmatisation, stereotyping, discrimination and oppression. Suggested re-wording:	IA revisited evidence for 4.8.b. TG decision that evidence for 4.8.b appears across the levels. 4.c. is differentiated at level C in the evidence and will stay there.	See decision below.

	effects of stigmatisation, stereotyping, discrimination and oppression (4.8.b.), and if the trainees themselves are from an 'oppressed' group, their awareness of these issues will already be very high. They are often also working in placements with people with complex mental health needs. 'Differences' here continue to be reduced to 'difference' (despite at least two decades of critiques of this singular conceptualisation by people from minority groups).	4.8.b. (needs re-numbering) Ability to define difference and explore the impact of discrimination and prejudice (and oppression) on mental health. Terminology referred to MD as ERG 'culture' Expert. Awaiting response.	Re-worded 4.8.b. source (applicable to all levels): NOS SFHMH100: Establish and maintain the therapeutic relationship.	
04.09.19 Decision reached: New wording agreed as above and needs to include 'oppression'. 22.10.19 **4.8.b. re-numbered to 4.9. Ability to define difference and explore the impact of discrimination, prejudice and oppression on mental health.** **4.8.c. re-numbered to 4.8.b. as follows:** **4.8.b. Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice. 04.12.19**				
19.06.19	Please would you add to the end of the following section in 4.11. - 'including how to conduct effective interpreter-mediated therapy.'? For a number of trainers, 4.11. as it stands, would not lead to the obvious inclusion of this aspect.	Insufficient evidence to warrant re-wording as too specific.		17.07.19
19.6.19	5.1. Both counsellors and psychotherapists need a profound ability of self-awareness, in-depth knowledge of the *Ethical Framework*, Statutory Law, Theory and proficient	TG decision that evidence does not show for including physical health, and counsellor and (or) psychotherapist physical health are covered in 5.4.		See decision below.

	knowledge of medical conditions both physical and mental health (although I note not much credence is given to physical conditions and how these might impact on the therapeutic relationship and the work).	However: BACP Core competence: 'understand the inter-relatedness of psychological and physical illness and recognise that symptoms of physical illness may be indicative of the mental health of the client'. New wording suggested: 4.10. Ability to understand the inter-relatedness of psychological and physical illness.		
19.06.19. Decision reached:		**New competence wording as above.**		**22.10.19**
19.06.19	5.1.c. Review evidence around self-awareness and relationship with client.	New competence added at 3.9. 5.1.c. is evidenced at higher levels. Ensure that evidence is allocated to competence.	5.1.c. Evidence: EAP Professional Competencies of a European Psychotherapist UKCP Professional Occupational Standards UKCP Standards of Education and Training.	22.10.19

04.06.19	Practice standards: Not clear entry points. Have other bodies practice standards been included?	Decision: 4.9.19. Recognition from TG that practice standards need revising for accuracy, as some standards have been associated with membership category rather than 'at the point of qualification'. Agreed all will revisit data around this.	Question re: Methodology. Should the practice standards be widened to include other professional bodies? If not, does this represent inconsistency in methodology, as the competences of other professional bodies were consulted to produce the competences. It was agreed that the other professional bodies competences were consulted to address gaps around modalities, language etc. However, to consult other professional bodies practice standards may corrupt the data as there is no direct access to 'point of qualification' data – perhaps only member categories. 04.09.19 Decision made by TG to not widen the data collection to other professional bodies as this may impact the reliability of the data.	04.09.19

02.10.19	Discussion about 'entry points'. Feedback from consultation that the practice standards do not offer direct entry points.	Enough common ground to suggest that these are the minimum gateway entry points.	Shared purposes to agree common competences, and associated practice standards as a whole – not either in isolation. TG agreed reframing the	02.10.19

	Pro-forma completed for each organisation to collate training and registration requirements.		term, “Entry Points” as “Gateways”, which could better facilitate understanding of the framework. This would capture different points (‘gateways’) in a therapist’s journey as well as the points of initial registration e.g. application for individual accreditation is a gateway for BACP members but an entry point for BPC and UKCP psychotherapeutic counsellors.	
Decisions for TG 29.11.19				
26.11.19	1.11. Arising from ERG member final comments and sign off of framework.	1.11. Clarification requested by ERG member about whether this means all therapists are expected to work online?	Both (1.10.) and (1.11.) were discussed in great detail by the ERG and relate to both personal and professional online presence and the need to be aware of appropriate use, so not just providing therapy online, but communication online in all forms. TG Decision to keep as is. (29.11.19)	03.12.19
26.11.19	2.5. Arising from ERG member final comments and sign off of framework.	Suggested change to wording.	TG decision to remove 'the', to read 'core issues'. 29.11.19.	03.12.19
26.11.19	2.10.a. Arising from ERG member final comments and sign off of framework 2.10.a. Ability to identify, conceptualise and (or) formulate and respond to the interpersonal risks	Challenge to use of ‘formulate’ by ERG member	ERG Decision matrix - 07.08.19. ‘assess and formulate’ agreed as standard language across all levels. Tech group 29.11.19 discussed issues arising and agreed new wording below.	03.12.19

	that are specific to working online as they impact on the therapeutic process or interaction with a client or patient's presenting problems		2.10.a. Ability to identify and respond to the interpersonal risks that are specific to working online as they impact on the therapeutic process or interaction with a client or patient's presenting problems.	
26.11.19	3.1. Arising from ERG member final comments and sign off of framework	Challenge to use of 'central importance'.	TG decision: agreed this point is not sufficiently substantive to require recirculation to ERG now deadline has passed. (29.11.19).	03.12.19
26.11.19	3.5. Arising from ERG member final comments and sign off of framework.	Suggest including 'or relationship' following 'therapeutic alliance' as a standardised term throughout framework.	'Therapeutic alliance' is a standardised term and a considered decision made by the ERG. Source: Original methodology document Page 10 - final para. Applies also to 3.14. TG noted there is no mandate to change by adding 'or relationship'. TG decision to leave in the term 'alliance' because of discourse around difference between 'alliance' and 'relationship'. (29.11.19.) **[This decision was revisited 4.12.19 by ERG with agreement to use the term 'relationship' instead of 'alliance' throughout.]**	03.12.19
26.11.19	3.6. Arising from ERG member final comments and sign off of framework.		See 02.10.19 ERG Decision matrix-unconscious, or out-of-awareness.	03.12.19

	3.6.a. Arising from TG 26.11.19	Challenge to include term 'conscious, unconscious or out of awareness' throughout framework At TG request inclusion at 3.6.a. of footnote: [Footnote on terminology-*The terms 'conscious' and 'unconscious' as well as the terms 'in awareness' and 'out of awareness' are offered throughout the framework to be as inclusive as possible.	(terminology to be replicated throughout) - Cannot be changed. Applies also 3.12 and 5.1.b. TG decision to leave 3.6 as is (29.11.19).	03.12.19
26.11.19	3.12, 3.12.a, 3.12.b. Arising from ERG member final comments and sign off of framework	Consequence for inclusion of 'conscious'. Applies also to 3.6 and 5.1.b.	ERG agreed in principle to ERG wording of 4.7 including use of 'conscious', but not discussed consequence for standardised terminology of - 'unconscious or out of awareness' and no agreement made to apply 'conscious' throughout. TG agreed to leave 3.12 as is, 3.12.a. as is 3.12.b. agreed as the therapeutic relationship is specifically being referred to here. Grammar check: 'therapeutic' added to 3.12.b. by TG for consistency across these three competences. 29.11.19.	03.12.19 03.12.19

26.11.19	3.14. Arising from ERG member final comments and sign off of framework.	Challenge to include the term relationship alongside alliance, as in 'therapeutic alliance or relationship' so that we don't exclude humanistic approaches. Also use of 'deploy' [3.14. final bullet point] challenged.	Use of 'or relationship'- See original methodology doc Page 10 note on terminology in final para Re: The term 'Therapeutic alliance' was a considered decision made by ERG. Cannot change without ERG consensus-Applies also to 3.5. TG decision required whether to uphold ERG decision. TG decision to keep in the word 'alliance' only - see also 3.5. TG agreed - 'Deploy' be removed and substituted with 'use'. (29.11.19). **[This decision was revisited 4.12.19 by ERG with agreement to use the term 'relationship' instead of 'alliance' throughout.]**	03.12.19 03.12.19
26.11.19	4.1. Arising from ERG member final comments and sign off of framework.	Challenge to use of 'an understanding of'. Suggested remove and replace with 'Ability to articulate the rationale and philosophy…'	TG agreed with ERG wording 29.11.19.	03.12.19
26.11.19	4.3.a., 4.3.b. Arising from ERG member final comments and sign off of framework.	Challenge to syntax 4.3.a and 4.3.b. In b suggested use 'complex' instead of 'conflictual'.	4.3.a. This had been agreed and changing to 'complex' was not discussed, nor is it in the evidence which 'conflictual' was.	

			TG decision to leave ‘complex’ in 4.3.a. and to remove ‘conscious’ and (reference) * to footnote. (29.11.19).	03.12.19
26.11.19	4.6. Arising from ERG member final comments and sign off of framework.	Challenged as excluding humanistic approaches and questioning if there was an agreement that 4.7. would replace 4.6.	HC and FBD Checked Decision Matrix and ERG notes - no record of discussion or decision to remove 4.6. Although one could argue that ‘intervention’ is a very broad term and does not exclude humanistic approaches adding 'and (or) responses’ would be more inclusive. Also 4.7 is about being consistent with approach or model rather than choosing right response or adapting response i.e. different competence. TG decision to add 'and (or) responses’. 29.11.19.	03.12.19
26.11.19	4.7. and 4.7.b. Arising from ERG member final comments and sign off of framework.	4.7. Comments noted agreed with TG not to be changed. 29.11.19. RE: inclusion at 4.7.b. of 'Conscious'	ERG 6.11.19 discussed review of 4.7. by ERG. ERG agreed in principle to suggested wording including use of 'conscious' in 4.7., but did not discuss consequence for standardised terminology – i.e. 'unconscious or out of awareness'. TG decision to remove ‘conscious’ from 4.7.b. and to add a footnote on terminology (see footnote at 3.6.a. above).	03.12.19

			ERG agreed that wherever the term 'conscious' is used we also use 'in awareness'; ditto for 'unconscious' and 'out of awareness'.	
26.11.19	4.11. Arising from ERG member final comments and sign off of framework.	Challenge to decision by ERG to standardise removal of 'demonstrate' and substitution with term 'use'.	This shows clear progression from 'understanding' to 'using' to 'contributing to the evidence base'. Removing 'demonstrate' does not change this. TG decision leave 4.11. as is 29.11.19.	03.12.19
26.11.19	5.1, 5.1.a. 5.1.b. Arising from ERG member final comments and sign off of framework.	5.1. Challenge over use of 'Demonstrate vs. an ability'. 5.1.a. – Suggested re-wording to; 'The ability to be emotionally prepared'. 5.1.b. Challenge to agree to use term 'conscious' throughout framework for consistency i.e. 'conscious, unconscious	5.1 TG were challenged that 'demonstrate' was not a competence. TG suggestion here is 'Ability to engage in personal development…' Note also 5.1.: remove 'the'. TG agreed to remove 'the' in 5.1. 5.1.a.'Ability to evidence being emotionally prepared ...' TG decision to change wording from: 5.1.a. Ability to evidence adequate emotional preparation for intense and complex work, which will require reflexivity and potential taxing of therapist. To new: 5.1.a. Ability to be emotionally prepared for intense and	03.12.19

		or out of awareness' or if not relevant here suggest changing 'and' to 'or'.	complex work, which requires reflexivity and which is potentially taxing of the therapist (29.11.19). Note also: 5.1.a. Term 'counsellor or psychotherapist' should be changed to 'therapist' to be consistent. TG agreed in 5.1.a. to replace 'counsellor or psychotherapist' with 'therapist' (29.11.19). 5.1.b. See also 3.6., 3.12.b.' ERG agreed 'unconscious or out of awareness' to be used for consistency of terminology. TG agreed leave 5.1.b. as is and reference* to footnote. (29.11.19).	03.12.19 03.12.19 03.12.19
26.11.19	5.5. Arising from ERG agreement to standardise use of 'demonstrate', amendment to final comments and sign off of framework.		6.11.19 ERG decision to standardise terminology - removed 'demonstrate' for consistency. TG agreed to remove 'demonstrate'. (29.11.19).	03.12.19
09.12.19	3.5. and 3.14. Arising from ERG member final comments and feedback.	Continued challenge to include the term 'relationship' alongside 'alliance', as in 'therapeutic alliance or relationship' so that we don't exclude humanistic approaches.	TG felt that wording requires the agreement of the ERG to enable the amendments.	10.12.19

		Suggested rewording: 3.5. Ability to establish and hold appropriate boundaries and create and maintain a collaborative relationship. 3.14. Ability to foster and maintain a good therapeutic relationship, and to grasp the client's or patient's identity, culture, values and worldview: . capacity to recognise and to address threats to the therapeutic relationship . ability to recognise when strains in the relationship threaten the progress of therapy . ability to use appropriate interventions in response to disagreements about tasks and goals.	Transferred to ERG decision making matrix.	

Appendix iv: Information Analyst Use of Resource Base April-July 2019

1. The following informed decisions subsequently made by the TG and ERG:

(Alliance ruptures)

BACP Core Competencies for Counselling and Psychotherapy

BACP Course Accreditation Criteria ('Gold Book') (2012)

CPCAB Level 4 Diploma in Therapeutic Counselling

EAP The Professional Competencies of a European Psychotherapist (2013)

NOS: SFHMH100 Establish and maintain the therapeutic relationship

QAA Subject Benchmark Statement Counselling & Psychotherapy

UCL CORE Generic Therapeutic Competences

UCL Specific Humanistic Psychological Therapies competences

UCL Basic Analytic/Dynamic Competences

(Patterns of relating to self and others)

AIM Awards Level 4 Diploma in Counselling Practice

CPCAB Level 4 Diploma in Therapeutic Counselling

NOS SFHMH100 Establish and maintain the therapeutic relationship

(Cultural Aspects, Difference and Diversity)

ABC Level 4 Diploma in Therapeutic Counselling: Counselling in a Diverse Society

BACP Core Generic Competencies for Counselling and Psychotherapy (2006)

BACP Course Accreditation Criteria ('Gold Book') (2012)

BACP Ethical Framework for the Counselling Professions (2018)

CPCAB Level 5 Diploma in Psychotherapeutic Counselling

EAP The Professional Competencies of a European Psychotherapist (2013)

NOS-LSICLG8 Demonstrate equality and diversity awareness when working in counselling

NOS SFHMH97 Identify models of personality and mind development in relation to the client in counselling and develop appropriate intervention

NOS SFHMH100 Establish and maintain the therapeutic relationship

Open College Network PS1/4/NQ/013 Professional, Ethical and Legal Issues in Counselling

UCL Generic Therapeutic Competences (2017)

UKCP Professional Occupational Standards: Humanistic and Integrative Humanistic Psychotherapists

UKCP Professional occupational standards for psychotherapeutic counselling

UKCP Ethical Principles and Code of Professional Conduct (2009)

UKCP Guidelines for Mental Health Familiarisation

UKCP Standards of Education and Training: The Minimum Core Criteria (2017)

(On Self-awareness and Self in relationship)

ABC Awards Level 4 Diploma in Therapeutic Counselling: Unit Title: Self-awareness for Counsellors

AIM Awards Level 4 Diploma in Counselling Practice: Unit Title: Counselling: Embarking on Practice:

BACP Accreditation of Training Courses: Criteria for BACP Course Accreditation

BACP Core Competencies

BPC Training criteria:

Psychoanalytic psychotherapy, psychoanalytic and Jungian analytic trainings

Psychodynamic psychotherapy trainings and Jungian psychotherapy trainings

Psychodynamic Counselling

COSCA Counselling Skills Certificate Course Module 1: Advanced Communication Skills Module 3 – Review & Reflection

CPCAB Level 4 Diploma in Therapeutic Counselling: Unit 5: Working with self-awareness in the counselling process

CPCAB Level 5 Diploma in Psychotherapeutic Counselling

EAP The Professional Competencies of a European Psychotherapist

NOS SFHMH100 Establish and maintain the therapeutic relationship

Open College Network Level 4 Diploma in Counselling: Unit Title: Personal Development

UKCP Standards of Education and Training for Psychotherapeutic Counselling

UKCP Professional Occupational Standards.

2. In order to maintain methodological integrity, the ERG decided that the following materials presented by the IA would not be used to inform the project. Note that these items were suggested by respondents to the consultation, or were followed up as a result of accessing such items.

Elliott, R., Bohart, A.C., Watson, J.C., Murphy, D. (2018). Therapist Empathy and Client Outcome: An Updated Meta-Analysis. *Psychotherapy*, 55, 4, 399-410. Article adapted by the same authors in

Norcross, J.C. & Lambert, M.J. (Eds) (2019), *Psychotherapy Relationships That Work* (3rd ed.). New York NY: Oxford University Press.

Eubanks, C.F., Muran, J.C. & Safran, J.D. (2018) Alliance Rupture Repair: A Meta-Analysis. Article adapted by the same authors in Norcross, J.C. & Lambert, M.J. (Eds) (2019), Psychotherapy Relationships That Work (3rd ed.). New York NY: Oxford University Press. In: above, pp 508-519.

Farber, B.A., Suzuki, J.Y. & Lynch, D.A. Positive Regard and Psychotherapy Outcome: A Meta-Analytic Review. *Psychotherapy*, 55, 4, pp 411-423.

Flückiger, C., A. Del Re. A.C., Wampold, B.E., & Horvath, A.O. (2018) The Alliance in Adult Psychotherapy: A Meta-Analytic Synthesis. In: *Psychotherapy* (2018) Vol 55, No.4. pp 316-340. Article adapted by the same authors in Norcross, J.C. & Lambert, M.J. (Eds) (2019), *Psychotherapy Relationships That Work* (3rd ed.). New York NY: Oxford University Press.

Gelso, C.J., Kivlighan D.M. Jr. & Markin, R.D. (2018) The Real Relationship and Its Role in Psychotherapy Outcome: A Meta-Analysis. *Psychotherapy*, 55, 4, pp 434-444.

Glickman, K.L. (2011) The heart & soul of change: Delivering what works in therapy (2nd ed.). *Psychotherapy Research, 21:6, 734-736.* (A summary and review of: Duncan, B.L., Miller, S.D., Wampold, B.E. & Hubble, M.A. (Eds) (2010) *The heart & soul of change*: *Delivering what works in therapy (2nd ed.).* Washington, DC: American Psychological Association.

Hari, J. (2018*). Lost connections: uncovering the real causes of depression-- and the unexpected solutions.* London: Bloomsbury Circus.

Hill, C.E., Marquette, S.K., Pinto-Coelho, K.G. (2018) Therapist Self-Disclosure and Immediacy: A Qualitative Meta-Analysis. In: *Psychotherapy*, 55, 4 pp 445-460.

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3. Also researched:

Clinical Doctorates in Psychotherapy – web-based research listings.

4. Accessed and reviewed. Followed up by NF:

Beoning, M., Westland, G., Southwell, C. (2012) *Body Psychotherapy Competencies*. https://www.eabp.org/forum-body-psychotherapy-competencies.php.

Appendix v: Record of changes made to the framework following small group clarity check process by critical readers

Themes and comments	Framework text	Comments from TG meeting 08.04.20
Therapist A under 4.13. – explanation of terms 'conscious' and 'unconscious' and 'in awareness' and 'out of awareness' - not clearly attached to relevant criteria.	^ The terms 'conscious' and 'unconscious' as well as the terms 'in awareness' and 'out of awareness' are offered throughout the framework to be as inclusive as possible. (appears in box under 4.13. and under 3.15.a.).	General comments felt positive around this area. Action: Use numbering when final document produced for footnotes and consider whether footnotes should be in just the one place or at the bottom of each section. To be confirmed when proofing completed June 2020.
1.5. and the word 'environment' next to 'framework'.	1.5. Ability to provide and maintain a secure framework for clients or patients, in terms of meeting arrangements and the therapy setting.	This was addressed as part of reviewing the language of the framework in light of COVID-19.
Use of terms 'conscious' and 'unconscious' and 'in' and 'out of awareness' still implies progression based on modality when it is more about range and depth of knowledge. Some suggested rewording of criteria that use this terminology. (3.6.a., 3.12.b., 4.3.a., 4.7.b.)	3.6.a. Ability to work with issues of power and authority experienced in the 'unconscious' and 'out of awareness' ^ processes of the client or patient as part of the therapeutic process.	Overall feedback on use of terms 'conscious' or 'unconscious' and 'in' or 'out of awareness' has been positive. Action: change 'and' to 'or' in criterion 3.6.a. for clarity. Completed 21/4/20.
3.8. suggestion to remove 'and' between nature and process.	3.8. Ability to ensure an understanding of the purpose, nature and process of therapy and the therapeutic relationship, is shared.	Removing the 'and' changes things… It is 'understanding the purpose, nature and process of therapy' … and 'understanding of therapeutic relationship'… removing the 'and' leaves the purpose and nature

		dangling rather than connected to 'process of therapy'. Suggest rewording: 'Ability to agree a shared understanding of the purpose, nature and process of therapy and the therapeutic relationship with the client or patient'. Completed 21/4/20.
A7. Suggestion that 'ethical understanding' in criterion 3.12.b. should also be in columns A and B. Expectation of what this entails may change with role? I recommend including 'ethical understanding' in A.	3.12.b. Ability to work therapeutically with ruptures or difficulties within the therapeutic relationship using ethical understanding, critical awareness of and skills associated with 'unconscious' or 'out of awareness'^ processing.	Ethics covered in 1.6. and 1.7. as part of Theme 1 and not necessary to re-emphasise 'ethics'. This addresses the issue. Action: remove 'ethical understanding' from competence wording of 3.12.b. Completed 21/4/20.
Suggestion that ethics criteria should be re-ordered for clarity.	1.6. Ability to address and respond to ethical dilemmas and recognise when to consult with supervisor and (or) other appropriate professionals. 1.7. Ability to evaluate own work within an ethical framework and apply the framework to resolve conflicts and ethical dilemmas.	Action: switch 1.6. and 1.7. but keep separate. Completed 21/4/20.
During the review of the small group feedback, and considering the current situation with COVID-19, the TG felt it would be appropriate to revisit the framework and ensure that it is relevant and translatable to the new ways of working.	Identified competences: 1.5. Ability to provide and maintain a secure framework for clients or patients, in terms of meeting arrangements and physical settings.	Suggest: 1.5. Ability to provide and maintain a secure framework for clients or patients, in terms of meeting arrangements and the therapy setting [removing 'physical'].

	2.7. Ability to make risk assessments regarding clients' or patients' and (or) others' safety, and comply with safeguarding guidance, appropriate to the practice setting.	2.7. Ability to make risk assessments regarding clients' or patients' and (or) others' safety, and comply with safeguarding guidance, appropriate to the therapy setting [more inclusive]. Action: TG agreed revised wording via email 20/5/20 and 21/5/20.

We received additional feedback from the small group of critical readers which did not fall within the guideline of the questions asked and did not result in changes to the framework. We have therefore not included this feedback.