



SCoPEd: AN OPEN LETTER TO BACP by the NATIONAL COUNSELLING SOCIETY

## 1. Introduction

Dear BACP;

Our Society has already publically made its views known that any attempt to set new standards for the profession should be done inclusively, involving at the outset not only all Accredited Registers, but also all other major stakeholders, trainers, and individual practitioners, from the beginning, in public, and be subject to democratic voting procedures. These views have received widespread support.

We continue to express our regret that your SCoPEd project was conducted in secret and to the exclusion of the above, and only released for comment after the fact. We reiterate our position that the outcome of SCoPEd will be to set intra-organisational standards for BACP, rather than for the profession of counselling per se.

We are sure you are already aware of widespread opposition from Counsellors Together UK (whose petition alone at the time of writing has over 1600 signatures), The Alliance for Counselling and Psychotherapy, the Psychotherapists and Counsellors' Union, the PCSR, training organisations, awarding bodies, university counselling faculties and many individual counsellors.

We do not propose to reiterate in detail the many important points made by these other stakeholders. A selection can be found here:

<https://allianceblogs.wordpress.com/>

<http://www.pcsr.org.uk/pcsr-statement-in-response-to-scoped/>

<https://www.change.org/p/british-association-for-counselling-and-psychotherapy-we-are-asking-bacp-to-scrap-the-scoped-project>

<https://ukcounsellors.co.uk/news/>

We do wish to state that SCoPEd, setting out as it does a three tier profession (“Qualified Counsellor”, “Advanced Qualified Counsellor” and “Psychotherapist”) appears to us to be largely unrecognisable as a representation of the actual practice of counsellors. It defines the competences allegedly pertaining to “Qualified Counsellors” in particular as so narrow and restricted as to raise the question as to whether the BACP doubts there is any meaningful,

autonomous and respected place for this lowest tier in the profession at all, other than as unpaid volunteers working towards “advanced” status – a status which many may not be able to afford.

We are fully aware that these tiers are competency entry points which will not necessarily be reflected in practitioner titles (albeit that clearly “psychotherapist” is both an entry point and a title.) We have significant questions about just how you evidenced SCoPEd in the light of your previous evidence-based work. Please see below.

## **2. BACP mounted a fierce, evidence-based opposition to defining counselling and psychotherapy differently in 2009 in the strongest possible terms.**

In 2009, BACP made an official, public statement regarding then then regulatory attempt to differentiate counselling and psychotherapy. In brief, your official, evidence-based position was:

- *A regulatory committee run by a psychotherapist privileged psychotherapy over counselling*
- *87% of your members opposed it*
- *The proposals needed the support of the majority*
- *They were out of step with research you yourselves had conducted*
- *They were against all the evidence*
- *Training had developed and made no such distinctions*
- *Making the distinction was uninformed, unacceptable and lacked common sense*
- *Making the distinction and medicalising psychotherapy was a risk to public health*
- *Titles have no bearing on the skills or competencies of the practitioner*
- *Privileging psychotherapy privileges London and the South East*
- *The distinction is artificial and doesn't exist in the workplace*
- *The distinction stigmatises the mentally ill*
- *The distinction would be a huge retrograde step, harking back to previous eras.*

Yet in 2019 all of your own strong evidence-based objections to a project like SCoPEd no longer appear to carry any weight. Let's examine what you said in depth.

## **3. BACP's Official Statement to the Health & Care Professions Council (HCPC) in 2009.**

In 2009 the then Labour Government was considering regulating counselling and psychotherapy through the then Health Professions Council (HPC) – now the Health and Care Professions Council (HCPC.) On 13<sup>th</sup> October 2009, Dr Sally Aldridge, BACP Director of Regulatory Policy, submitted **your official policy statement** on the HCPC's proposals to *regulate our profession by dividing and distinguishing between counselling and psychotherapy.* (For information we reproduce this letter in full on our website.)

You asserted in this statement that **“BACP takes an evidence-based position that there is no difference between counselling and psychotherapy. This is based on research undertaken by BACP’s independent research committee, which comprises international scholars of counselling and psychotherapy, from psychiatry, psychology and counselling and psychotherapy professions”**

We find it remarkable that the SCoPEd Expert Reference Group, which you say consists of academic experts in the field of counselling and psychotherapy, and has an independent chair and an independent Information Analyst, has reached such dramatically different conclusions after a few years. Does this not raise questions about the integrity of the entire SCoPEd project? Our members and colleagues are understandably asking what has changed?

Your position in 2009 was as follows, quoted verbatim:

1. “It is difficult to refute the charge that the Chair of the PLG as a registered Art Psychotherapist and UKCP registrant, **has an interest in an outcome that privileges psychotherapists**. There appears to be an underlying assumption of hierarchy in the HPC”.
2. **“87% of members who responded opposed** the proposed differentiation between counsellors and psychotherapists.”
3. “It is self-evident that the **proposals should have the support of the majority** of this population if regulation is to be effective and inclusive.”
4. “The proposal to differentiate between counselling and psychotherapy is **out of step with research** and other developments in the field of the psychological therapies for example New Ways of Working and IAPT. The work undertaken by Skills for Health to develop **National Occupational Standards for the Psychological Therapies does not differentiate** between counselling and psychotherapy”
5. “There are **an increasing number of training courses** that title themselves ‘counselling and psychotherapy’ for example, Bridgewater College - Advanced Diploma in counselling and psychotherapy, Liverpool John Moore’s University - MA in counselling and psychotherapy and Chrysalis - Diploma in counselling and psychotherapy”.
6. “BACP is strongly of the opinion that to separate two professions on the basis of five uninformed, non-evidence based standards is **unacceptable and flies in the face of common sense**. “
7. “There are 52 Standards of Proficiency for counsellors and psychotherapists of which 49 are common to both counsellors and psychotherapists with only three different standards for psychotherapists and two different standards for counsellors.”
8. *Psychotherapists should not diagnose*: “BACP is concerned that the proposed Standards of Proficiency for psychotherapists only, would **place members of the public at risk** by indicating a level of competence that is currently not required or delivered in training. A role previously restricted to medical practitioners and now restricted to experienced members of five professions. **It would clearly be inappropriate for someone who is not qualified to diagnose to undertake any diagnosing.**”
9. *Stigmatizes mental illness*: “There is evidence from our members that many who work as psychotherapists eschew the medical model and adopt the approach implicit in the proposed two SoPs for counsellors. This is a principled approach attempting to move away from the stigmatising of mental illness, not a matter of higher or lower levels of training or competence.

**If one philosophical stance is given higher status than another, it could set back developments in the field of mental health** seen as desirable by user organisations. Several members commented that there seemed to be an implicit assumption that most psychotherapists worked in mental health and within a medical model."

10. *No evidence base*: "BACP is concerned with the dismissal of evidence in the PLG that many psychotherapists are not trained to meet the separate proposed Standards of Proficiency for psychotherapists. **The current situation is that standards of training are so variable that existing titles are no reliable guide to the skills and competence of the practitioner.**"
11. *Reduces career opportunities*: "there is currently a geographical divide, for example, there are **few if any psychotherapy courses in Northern Ireland and very few outside of London**"
12. *Artificial Distinction*: "In summary, the proposals aim to create **a division in the therapeutic field that does not exist in the workplace**. BACP acknowledges that the current situation is far from ideal, with highly variable standards in training and practice and applauds the principle of public protection. However, the current proposals do not reflect or improve upon the workplace provision of therapeutic services as it exists, but **try to create an artificial distinction between counselling and psychotherapy.**"
13. *HCPC only saw 2-3 differentiators in psychotherapy*: "BACP believes it unlikely that there would be an operational need to create two distinct roles with different titles. As evidence for this – at the risk of repetition – **there are 49 common SoPs and only 2 / 3 differentiators.**"
14. *The profession had already moved on by 2009*: "There have been many attempts in the past to differentiate between counselling and psychotherapy and **in a past world, where people were believed either to be mentally ill (in which case they were removed from the community or heavily medicated) or 'normal',** there might have been some need. However, the world that we are moving toward seeks to help people to function in the best way they can within our communities. **This is why the nature of counselling training courses has changed dramatically over the last 20 years - in response to the demands of the workplace**"
15. "Therefore it is BACP's contention that the proposals as they stand are a retrograde step, harking back to an era when the mentally ill were segregated and stigmatised."

Given your official position, in the light of SCoPEd we ask the following questions related to each point above be addressed in full:

1. In 2009 you criticised the Chair of the regulatory committee because, in being a psychotherapist, they had an interest in an outcome (differentiating counselling and psychotherapy) that privileged psychotherapists. SCoPEd appears to privilege psychotherapists, and the majority of its committee are psychotherapists. In 2009 you would have criticised this. **How do you account for this?**
2. In 2009 you used as evidence for opposing differentiating counselling and psychotherapy the fact that 87% of your members opposed it. **Will you publish an independently verified account of the percentage of your members that oppose SCoPEd and do you still think that this should be taken into account in defining your policies as it was in 2009?**
3. **Do you still confirm, as you did in 2009, that differentiating counselling and psychotherapy should command the support of the majority of the counselling profession?**
4. In 2009 you contended that differentiating was out of step with research, with IAPT and with the National Occupational Standards. **What new research outside of the SCoPEd project was available to you to challenge your views? Do you now contend in differentiating that the former research you cited, IAPT and Skills For Health NOS are now incorrect?**

5. In 2009 you evidenced an increasing number of training courses not making differentiation to contend that differentiation had ended. **What evidence do you have that this process declined since 2009 rather than increased as seems to be the case?**
6. In 2009 you said differentiation was unacceptable and flies in the face of common sense. **Why is it now acceptable, and is it now common sense?**
7. Can you explain whether the 52 HCPC standards of proficiency were taken into account in SCoPEd, and **why there are so many more differentiators in SCoPEd than the 2-3 points of differentiation in 2009?**
8. In 2009 you stated there was a risk to the public to let psychotherapists diagnose mental health disorders as it did not reflect their training. SCoPEd 2.1b and 2.4b seem to come very close to stating that psychotherapists are competent in this area. Later in the document you state “a significant number of...psychotherapists do not work within the paradigm of mental disorder.” **What has changed in psychotherapy training since 2009 so that SCoPEd can state that psychotherapists can work in this way?**
9. In 2009, you stated that mental illness would be stigmatised by differentiation and by setting higher and lower standards of competence. You stated that differentiation would set back developments in the field of mental health. **What new evidence did SCoPEd see which demonstrates that differentiation will not now stigmatise mental health or set it back as you previously claimed?**
10. In 2009 you stated there was no evidence for differentiation, and that titles are no guide to the competence of a practitioner. **What evidence is now available that titles are now a guide to practitioner competence?**
11. In 2009 you highlighted the damage to counselling careers by the unavailability of psychotherapy courses nationwide should differentiation occur. **What evidence is now available that psychotherapy training has spread to be accessible to all?**
12. In 2009, you stated that differentiation was an artificial distinction that did not exist in the workplace. **How in the last 10 years did this artificial distinction become a real one?**
13. In 2009, you highlighted that the HCPC had only identified 2-3 points of differentiation out of 52 competencies. **What evidence do you have that these points of differentiation have increased in the last 10 years, and why do you think they have increased?**
14. In 2009 you stated that the profession had already moved on over the previous 20 years as the mental health paradigm changed. **What evidence do you have that, whereas from 1989-2009 any differentiation between counselling and psychotherapy disappeared, but between 2009 and 2019 this process has been reversed? Also, does this mean as you seem to imply, returning to differentiation inevitably means returning to determining people as “mentally ill” or “normal”?**
15. Can you explain **why, since in 2009 you stated that differentiation would be retrograde step that stigmatized the mentally ill, differentiation in 2019 will be a forward step that benefits the mentally ill?**

We look forward to your detailed response.

#### **4. The National Counselling Society's position**

As a member-led organisation where we proudly state that “our members are our expertise”, the Society has launched a survey of our members regarding key policy areas affected by SCoPEd, and will be in the position to report back to the profession on our members' views by the end of February 2019. We will adopt our members' views as our policy framework.

The Society acknowledges that there is, of course, a role for defining skills and competencies that can assist and protect the public, clarify training and guide practitioners. The one real way in which the profession has moved on since 2009 is the Accredited Registers Programme. The Society feels that a great opportunity has been missed for an inclusive approach to creating common standards, within the existing regulatory framework, involving full participation of professional associations, stakeholders such as Counsellors Together, PCU, PCSR, etc; Awarding Bodies, trainers and above all, individual practitioners.

We believe that the time for wholesale policy change in our profession without prior consultation, conducted in private committees, should be a thing of the past. We believe there should be no barriers in place to individual members being able to affect positive change within their chosen professional associations.

The counselling and psychotherapy profession faces numerous challenges and pressures. We believe that inclusivity, openness and the wholesale recognition of the equality of professionals is the only thing that will ensure the survival of the profession. We believe a pluralistic approach respectful of diversity, variety and individual client choice is fundamentally important, whilst of course maintaining standards and public safety.

We will communicate our members' views shortly.