



**QAA**

# **Subject benchmark statement**

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**Counselling and psychotherapy**

**2013**

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## Preface

Subject benchmark statements provide a means for the academic community to describe the nature and characteristics of programmes in a specific subject or subject area. They also represent general expectations about standards for the award of qualifications at a given level in terms of the attributes and capabilities that those possessing qualifications should have demonstrated. Subject benchmark statements form part of the UK Quality Code for Higher Education.<sup>1</sup>

This subject benchmark statement refers to **bachelor's degrees with honours<sup>2</sup> and master's degrees in counselling and psychotherapy<sup>3</sup>**.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference for higher education providers when new programmes are being designed and developed in a subject area. They provide general guidance for articulating the learning outcomes associated with the programme, but are not specifications of a detailed curriculum in the subject.

Subject benchmark statements also provide support to higher education providers in pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements allow for flexibility and innovation in programme design and can stimulate academic discussion and debate upon the content of new and existing programmes within an agreed overall framework.

Subject benchmark statements may also be of interest to prospective students and employers seeking information about the nature and standards of awards in a given subject or subject area.

The relationship between the standards set out in individual subject benchmark statements and the requirements of professional, statutory or regulatory bodies will be a matter for individual higher education providers to consider in detail.

This subject benchmark statement was produced by a group of subject specialists drawn from and acting on behalf of the subject community. The process was overseen by the Quality Assurance Agency for Higher Education (QAA). This subject benchmark statement will be revised no later than five years from its publication date, to reflect developments in the subject area and the experiences of higher education providers and others who have been working with it. The review process will be overseen by QAA in collaboration with the subject community.

QAA publishes and distributes this subject benchmark statement and other subject benchmark statements developed by similar subject-specific groups.

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<sup>1</sup> Further information about the UK Quality Code for Higher Education is available from [www.qaa.ac.uk/qualitycode](http://www.qaa.ac.uk/qualitycode).

<sup>2</sup> Level 6 in *The framework for higher education qualifications in England, Wales and Northern Ireland* (2008) and level 10 in the *Scottish Credit and Qualifications Framework* (2001).

<sup>3</sup> Level 7 in *The framework for higher education qualifications in England, Wales and Northern Ireland* (2008) and level 11 in the *Scottish Credit and Qualifications Framework* (2001).

The *Equality Act 2010* brings together and extends previous equality legislation for England, Scotland and Wales.<sup>4</sup> The legislation introduced protected characteristics for which discrimination is unlawful and covers employment, education, the provision of goods, facilities and services, the management of premises and the exercise of public functions.

The public sector Equality Duty, which came into force on 5 April 2011, requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity, and foster good relations between different people when carrying out their activities.<sup>5</sup>

Higher education providers are responsible for ensuring they meet any legal requirements. Further information and guidance on the implementation of the Equality Act is available from the Equality Challenge Unit<sup>6</sup> and the Equality and Human Rights Commission.<sup>7</sup>

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<sup>4</sup> Separate anti-discrimination law applies in Northern Ireland. Further information is available from [www.ecu.ac.uk/publications/anti-discrimination-law-in-northern-ireland](http://www.ecu.ac.uk/publications/anti-discrimination-law-in-northern-ireland).

<sup>5</sup> <http://homeoffice.gov.uk/equalities/equality-act/equality-duty>.

<sup>6</sup> Equality Challenge Unit: [www.ecu.ac.uk](http://www.ecu.ac.uk); see particularly [www.ecu.ac.uk/law/equality-act](http://www.ecu.ac.uk/law/equality-act).

<sup>7</sup> Equality and Human Rights Commission: [www.equalityhumanrights.com](http://www.equalityhumanrights.com).

# 1 Introduction

1.1 This subject benchmark statement has been prepared to assist higher education providers in the design, development and delivery of courses in counselling and/or psychotherapy. It focuses on programmes leading to bachelor's degree with honours and master's degree qualifications.

1.2 Counsellor and psychotherapist education may be accessed via universities, institutes of further and higher education, and independent providers. Qualifications which equip students with the knowledge, skills and experience to practice in therapeutic settings include specialist undergraduate degrees, postgraduate diplomas, taught master's awards, and doctorates (including professional doctorates). Graduates may choose to acquire professional recognition or accreditation from one of the professional associations in counselling/psychotherapy in order to be registered. Some professional associations recognise or validate particular programmes of study; others invite individuals to apply for accreditation or registration when they have completed a period of clinical practice under supervision, sometimes in conjunction with additional documentation and/or assignments to be assessed. The curriculum that evolves from the benchmarks described here will in most cases be the minimum required by professional bodies before registration or accreditation is granted.

1.3 Counselling and psychotherapy courses have been offered in higher education providers for at least the past 40 years, at the same time as professional bodies have evolved, developing policies and procedures and requirements for professional training of therapists. Increasingly, degree-awarding bodies have validated qualifications delivered by private training providers and colleges. This subject benchmark statement has been written in part to capture the essence of good practice in the field of counselling and psychotherapy education, and in part to be aspirational about the benchmarks and standards that all should meet. Courses existed long before guidelines were put in place by professional bodies, and there are wide variations in provision and in the titles and levels of qualifications offered.

1.4 As those entering the counselling and/or psychotherapy fields require understanding of a complex body of knowledge, clinical skills, self-awareness, analytical techniques and problem-solving skills, and the ability to evaluate evidence, arguments and assumptions to reach sound independent judgements, it is likely that they will need to be qualified to at least the level of a bachelor's degree with honours (level 6 on *The framework for higher education qualifications in England, Wales and Northern Ireland*, Scottish higher education level honours on *The framework for qualifications of higher education institutions in Scotland*, or level 10 on the *Scottish Credit and Qualifications Framework*). Within this subject benchmark statement, specific reference is made to any additional expectations of provision at master's level (level 7 on *The framework for higher education qualifications in England, Wales and Northern Ireland*, or Scottish higher education level M/*Scottish Credit and Qualifications Framework* level 11).

## Definition of terms

- The terms 'counsellor/counselling' and 'psychotherapist/psychotherapy' are referred to alphabetically in the subject benchmark statement.

- The terms 'psychological therapist' and 'therapist' are employed as generic descriptors for counsellor or psychotherapist.
- The person receiving the therapeutic intervention is generally referred to as 'client'; otherwise as 'service user' or 'patient'.

## **2 Nature and scope of counselling and psychotherapy**

### **Philosophy**

2.1 Counsellors and psychotherapists offer a range of services that address the mental health and well-being of the general public in a variety of settings. Such psychotherapeutic practice is conducted with respect for human dignity and inclusivity within clearly defined boundaries (including confidentiality) and is guided by rigorous publicly stated ethical principles.

### **Purpose**

2.2 The terms counselling and psychotherapy describe the process through which individuals, couples, families or groups engage in a relationship with a therapist to identify their psychological distress, and work collaboratively to overcome their difficulties. Counsellors and psychotherapists draw on a body of knowledge and skills, including research evidence and their own personal and professional training experiences, and use their skills and knowledge in the service of the client.

### **Definition of counselling and psychotherapy**

2.3 Despite numerous attempts by organisations and individuals to distinguish between the knowledge base, skills, responsibilities and activities associated with counselling and psychotherapy, there is no reliable evidence that indicates any significant difference. It is clear that the descriptive title given to professional psychological therapists depends largely on the core theoretical model to which they adhere, the setting in which they practise, and to some extent on the training they have received. Both terms are used to describe the explicitly contracted therapeutic process through which personal concerns are described, explored and processed. The term counselling has its origins in the word counsel, meaning 'to advise', but in contemporary professional practice advice is not part of normal practice.

2.4 Professional bodies in this area have described the nature of counselling and psychotherapy in the following terms:

Counselling and psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over the short or long term to help them bring about effective change and enhance their well-being. Counselling and psychotherapy can be hugely beneficial for many people in a wide variety of situations including helping people to cope with depression and anxiety, bereavement, relationship difficulties, sexual and racial issues, child abuse and educational dilemmas, as well as personal problem solving. Therapy offers people a safe, confidential place to talk about life issues and problems that may be confusing, painful or uncomfortable.

(See [www.bacp.co.uk/admin/structure/files/pdf/7461\\_gtt\\_briefing.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/7461_gtt_briefing.pdf))

The United Kingdom Council for Psychotherapy defines psychotherapy as:

the provision by qualified practitioners of a formal and professional relationship within which patients/clients can profitably explore difficult, and often painful, emotions and experiences. These may include feelings of anxiety, depression, trauma, or perhaps the loss of meaning of one's life. It is a process which seeks to help the person gain an increased capacity for choice, through which the individual becomes more autonomous and self-determined. Psychotherapy may be provided for individuals or children, couples, families and groups. (United Kingdom Council for Psychotherapy, 2007)

## **Organisational context of counselling and psychotherapy work**

2.5 Counsellors and psychotherapists work in private practice and in a diverse range of organisations, which include National Health Service settings such as hospitals and General Practice surgeries, voluntary and private agencies, schools, colleges, universities, prisons, church and faith communities, as well as public and private organisations and companies. The role and function of these therapists depend on the setting in which the service is offered. Services may offer short or long-term therapeutic relationships, work with individuals, couples or families, and particular therapeutic models or approaches. Counsellors and psychotherapists may undertake post-qualification training to work with specific client groups or in a particular model. In all contexts, counsellors and psychotherapists provide a secure frame for the therapeutic work to take place, namely: an agreed contract, a discrete private place, a time-bounded session and operation with reference to a code of ethics.

2.6 Whether therapists are described as counsellors or psychotherapists will sometimes depend on the organisation in which they are employed. In the National Health Service there are both counsellors and psychotherapists; there are counsellors in Primary Care and Clinical Psychology departments and psychotherapists in specialist psychotherapy units. In educational settings such as primary, secondary, further and higher education, psychological therapists are usually described as counsellors. Similarly, in prisons counsellors work alongside psychologists. In industry, commerce and other organisations, Employee Assistance Programmes employ large numbers of counsellors to work, usually short-term, with their clients. Some counsellors and psychotherapists are service managers. Some are engaged in research, training or academic activities. There are some psychologists who specialise in psychotherapy. Counsellors and psychotherapists who work in private practice tend to describe themselves according to their qualifications.

## **Aims of counselling and psychotherapy**

2.7 Counsellors and psychotherapists work towards the relief of psychological suffering and to support clients in developing their self-awareness, self-worth and self-confidence in order to manage their lives more effectively.

2.8 Counsellors and psychotherapists strive to develop their own skills, knowledge and competence in order to provide the most effective service to their clients, while also maintaining their own well-being. They also engage with the psychotherapeutic community through supervision, continuing professional development and research in



order to monitor their own practice and contribute towards a growing knowledge base. When working in an organisational context, counsellors and psychotherapists contribute towards identifying and challenging organisational-level practices and policies that impede psychological well-being.

### **3 Subject knowledge and understanding**

3.1 Bachelor's degrees with honours ensure that graduates have a broad range of knowledge related to:

- philosophy
- human growth and development
- psychological theories
- ethics and the law
- psychopathology
- the functioning of groups and organisations.

#### **Theoretical diversity**

3.2 The practice of counselling and psychotherapy is underpinned by a body of knowledge which is complex and diverse. Much of this knowledge is common to all therapeutic orientations (for example that relating to philosophy and ethics, research evidence, theories of human development and growth, and learning theory). In addition, different therapeutic orientations are rooted in their own discrete body of knowledge, while including a core set of therapeutic skills, competencies and interventions.

3.3 Practitioners have an understanding of a range of therapeutic approaches, the theory that informs them, and the evidence base relating to their effectiveness, in order to help clients make appropriate choices according to their needs. A typical programme of study will offer in-depth training in at least one clearly defined and consistent model or framework for counselling and/or psychotherapy. This subject benchmark statement has been written to be applicable for courses rooted in any theoretical modality. Wherever possible, generic words have been used that are applicable to any theoretical model.

### **4 Skills**

#### **Subject-specific skills**

4.1 Bachelor's degrees with honours ensure that graduates have a broad range of core skills or competences, including:

- relationship building
- communication
- assessment
- formulation
- psychotherapeutic strategies and interventions

- reflective practice
- monitoring, evaluation and research.

## **Relationship building**

4.2 Forming and sustaining an intimate, boundaried relationship is essential for therapeutic practice. The therapeutic relationship is the vehicle through which the client is helped to reveal aspects of themselves that may never have been voiced in any other setting. Such revelations may provoke shame, embarrassment, grief or other forms of distress that must be managed and respected by the therapist.

## **Communication**

4.3 Comprehensive communication skills are needed to maintain constructive and supportive relationships with colleagues, peers, service users and authorities. Communication skills are verbal, non-verbal and written.

## **Assessment**

4.4 Counsellors and psychotherapists assess each client to identify the nature of their difficulty and the suitability of the therapist or the setting to work with that person, couple, family or group. The priority is to ensure that appropriate help is identified that concurs with relevant evidence. When necessary, appropriate referrals are made to other services. Assessment may include the use of questionnaires that in turn refer to nationally determined benchmarks that indicate severity in relation to a normal population. Assessment may involve the collection of a broad range of information about the client, which may include family history, medical history and details of other treatment provided. It is likely to involve one or more interviews with the client. Assessment of risk to self or others is a crucial aspect of the process and procedures should be available to manage clients who are deemed to be at risk. Assessment is viewed differently by the various therapeutic orientations and may be understood as a one-off interview or as part of an ongoing process that is integral to the therapy provided.

## **Formulation**

4.5 Formulation is the outcome of the assessment process and the integration of the knowledge and understanding derived from it. It provides a comprehensive framework for conceptualising the client's presentation, and a therapeutic strategy for working through the issues presented. The formulation process will be interpreted and described differently depending on the therapeutic orientation of the therapist, and different words may be used to describe the process. The process of formulation encompasses all the skills and knowledge that a therapist has acquired; such skills include relationship building, assessment, analysis and synthesis of information, and decision making. In some circumstances the client will take a leading role in the development of a formulation and therapeutic strategy.

## **Psychotherapeutic strategies and interventions**

4.6 Psychotherapeutic strategies and interventions follow from the formulations that are made. Each theoretical orientation has a prescribed set of interactive skills

and strategies that the therapist uses to promote psychological change. Underpinned by a secure frame or setting for the therapeutic work, most interventions will involve advanced communication skills used by the therapist to ensure that clients are heard, accepted and understood. Some strategies or interventions may require the client to use self-help books, do homework or practice communication outside the therapy sessions. In exceptional circumstances, the therapist may make a representation to an organisation on the client's behalf.

### **Reflective practice**

4.7 Counsellors and psychotherapists are reflective practitioners; they seek to maintain a high level of self-awareness. Therapeutic work will usually be observed regularly by an experienced and qualified therapist in the role of supervisor. Counsellors and psychotherapists are open to feedback from the client, colleagues or supervisors, and reflect on what they hear. Reflective practice also encompasses an ability and willingness to reflect on issues to do with diversity and inequality and the therapist's own position regarding ethnicity, sexual orientation, disability, class and gender. They are able to reflect on any aspect of their clinical work even when it causes distress or discomfort. They are open to learning from events in practice and to engaging in appropriate continuing professional development. One aspect of this process is fulfilled by full engagement with regular supervision or consultation to ensure that the work is subject to external scrutiny. Another is to seek specialist training to work with particular client groups such as children and young people.

### **Monitoring, evaluation and research**

4.8 All counsellors and psychotherapists need research skills that enable them to read and interpret research evidence related to practice. They also need to monitor and evaluate both individual practice and the work of a service or team. Routine outcome monitoring will involve the use of appropriate instruments that are subject to regular audit. Counsellors and psychotherapists may also engage in formal research in order to contribute to the developing knowledge and evidence base for their profession.

### **Additional transferable skills**

4.9 Graduates in counselling and psychotherapy will typically develop the following generic, transferable skills:

- the capacity to work on their own initiative and in cooperation with others
- the ability to make decisions in complex situations, and sometimes with incomplete information
- the capacity to understand and critically evaluate research
- the ability to communicate effectively both orally and in writing - to include skills such as the ability to articulate principal concepts and arguments, to give and receive feedback, and to include self-reflection in written communications where appropriate
- the ability to work in small groups, with some understanding of the dynamics of such groups

- the ability to form good, supportive, challenging and trusting relationships with others in which sensitive personal material can be considered
- the capacity to tolerate the process of challenge, self-reflection and change
- the use of IT skills, a capacity to use word processing facilities and a capacity to access library information
- the ability to use virtual learning environments
- the ability to identify appropriate sources of information and to extract relevant information to suit specific contexts
- the capacity to acquire new knowledge and skills.

4.10 Where training is undertaken at master's level, the following transferable skills will also apply:

- research skills
- a comprehensive understanding of analytical techniques applicable to their own research
- the ability to evaluate and critique research methodologies.

## **5 Teaching, learning and assessment**

5.1 Programmes of study in counselling and psychotherapy prepare candidates to be self-reflective, ethical practitioners committed to career-long professional development and to the maintenance of professional standards. All programmes of study covered by the scope of this subject benchmark statement will offer an integrated curriculum of academic theory, skills development and practitioner experience, including clinical placements. Detailed decisions about teaching, learning and assessment strategies are the preserve of individual providers.

### **Teaching and learning in counselling and psychotherapy**

5.2 Typically, programmes of study will provide a curriculum in which theory, personal and professional development, and competency acquisition complement and enrich each other and the overall experience of the student. Teaching and assessment are located with the higher education provider but will also draw on placement agencies and approved supervisors. Selection criteria and procedures are clearly specified and available to potential applicants.

5.3 Programmes are delivered and managed by appropriately qualified staff with experience of recent or current therapeutic work with clients. Programmes of study provide a balanced set of developmental activities throughout the training period. The skills element will be delivered by the higher education provider and will be practiced, monitored and improved in the placement setting, so as to achieve the required competencies in respect of client work with the target population.

5.4 The core components of training in counselling and psychotherapy are: seminars and theoretical input; clinical work; supervision of clinical work; and self awareness and personal development through personal therapy, experiential groups or an activity deemed to be equivalent. Learning and teaching activities may include

experiential exercises - including student-focused activities encouraging active participation, modelling of client work interactions, and group practice experience - as well as seminars and study group projects, lectures and the use of electronic systems for accessing data, literature, resources and contacts.

5.5 The nature of research skills which are taught and assessed will vary with the type and level of the award. As a minimum, graduates require sufficient research awareness to enable them to access continuing professional development opportunities and to evaluate research relevant to their area of activity. They should have an awareness of both quantitative and qualitative research methods and data relevant to the practice of counselling and psychotherapy. It is usual for students to undertake at least a small-scale study based on either primary or secondary enquiry.

5.6 Higher education programmes typically provide in-depth experience of one or more recognised therapeutic modalities. Where the course is integrative, the higher education provider should be able to define the components which resource the approach and to demonstrate their coherence. There are many ways in which different established models of therapy can be taught. Creating a model that integrates diverse philosophies coherently is a complex process that needs to be accessible to students at least through a substantial text. In addition, it is essential that students develop an awareness of and a respect for other approaches to counselling/psychotherapy, as well as towards other recognised styles of mental health intervention.

5.7 It is acknowledged that the variety of psychotherapeutic modalities makes different demands on students and teachers/practitioners, for example in the area of experiential personal development or of structured acquisition of learning in manualised procedures. Higher education providers will modify the style, emphasis and composition of the training experience in accordance with the specific needs of the modality and with reference to the requirements of the relevant professional body. This may involve programmes requiring trainees to have their own personal therapy.

5.8 All programmes will make provision for the personal development of students, which may include personal therapy, but may also involve other relevant activities deemed to be appropriate to the programme of study. There is a long tradition of personal growth in some modalities, with personal therapy being an integral part of psychoanalytic training and also found in other modalities that are derived from psychoanalysis. Other modalities recognise the importance of personal development in training to differing extents, and engage a variety of strategies for promoting such development (for example through group work, learning journals, routine and residential experiential work). Some modalities consider the self-awareness in therapy training in a way that is more related to self-reflection and self-practice. Hence, the subject benchmark statement is not prescriptive about personal therapy or the form and content of the self-awareness work, while recognising the importance of such work in many modalities.

5.9 Higher education providers make opportunities available to students to understand how the personal development and emotional competency of the counsellor/psychotherapist affects the therapeutic relationship and process. Programmes of study encourage trainees to assess the social, cultural and family values that influence their own development, while being aware of their prejudices and biases.

5.10 Higher education providers need to support students in accessing placements appropriate to their interests and stage of development, and to liaise as needed with placement providers. They should also have a role in monitoring and auditing placements. Placements should offer opportunities for the student to practice in a manner congruent with the course philosophy. Where a programme is accredited by a professional body, there will be requirements on the number of placement hours to be completed. Successful completion of placements is likely to be an integral part of the assessment portfolio. On placements, reference should be made to *Chapter B3: Learning and teaching* and *Chapter B10: Management of collaborative arrangements* of the UK Quality Code for Higher Education.

5.11 Students will have access to regular supervision for their clinical placement, in course-based, independent, group or individual settings, or a combination of these. Access to appropriately qualified and experienced supervisors is likely to be made available through higher education providers, who will also approve the supervisors and decide how they will contribute to evaluating student progress. Where a programme is accredited by a professional body, there will be requirements on the level of supervision to be provided.

5.12 Many psychotherapy courses require students to undertake a psychiatric observation/placement through which students can become more familiar with the treatment of mental health problems in a hospital setting. Such experience undoubtedly provides an excellent learning environment that will enhance understanding of the work of a wider range of mental health professionals and approaches to treatment. However, the subject benchmark statement does not include such a requirement, although it may be advantageous when local resources are available.

5.13 Some psychotherapy courses require students to undertake the observation of an infant and its caregiver, usually for an hour a week over the period of a year. Again, this may provide a valuable learning experience but it is not included in the subject benchmark statement as it is not currently a requirement for most courses and the centrality of this learning is limited to certain theoretical orientations.

5.14 The guidelines of some professional associations specify minimum staff-student ratios for some aspects of counselling and psychotherapy training. The very nature of the training, which involves self-disclosure and exposure to sensitive and distressing material, lends itself to small class sizes in which there is room for everyone to have a voice. Experiential work needs close containment. Students undertaking therapeutic work (real or in role-play) need to be observed and given detailed feedback. Only small groups can make that possible. A ratio of not more than 1:12 for aspects of training which involve small groups is set as a guideline for good practice.

5.15 Programmes are designed to ensure an appropriate balance between different aspects of learning.

## **Assessment**

5.16 Assessment will address both theory and competence, and evaluate knowledge and competencies in relation to the learning outcomes for the programme. Where courses are approved by professional bodies, considerable weight will need to be given to practitioner competence, and in these circumstances a satisfactory level of

achievement will be a prerequisite to the conferment of the award. The implication is that the candidate is ready to engage in clinical practice immediately after the qualification is awarded. Methods of assessment reflect the independent learning and teaching methods employed and ensure that the student's work is evaluated from a variety of perspectives.

## **6 Benchmark standards**

6.1 The following benchmark standards are set at the threshold level for graduates at level 6 in *The framework for higher education qualifications in England, Wales and Northern Ireland* or Scottish higher education level honours in *The framework for qualifications of higher education institutions in Scotland*, and represent the minimum expectations in terms of knowledge, skills and abilities required for work as a counsellor or psychotherapist. Therefore, all students should be competent in all aspects of the standard before completion of their qualification. The training provider will make an assessment on whether these areas have been suitably evidenced by the trainee.

6.2 The threshold benchmark standards of achievement which will be reached by those gaining a postgraduate/master's level qualification, in addition to those for bachelor's degree level, are listed separately.

### **Professional profile of counsellors and psychotherapists**

#### **Professional autonomy and accountability**

- 6.3 The award holder will have the relevant professional knowledge and skill to:
- maintain the ethical principles that underpin counselling and psychotherapy
  - integrate into practice legal, professional and organisational requirements pertaining to equal opportunities, diversity and anti-discrimination
  - recognise the social and cultural context of their practice
  - recognise potential limitations of their preferred theoretical model or models in work with specific clients
  - ensure a consistent commitment to continuing professional and personal development, including self-awareness and fitness to practice
  - recognise their own professional strengths and limitations that may affect therapeutic practice, and develop appropriate self-support and self-care strategies
  - recognise the need for, and engage with, their own personal support and/or therapy as appropriate
  - recognise and cope with uncertainty, responding therapeutically while maintaining firm boundaries
  - recognise responsibilities to the client, employers, the counselling and psychotherapy professions and to society at large.

## **Professional relationships**

6.4 The award holder will have the relevant professional knowledge and skill to:

- recognise and respect inter-professional and multi-agency approaches to mental health
- recognise their own professional limitations, making referrals where appropriate
- respect the role of supervision as an essential aspect of clinical practice
- analyse ethical dilemmas and work with others as necessary, to formulate appropriate responses
- take account of diversity issues and the rights and responsibilities of all clients, regardless of their gender, age, ethnicity, national or ethnic origin, culture, class, ability, sexual orientation, religion and beliefs
- respond appropriately to the effect of their own values, beliefs, attitudes and behaviours when working as a counsellor/psychotherapist
- work with managers and clients in the delivery, monitoring and evaluation of services
- build and sustain professional relationships and work collaboratively, as appropriate to the work context
- critically appraise a range of theoretical approaches to practice
- make use of supervision to develop their understanding about clinical work and to enhance and protect their well being.

## **Maintaining a framework for practice**

6.5 The award holder will have the relevant professional knowledge and skill to:

- establish and maintain a secure frame for therapeutic work
- maintain clear professional boundaries in all relationships with clients
- summarise the client's difficulties, as perceived by the therapist, and articulate the ways in which counselling/psychotherapy can address them
- implement an appropriate strategy for assessing potential clients using appropriate consultation where necessary, which may include risk assessment
- make informed decisions about referral to appropriate agencies
- negotiate an appropriate therapeutic contract using all available information
- recognise the implicit power imbalance in the counselling/psychotherapy relationship
- utilise research evidence or organisational guidance to ensure an appropriate therapeutic response for specific clients
- openly and freely discuss sexual matters when appropriate, whatever the client's sexual orientation or the nature of the client's problem
- be aware of psychopharmacological interventions commonly used in the treatment of mental health problems and be sensitive to the impact that prescribed medication may have on the therapeutic relationship and process of counselling/psychotherapy



- recognise signs and symptoms associated with mental distress and regularly update knowledge about mental health and well-being
- recognise and make appropriate decisions in response to ethical dilemmas and legal responsibilities when assessing potential risk to the client or others
- recognise the potential for physical signs and symptoms to accompany, mimic or be indicative of severe forms of psychological distress and respond appropriately
- apply consistently a comprehensive, in-depth and research-informed body of knowledge in their practice
- recognise that specific knowledge and skills are required to work with particular client groups, for example children and young people.

### **The therapeutic process**

6.6 The award holder will have the relevant professional knowledge and skill to:

- demonstrate familiarity with a model of assessment compatible with their core theoretical model in order to determine the client's therapeutic needs, while maintaining an awareness of other assessment strategies
- determine whether the type of counselling and psychotherapy that can be offered is suitable for particular clients
- assess the components which underpin therapeutic alliances, which may include client motivation, commitment to the therapeutic process and contractual arrangements
- be able to communicate the scope and limits of confidentiality clearly and ethically to clients
- set and maintain appropriate professional boundaries
- establish and sustain a therapeutic alliance
- understand and manage the impact of diversity and difference on the therapeutic relationship
- use research literature on the impact of the therapeutic alliance to enhance relationships with clients
- recognise ways in which the relationship is conceptualised in a range of different theoretical models
- recognise and manage difficulties and ruptures in the therapeutic alliance
- recognise and manage distortions in the client's perception of the therapist and of their experience of therapy
- draw on a range of therapeutic responses, strategies and interventions to inform practice
- manage problematic situations, including violation of the therapeutic contract
- adapt responses and strategies to open-ended or time-limited contracts
- apply appropriate strategies and interventions in work with specific client populations and client issues

- work with the constraints of the therapeutic contract
- recognise the importance of preparing clients for endings
- be able to comply with professional requirements for record-keeping
- manage contact with external agencies and professionals, as appropriate to the interest of the client
- regularly review client progress.

### **The social, professional and organisational context for therapy**

6.7 The award holder will have the relevant professional knowledge and skill to:

- identify some of the philosophical assumptions underpinning the practice of counselling and psychotherapy
- appraise the interrelatedness of truth claims, belief and ideology, and their influence on professional practice
- interpret and apply relevant policies and codes of the employing organisation, including equal opportunities statements, disability statements and widening participation strategies
- appraise the range of psychological services and interventions available to clients
- recognise the potential importance of diversity in the therapeutic relationship
- reflect on the role and function of counselling and psychotherapy in society
- recognise ways in which government policies and recommendations such as those in the National Institute for Health and Clinical Excellence (N.I.C.E.) guidelines may impact on mental health service provision and client well-being
- recognise that power relationships and dynamics within groups and organisations have the potential to impact on therapy
- critically appraise published research on counselling and psychotherapy and integrate relevant research findings into practice
- implement methodologies to audit and evaluate the process and outcome of therapy
- be familiar with the legal and ethical framework in which the therapy takes place
- deliver the counselling/psychotherapy services with due regard to the practice setting.

### **Benchmark standard for master's degrees**

6.8 The following additional statements describe the threshold level of competence for holders of a master's degree in counselling and/or psychotherapy.

- Knowledge base extends to a systematic understanding and critical awareness of topics which are informed by the forefront of the discipline of counselling/psychotherapy.
- Show a critical awareness of the history of ideas, the cultural context, and social and political theories that inform and influence the practice of counselling and psychotherapy.

- An appropriate methodology can be identified for dealing with complex problems or those of an unfamiliar or unpredictable nature.
- Critical discussion and analysis of complex concepts and work is carried out independently and with some originality.
- Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings in the discipline.

## **Appendix: Membership of subject benchmarking group for counselling and psychotherapy**

Professor Sue Wheeler (Chair)	University of Leicester
Dr Alan Dunnett	University of York St John
Dr Alistair Ross	University of Oxford
Dr Dennis Greenwood	University of Brighton
Dr Philippa Whittick	UKCP Vice-Chair
Dr Sally Aldridge (alternate with Rebecca Grace)	BACP
Dr Sheila Spong	University of Wales, Newport
Jan Grove	Newman University College
Jean McMinn	Queens University Belfast
Pam Howard	UPCA and University of Brighton
Peter Pearce	Metanoia Institute
Rebecca Grace (alternate with Sally Aldridge)	BACP
Seamus Prior	University of Edinburgh
Sebastian Randall	Colchester Institute
Dr Cathy Kerfoot	QAA
Dr Laura Bellingham	QAA

### **Administrative support**

Suzanne Foy (PA to Laura Bellingham and Cathy Kerfoot)

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