January 2022

SCoPEd Framework

A shared framework for the scope of practice and education for counselling and psychotherapy with adults

acc
Association of Christian Counsellors

bacp | counselling changes lives

BRITISH/ PSYCHOANALYTIC /COUNCIL

Human Givens Institute

THE NATIONAL COUNSELLING SOCIETY

UKCP
UK Council for Psychotherapy

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Our vision – better understood, valued and trusted

Our shared vision is for the profession of counselling and psychotherapy to be better understood, valued and trusted by clients, patients, employers, commissioners and society.

The SCoPEd framework will help us deliver this by transparently setting out the core training, practice and competence requirements for counsellors and psychotherapists working with adults.

This shared standards framework supports therapists by helping to distinguish those who have signed up to common standards, from the unqualified and unregistered therapists who offer services to clients and patients.
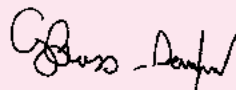
Thank you to everyone – our members and registrants, our Experts by Experience, external partners and staff – who have contributed to the development of this SCoPEd framework.

Kathy Spooner
CEO (ACC)

Hadyn Williams
CEO (BACP)

Greg Ross-Sampson
CEO (BPC)

Sue Gray
Executive Chair (HGI)

Jyles Robillard-Day
Interim CEO (NCS)

Sarah Niblock
CEO (UKCP)

Foreword

It is a privilege to be involved with the partners developing the SCoPEd framework. I see this coming together of professional bodies to agree a shared standards framework as a landmark in professional collaboration that will benefit counsellors, psychotherapists, our wider society and, above all, people seeking the services of a trained counsellor or psychotherapist.

Demand for professional mental health support has been increasing rapidly, and SCoPEd will help ensure that therapists will be in the best position to meet the needs of clients and patients. The framework reflects what different groups of therapists have in common, while respecting the importance of the varied traditions, approaches, roles and contexts in which counsellors and psychotherapists train and work.

There is an increase in demand from employers, commissioners and therapists for greater clarity and transparency about what counsellors and psychotherapists do, and the different types and lengths of training.

SCoPEd is delivering this. For the first time there is a clearer picture emerging of the wider counselling and psychotherapy profession, showing collaboration across professional bodies.

I believe that the SCoPEd framework, once implemented, and the continuing collaboration between the partners, will bring a positive impact on the profession that will increase opportunities for partner members and registrants, and ultimately lead to better protection for clients and patients.

Paul Buckley

Paul Buckley
Independent Chair
SCoPEd Oversight Committee

SCoPEd: advancing our profession

Our shared purpose is to:

"provide those seeking the services of counsellors and psychotherapists who have adopted the framework with clear information on core training, practice and competence requirements so that they may make informed choices."

The SCoPEd framework sets out:

- a shared understanding of the training and practice requirements associated with different entry and progression points for the profession, and

- the core competences required for safe and ethical practice for counsellors and psychotherapists working with adults

A historical lack of understanding of the profession has meant that counsellors and psychotherapists have missed out on opportunities to contribute to the mental health and wellbeing of those who need our help. This is ultimately a disservice to clients, service users and patients because evidence shows that counselling and psychotherapy can benefit people's lives

The SCoPEd framework reflects a commitment by the partners to work together to achieve the following shared strategic objectives:

- ensure that clients, service users and patients can make informed choices and have better access to high quality practitioners regardless of location or circumstance

- provide clear, accessible, jargon-free information on core training, practice and competence requirements for informed choice

- champion high quality practitioners to policymakers and service-providers

- provide vision and structure for professional development and progression

- create clarity for current and potential employers

- strengthen and enhance the benefits of the Professional Standards Authority accredited register programme

The counselling and psychotherapy professions are part of a much larger workforce of professionals who contribute to the mental health of us all. The SCoPEd framework is critical in being able to demonstrate the highly skilled work that all our members and registrants do and the contribution that they can make in this wider context.

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Key changes incorporated into the January 2022 framework

This version of the SCoPEd framework reflects the evidence and feedback we've received since the previous version was published in July 2020 and since the partnership group was expanded. It includes evidence provided by and feedback from the partners' members and registrants, the partners themselves and other stakeholders.

It includes valuable contributions from Experts by Experience who joined the SCoPEd working groups in 2021 to ensure that the voices of the public and the interests of clients and patients were heard in all the discussions. We are grateful for their time and commitment.

Their contributions have resulted in some significant changes to the content and language of the framework.

You can find out more details in the January 2022 SCoPEd Methodology Update document, which gives a clear audit trail of feedback themes, issues considered and what decisions were reached after analysis and consideration by both the SCoPEd Technical Group and the SCoPEd Expert Reference Group.

The key changes include:

- **greater emphasis** on the role of the therapeutic relationship and the qualities of the therapist

- **further focus on equality, diversity and inclusion** as a theme embedded and integrated throughout the framework

- **additional standards** relating to online and phone therapy

- **more consistent use of language** that is inclusive and more accessible to a wider audience

- **addition of a glossary** of terms

The SCoPEd partnership

The SCoPEd partners, who each hold Professional Standards Authority accredited registers, are:

- Association of Christian Counsellors (ACC)

- British Association for Counselling and Psychotherapy (BACP)

- British Psychoanalytic Council (BPC)

- Human Givens Institute (HGI)

- National Counselling Society (NCS)

- UK Council for Psychotherapy (UKCP)

The Association of Child Psychotherapists (ACP) was a partner from November 2020 to October 2021 and now supports the work of the partners as an observer.

The SCoPEd Oversight Committee (SOC) is the governance body for the framework. The technical work of collating and agreeing the standards was undertaken by the SCoPEd Technical Group and the Expert Reference Group, both overseen by the SOC. The SOC was established when ACC, ACP, HGI and NCS joined the original SCoPEd partners BACP, BPC and UKCP in November 2020.

It meets regularly to oversee, guide and scrutinise the work of SCoPEd. It includes the six Chief Executives of the participating partners and Independent Chair Paul Buckley who was appointed in spring 2021.

The partnership represents over 75,000 counsellors and psychotherapists.

Next steps

The SOC has agreed that the SCoPEd work falls into two phases:

- **Phase one:** publication of this framework as the January 2022 version

- **Phase two:** adoption of this framework by each partner organisation

The phase two work includes conducting an impact assessment of the framework, as well as continuing to work towards agreeing shared titles which are not part of the January 2022 version. There is also further work to be done to agree transparent and evidence-based mechanisms for progression between the columns of the framework.

A guide to reading this framework

The SCoPEd framework sets out the minimum core training, practice and competence requirements that therapists represented on it have achieved and can evidence.

These are arranged in three columns – called A, B and C.

The framework itself consists of two separate parts:

1. **Training and practice requirements** (pages 12 to 14)

2. **Core competences arranged using five overarching themes** (pages 15 to 31)

The training, practice and competence requirements within each column represent points at which therapists enter the profession. Some trainings equip therapists to enter at column A, some at column B and some at column C, depending on the length, depth, level and content of their initial training. Therapists in column B will have all the competences from columns A and B, and therapists in column C will have all the competences from columns A, B and C.

They also represent transition points by which therapists entering at an earlier point can evidence progression to a new column after further training, experience or CPD if they choose to do so. The framework will make these transition points transparent and easier to evidence.

A therapist's core training, practice experience and ability to undertake the different competences would indicate which column most closely represents where they map onto the framework both at the point of first qualifying and at subsequent progression points.

The following is a guide for different groups to help you read the framework in a way that is most helpful for you. We have included a glossary of terms (Appendix 1).

Potential and current trainees

This framework sets out the core training, practice and competence requirements for qualified therapists rather than for trainees.

However, looking at these core requirements can help you understand how you might map out your training journey as you think about starting and developing your career in the counselling and psychotherapy professions.

Practising therapists

All partner members and registrants are represented in the framework.

If you are already a qualified counsellor or psychotherapist you don't **need** to do anything differently at this stage. However, you **may** wish to map your current training, skills and practice standards to the framework as it stands today. It's important to remember that if you have the skills and knowledge to practise competences in another column, but do not yet have all the competences to be mapped to that column, then you are still able to use

those skills to practise those competences today. The framework is designed to set out minimum standards, not to limit the way that individuals practise.

Looking to the future, should SCoPEd be adopted by your membership body, then an example of how it might be of benefit to you is that you could:

• use the mapping to evidence how you have progressed since your initial core training

• decide if and how you wish to develop further your generic or core competences

• prove you have achieved a certain level of training already so are able to enter different trainings at a higher level rather than start again from the beginning

• prove your level of skills to register with different or additional membership bodies

• benchmark your skills and experiences when applying for work

For example, if you are a column A therapist you can practise the competences that apply to column B or C therapists where you have the skills and knowledge to do so, and if you wanted to, you could transition to column B or C when you meet all the requirements.

Clients, patients and the general public

The ultimate purpose of the framework is to provide clear information to clients, patients and the general public who are looking to use counsellors and psychotherapists so that you can make informed choices.

This document is aimed at a specialist audience working in the counselling and psychotherapy professions so it includes some specific terms you might not be familiar with. The glossary in Appendix 1 (page 32) may be useful in explaining specific counselling and psychotherapy terms.

As the work on SCoPEd progresses, we will develop public-facing materials to support clients and patients to make more informed choices.

Policy makers, commissioners and employers

The framework outlines what is built into core counselling and psychotherapy training, and how generic competences might be evidenced across different trainings and made transferable to a wide range of work settings.

The aim is to offer clarity about the skills and knowledge that therapists have to enable you to make informed choices about therapists you may wish to include in your workforce.

Trainers and training organisations

The framework is a key resource in supporting the integration of core generic standards, with learning outcomes and assessment criteria, into qualifications and courses delivered in a wide range of contexts and regardless of modality.

SCoPEd is not a wish list for the future – it is an evidence-based mapping of current core training, practice and competence requirements. Details can be found in the January 2022 SCoPEd Methodology Update document.

Equally, it is not intended to capture the many specialist trainings, competences and skills that therapists acquire over the course of their professional life.

Many individual courses and qualifications will include additional competences to those described here and will add depth and detail, which are reflective of the particular philosophical and theoretical approach. These are valuable details that can't be captured in generic standards.

The framework does not represent all practising counsellors and psychotherapists, as there are some practitioners who sit outside the framework because they don't meet minimum standards, don't subscribe to the framework, or don't currently belong to organisations that are eligible to join the partnership.
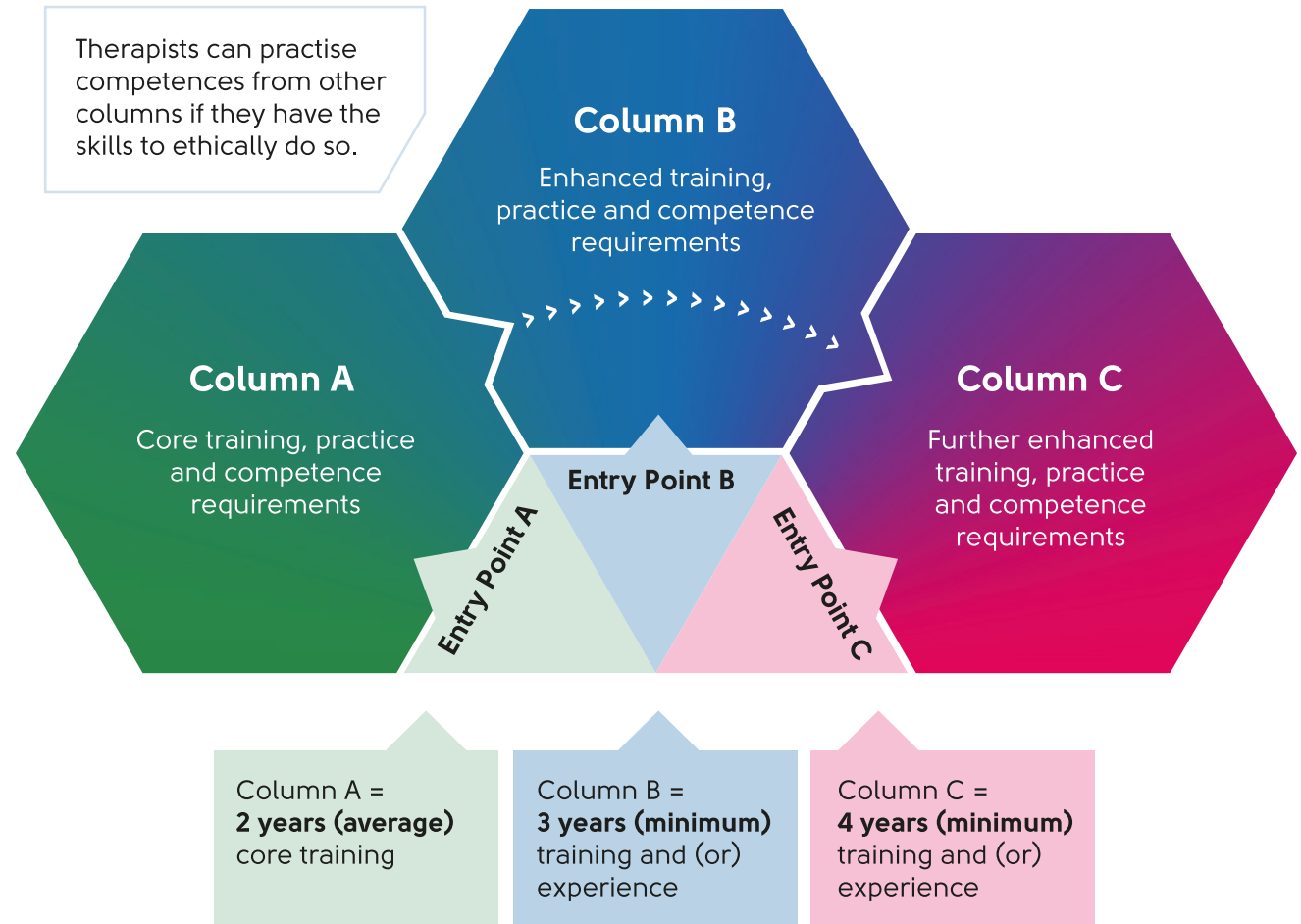
Creating and enabling opportunities

The counselling and psychotherapy professions encompass a wide range of trainings and practice standards.

What has become clear through the SCoPEd mapping is that the foundation for all entry points, and progression routes, are the competences and practice standards that apply to column A therapists. Whilst some therapists may enter at column B or C due to the greater length and complexity of their training, the framework allows for therapists to transition to other columns where the relevant knowledge and skills can be evidenced.

Therapists can practise competences from other columns if they have the knowledge and skills to ethically do so.

Currently some therapists choose not to take the progression opportunities that the framework maps as the additional competences and practice standards aren't required for their role.

Therapists can practise competences from other columns if they have the skills to ethically do so.

Column B

Enhanced training, practice and competence requirements

Column A

Core training, practice and competence requirements

Column C

Further enhanced training, practice and competence requirements

Entry Point B

Entry Point A

Entry Point C

Column A =
2 years (average) core training

Column B =
3 years (minimum) training and (or) experience

Column C =
4 years (minimum) training and (or) experience

Therapists can enter at different columns depending on the length, depth, level and content of their initial core training. They can move between the different columns throughout their career, should they wish to do so.

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Training and practice requirements

The tables on the following pages set out the commonly agreed training and practice requirements, which along with the competences from pages 15 onwards, describe the shared elements associated with therapists in each of the columns.

The tables on the following pages also shows how the current membership categories across the partners map to columns A, B and in some cases C.

Where there are areas of difference between the partners these are set out in the tables.

This approach reflects the diversity of therapists and the different entry points based on the level, depth and length of training, which are valuable aspects of our profession.

The foundation for all entry points, and progression routes, are the core training, practice and competence requirements that apply to column A therapists. Whereas some trainings offer direct entry to column B or C, the framework allows for all therapists to transition to the column of their choice where they can evidence the relevant training, practice and competence requirements.

This mapping does not include ACC, BACP and NCS Senior Accredited member category, which denote additional experience and client hours post-accreditation but which do not necessarily map to column C. However, some Senior Accredited members will have acquired competences in column C during the process.

Consolidated current training and practice requirements (all partners)

	A	B	C
Current membership categories	ACC registered member BACP registered member HGI registered member NCS accredited registrant	ACC accredited member BACP accredited member BPC psychodynamic counsellor NCS accredited professional registrant UKCP psychotherapeutic counsellor	BPC psychotherapist UKCP psychotherapist (other partners have members who meet the standards of column C but do not have a separate membership category)
Length of core training and (or) experience (minimum)	Average two years	Three years	Four years
Total training hours	300 – 400 hours	450 hours	500 hours minimum
Client or patient practice hours (minimum)	100	450 (including hours gained after core training)	450 during training
Level	Level 4 Diploma minimum	Ranges from level 4 to level 7 BPC: Level 6 minimum UKCP: Level 6 minimum	Level 7 minimum

	A	B	C
Supervision during training *ratio depicts supervision hours to client hours e.g. 1 hour supervision for every 3 client or patient hours	Average 1.5 hours per month	Average 1.5 hours per month minimum BPC: 1:3* UKCP: 1:6*	Average 1.5 hours per month minimum BPC: 1:3* UKCP: Usually 1:6 * but not specified by all colleges
Placement type	Approved supervised placement	The way this requirement can be met varies according to course modality, training organisation and (or) professional body	The way this requirement can be met varies according to course modality, training organisation and (or) professional body
Mental health familiarisation or mental health placement	Not a specific requirement	The way this requirement can be met varies according to course modality, training organisation and (or) professional body	The way this requirement can be met varies according to course modality, training organisation and (or) professional body
Personal therapy	This varies according to course modality, training organisation or professional body	ACC, BACP, HGI, NCS: not mandatory but should be consistent with approach and evidence of personal awareness and (or) development needed for individual accreditation BPC: 160 hours minimum of personal therapy UKCP: 105 hours of personal therapy	This varies according to course modality, training organisation or professional body BPC: 500 hours minimum of personal therapy UKCP: Range 160 – 250 hours plus (as personal therapy and (or) personal development)

Core competences

The framework of competences is arranged using five overarching themes that reflect the work of counsellors and psychotherapists.

Equality, diversity and inclusion competences are woven throughout to emphasise the importance of embedding these competences in every aspect of therapeutic work.

SCoPEd is an enabling framework that can empower all qualified therapists, not restrict them.

- All therapists represented in the framework have achieved all the column A competences, as these are the core foundational competences required to work ethically and safely as a therapist

- If you are a column A therapist, you can also practise the competences that apply to column B or C therapists where you have the skills and knowledge to do so

- If you wanted to, you could transition from column A to column B or C when you meet all the requirements of that column

The framework represents these competences in a way that incorporates the different types of training in counselling and psychotherapy, regardless of whether that training was completed in higher or further education settings or which theoretical approach the training followed.

Competence table guide

Each numbered core competence is written out in the themed tables on the following pages. Each one has:

- a unique number for each competence

- a letter – A, B or C – attached to the number showing progression and development within an area of competence

- the competence itself

- A, B, C icons on the right showing which column the competence belongs to

The five themes are:

Theme 1 – Professional framework

Theme 2 – Assessment

Theme 3 – Therapeutic relationship

Theme 4 – Knowledge and skills

Theme 5 – Self-awareness and reflection

Theme 1
Professional framework

Competences for setting professional and ethical boundaries, and working within an ethical, legal and professional framework to create a safe therapeutic space for the counselling or psychotherapy to take place.

Required competences for therapists:	Column A	B	C
1.1.A Knowledge of and ability to operate within professional, legal and ethical frameworks	A	B	C
1.2.A Ability to understand and apply the Equality Act and other relevant legislation to practise safely and ethically within the law	A	B	C
1.3.A Ability to negotiate, maintain and review an appropriate contract with the client or patient, taking account of timing, practice setting and duration of therapy, ensuring that the client's or patient's consent is explicitly informed and freely given	A	B	C
1.4.A Ability to create regular opportunities for the client or patient to review and feed back their experience of the therapy	A	B	C
1.5.A Ability to protect the confidentiality and privacy of clients or patients from unauthorised access or disclosure by informing them in advance about any reasonably foreseeable limitations of confidentiality and privacy	A	B	C
1.6.A Ability to provide and maintain a secure framework for both therapist and clients or patients, in terms of meeting arrangements and the therapy setting	A	B	C
1.7.A Ability to evaluate own work within an ethical framework and apply the framework to resolve conflicts and ethical dilemmas	A	B	C
1.8.A Ability to address and respond to ethical dilemmas and recognise when to consult with supervisor and (or) other appropriate professionals	A	B	C

Required competences for therapists:	Column		
	A	**B**	**C**
1.9.A Ability to work with ethical difficulties and dilemmas, including addressing and resolving contradictions between different codes of practice and conduct, or between ethical requirements and work requirements	A	B	C
1.10.A Ability to incorporate equality awareness and consideration of diversity of client's or patient's identity, culture, language, values and worldview into ethical decision-making	A	B	C
1.11.A Ability to establish and maintain appropriate professional and personal boundaries in online relationships with clients or patients by ensuring that: a) reasonable care is taken to separate and maintain a distinction between personal and professional presence on social media where this could result in harmful dual relationships with clients or patients b) any public, online communication is carried out in a manner consistent with own ethical framework or code of practice	A	B	C
1.12.A Ability to manage and respond appropriately to the practical and ethical demands of all forms of technologically mediated therapy and communication	A	B	C
1.13.A Ability to use team-working skills to work with others	A	B	C
1.13.Bi Ability to take an active role as a member of a professional community and participate effectively in inter-professional and multi-agency approaches to mental health where appropriate		B	C
1.13.Bii Ability to work in multi-disciplinary teams with other professionals to enhance therapeutic outcomes		B	C
1.13.C Ability to take an active role within the professional community locally and nationally. Be able to communicate effectively with other professionals in sharing information, advice, instruction and professional opinion			C

Members can practise competences from other columns if they have the skills to ethically do so

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Theme 2
Assessment

Competences which focus on assessing the needs of diverse clients or patients within a clear framework for understanding psychological distress, which takes account of risk and the need to work within personal limits.

Required competences for therapists:	Column		
	(A)	(B)	(C)
2.1.A Ability to make an initial and ongoing assessment of the client's or patient's problems and suitability for therapy being offered	A	B	C
2.1.B Ability to use an initial and ongoing clinical assessment strategy that is informed by a consistent, coherent and in-depth theoretical approach		B	C
2.1.C Ability to conceptualise and (or) formulate ways of working with clients or patients with chronic and enduring mental health conditions			C
2.2.A Ability to establish agreement on the therapeutic work which attends to the needs of the client or patient, the skills of the therapist and the time available	A	B	C
2.3.A Ability to recognise own professional limitations, and in collaboration with clients or patients and other professionals as appropriate, manage the process of referral during assessment and throughout therapy	A	B	C
2.4.A Ability to assess the client's or patient's suitability for technologically mediated therapy	A	B	C

Contents

Required competences for therapists:	Column		
	A	B	C
2.5.A Ability to draw upon knowledge of common mental health problems and symptoms of psychological distress (with due understanding of cultural norms) during assessment and throughout therapy	A	B	C
2.5.B Ability to conceptualise, evaluate and take account of a range of mental health problems, symptoms of psychological distress, functioning and coping styles (with due understanding of cultural norms), during assessment and throughout therapy		B	C
2.5.C Ability to understand the language and discourses around diagnosis, psychopathology and mental disorders			C
2.6.A Ability to understand core issues relating to the role of psychiatric drugs, dependence and withdrawal and the implications these have for clients or patients in therapy	A	B	C
2.7.A Ability to work within own scope of practice and professional limitations and manage the process of referrals where appropriate	A	B	C
2.8.A Ability to make initial and ongoing risk assessments regarding clients' or patients' and (or) others' safety, and comply with safeguarding guidance, appropriate to the therapy setting taking into account own limits of competence	A	B	C
2.8.B Ability to devise and use a comprehensive risk assessment strategy		B	C
2.8.C Ability to make complex judgments about ongoing work with high risk clients or patients and take appropriate action as needed			C
2.9.A Ability to collaborate with clients or patients and (or) others as appropriate to assess risks, needs and strengths when working with imminent and ongoing: • suicidal ideas and (or) behaviour • self-harming ideas and (or) behaviour • risk of harm to clients or patients from third parties e.g. situations of domestic abuse	A	B	C

Required competences for therapists:		Column		
		A	**B**	**C**
2.10.A	Ability to contain clients or patients when in crisis by providing information about self-care strategies and making clear arrangements for future meetings or contact	A	B	C
2.11.A	Ability to make an initial and ongoing assessment of the risks for both parties specific to the environment of technologically mediated therapy	A	B	C
	2.11.B Ability to identify and respond to the impact of the technologically mediated environment on issues of identity and presence, including fantasies and assumptions about the therapist and client or patient		B	C

Members can practise competences from other columns if they have the skills to ethically do so

Theme 3
Therapeutic relationship

Competences which focus on establishing and developing an authentic and enabling therapeutic relationship which concentrates on the particular needs of diverse clients or patients, from the first stages of establishing rapport through to a safe ending. This theme recognises the central importance of the therapeutic relationship in therapy and the need to understand how to work with the relationship, including managing difficulties and ruptures.

Required competences for therapists:	Column		
	A	B	C
3.1.A Ability to understand the central importance of the role and purpose of the therapeutic relationship within the therapeutic approach	A	B	C
3.2.A An ability to demonstrate personal qualities associated with supporting a strong therapeutic relationship including: • showing appropriate levels of empathy, warmth, concern, confidence and genuineness, matched to the client's or patient's need • experiencing and communicating a fundamentally accepting attitude • being respectful, non-judgmental, and approachable with an ability to establish rapport • being flexible and allowing the client or patient to discuss issues which are important to them	A	B	C
3.3.A Ability to explore with the client or patient and reflect upon the impact that diversity of their identity, culture, language, values and worldview (including protected characteristics) has upon the relationship and the therapeutic process, and use this shared understanding in ongoing work	A	B	C

Required competences for therapists:	Column A	B	C
3.4.A Ability to reflect on and understand the impact of working with a third party present in the therapy sessions (e.g. as translator, interpreter, signer, carer)	A	B	C
3.5.A Ability to communicate empathy, sensitivity, acceptance, openness and curiosity towards all aspects of diversity and respond in a way that shows an understanding of the client's or patient's perspective	A	B	C
3.6.A Ability to work therapeutically with issues of diversity and intersectionality, taking account of the different dimensions of diversity within a person	A	B	C
3.7.A Ability to value and understand the person within their unique context including, but not limited to, their family, social, community and cultural setting alongside their personal history and sense of identity	A	B	C
3.8.A Ability to establish and hold appropriate boundaries, creating and maintaining a collaborative relationship rooted in courtesy and respect	A	B	C
3.9.A Ability to be responsive to the client's or patient's agenda, focus, therapeutic needs and pace	A	B	C
3.10.A Ability to recognise, understand and work with issues of power and how these may affect the therapeutic relationship	A	B	C
3.10.B Ability to work with issues of power and authority experienced in the 'unconscious' or 'out of awareness' processes of the client or patient as part of the therapeutic process		B	C
3.10.C 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			C
3.11.A Ability to explore the client's or patient's expectations and understanding of therapy and the relationship with the therapist	A	B	C

Required competences for therapists:	Column A	B	C
3.12.A Ability to agree a shared understanding of the purpose, nature and process of therapy and the therapeutic relationship with the client or patient	A	B	C
3.13.A Ability to establish, sustain and develop the therapeutic relationship and to engender trust and authentic connection	A	B	C
3.13.Bi Ability to critically reflect on the client's or patient's process to enhance the client's or patient's self-awareness and understanding of themself in relationship		B	C
3.13.Bii Ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining a level of emotional engagement appropriate for each circumstance		B	C
3.14.A Ability to form an empathic connection which communicates understanding of the client's or patient's experience	A	B	C
3.15.A Ability to enable the appropriate discussion of and (or) expression of the client's or patient's emotions, and understand and respond therapeutically to the emotional content of sessions	A	B	C
3.16.A Ability to be aware of and manage own emotional or physical responses to the client or patient	A	B	C
3.16.B Ability to actively use own responses to the client or patient in a way that is therapeutic and consistent with the theoretical model or approach		B	C
3.17.A Ability to recognise how breaks and holidays may affect the therapeutic relationship and process, and make appropriate arrangements for clients or patients to seek support in case of emergency	A	B	C
3.18.A Ability to be open and aware that the client or patient may have an unspoken agenda	A	B	C
3.19.A Ability to reflect on and tolerate uncertainty, responding therapeutically while maintaining appropriate boundaries	A	B	C

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Required competences for therapists:	Column A	B	C
3.20.A Ability to attend to, reflect on and respond to the client's or patient's verbal and nonverbal communication as part of the therapeutic process	A	B	C
3.21.A Ability to recognise and respond to difficulties or ruptures in the therapeutic relationship	A	B	C
3.21.B Ability to make use of ruptures or impasses in the therapy as opportunities for expanding the understanding of the client's or patient's subjective experience of their difficulties		B	C
3.21.C Ability to work therapeutically with ruptures or difficulties within the therapeutic relationship using awareness of and skills associated with 'unconscious' or 'out of awareness' processing			C
3.22.A Ability to make professional arrangements in the event of a sudden or unplanned break or ending and communicate the arrangements to the client or patient	A	B	C
3.23.A Ability to foster and maintain a good therapeutic relationship including: • capacity to recognise and address threats to the therapeutic relationship • ability to recognise and respond when strains in the relationship threaten the progress of therapy • ability to use appropriate interventions in response to disagreements about tasks and goals • being aware of possible responses and meanings for the client or patient if the therapist takes external action (e.g. when needing to implement risk management procedures) • ability to address difficulties related to equality, diversity, and inclusion in order to repair any damage to the therapeutic relationship	A	B	C
3.23.B Ability to analyse and address difficulties in the immediacy of the therapeutic encounter to find ways to overcome such difficulties		B	C

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Required competences for therapists:	Column		
	A	**B**	**C**
3.24.A Ability to clearly communicate about endings with the clients or patients, and work to ensure these are managed safely and appropriately	A	B	C
3.24.B Ability to consider and manage complex issues arising when ending therapy in the light of the client's or patient's previous experience of endings		B	C
3.25.A Ability to end a session appropriately	A	B	C

Members can practise competences from other columns if they have the skills to ethically do so

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Theme 4
Knowledge and skills

Competences that outline ability to relate theory to practice, which shows understanding of the individual, their difficulties and the process of change within a clear framework of skills and knowledge.

Required competences for therapists:	Column A	B	C
4.1.A Ability to articulate the rationale and philosophy underpinning own therapeutic practice	A	B	C
4.2.A An understanding of and the ability to apply the theory and practice of therapy from assessment to ending including knowledge of: • a model of person and mind • a model of gendered and culturally influenced human development • a model of human change and ways in which change can be facilitated • a model of therapeutic relationship • a set of clinical concepts to relate theory to practice	A	B	C
4.2.B Ability to critically appraise a range of theories underpinning the practice of counselling and psychotherapy		B	C
4.2.C Ability to critically appraise the history of psychological ideas, the cultural context, and relevant social and political theories to inform and evaluate ongoing practice			C

Required competences for therapists:	Column		
	A	**B**	**C**
4.3.A Ability to apply understanding of suicidal behaviours, and (or) self-harming behaviours, to work collaboratively with clients or patients	A	B	C
4.3.B Ability to work with suicidal risk and the often complex nature of suicidal ideation and (or) other self-harming behaviours and associated 'unconscious', or 'out of awareness' processes and perceptions		B	C
4.4.A Ability to help the client or patient to become aware of recurring patterns in their relationships in order to facilitate therapeutic change	A	B	C
4.4.B Ability to use the therapeutic relationship to work with the client's or patient's 'unconscious' or 'out of awareness' perceptions, experiences and distortions of the therapist and the therapeutic relationship to enhance therapeutic change		B	C
4.5.A Ability to recognise symptoms of trauma and acknowledge own limitations and level of competence in work with clients or patients showing such symptoms	A	B	C
4.6.A Ability to understand and track the process of change within a core, coherent theoretical framework and adopt a stance as therapist in accordance with it	A	B	C
4.7.A Ability to select and use appropriate therapeutic interventions and (or) responses	A	B	C
4.7.B Ability to demonstrate the capacity, knowledge and understanding of how to select and adapt interventions and (or) approaches to respond to the needs of the client or patient		B	C
4.8.A Ability to recognise, respect and work to support and enhance the autonomy of the client or patient	A	B	C

Required competences for therapists:	Column		
	A	B	C
4.9.A Ability to use skills and interventions for the benefit of the clients or patients, that are consistent with underlying theoretical knowledge	A	B	C
4.9.B Ability to reflect upon the complex and sometimes contradictory information gained from clients or patients and to coherently describe their present difficulties and the potential origins using a clear theoretical model or approach		B	C
4.9.C Ability to understand the nature and purpose of therapy to evaluate and use theory to conceptualise how 'unconscious' or 'out of awareness' processes in both client or patient and therapist, may shape perceptions and experiences and influence the therapeutic process			C
4.10.A Ability to invite the client's or patient's use of imagination to facilitate work towards therapeutic goals	A	B	C
4.11.A Ability to reflect upon own identity, culture, values and worldview, and have the capacity to work and communicate authentically in a non-discriminatory and anti-oppressive manner	A	B	C
4.11.B Ability to recognise and explore with the client or patient the assumptions that underpin understanding of identity, culture, values and worldview		B	C
4.11.C Ability to integrate relevant theory and research in the areas of diversity and equality into clinical practice			C
4.12.A Ability to acknowledge diversity and explore the impact of discrimination, prejudice and oppression on mental health	A	B	C
4.13.A Ability to a) recognise when technologically mediated therapy effects a lowering of inhibition in either the client or patient and (or) the therapist and b) regulate and understand the impact this has on the therapeutic relationship	A	B	C
4.14.A Ability to understand the inter-relatedness of psychological and physical illness	A	B	C

Required competences for therapists:	Column		
	A	B	C
4.15.A Ability to understand the use of audit and evaluation tools to review own counselling work	A	B	C
4.15.B Ability to utilise audit and evaluation tools to monitor and maintain standards within practice settings		B	C
4.15.C Ability to utilise audit and evaluation methodologies to contribute to improving the process and outcomes of therapy			C
4.16.A Ability to understand, assess and apply research evidence to own practice	A	B	C
4.16.B Ability to draw upon and evaluate published research on counselling and psychotherapy, and integrate relevant research findings to enhance practice		B	C
4.16.C Ability to successfully complete a substantial empirical research project, systematic review or systematic case study informed by wide current understandings of therapeutic practices			C
4.17.A Ability to communicate clearly, appropriately and using understandable language with clients or patients, colleagues and other professionals providing and receiving information which may be complex, sensitive and (or) contentious	A	B	C

Members can practise competences from other columns if they have the skills to ethically do so

Contents

Theme 5
Self-awareness and reflection

Competences that show the ability to use self-awareness, self-knowledge, self-challenge, reflexivity and supervision to ensure the best interests of diverse clients and patients are at the forefront of the work.

Required competences for therapists:	Column		
	A	B	C
5.1.A Ability to make use of personal development, self-awareness and supervision to reflect on, learn from and enhance therapeutic practice	A	B	C
5.1.Bi Ability to be emotionally prepared for intense and complex work, which requires sustained reflexivity		B	C
5.1.Bii Ability to work with 'unconscious' and 'out of awareness' processes		B	C
5.1.C Ability to evidence reflexivity, self-awareness and the active use of self to work at depth in the therapeutic relationship and throughout the therapeutic process			C
5.2.A Ability to use awareness of self during therapy to enhance the therapeutic process	A	B	C
5.3.A Ability to reflect on aspects of own identity, culture, values and worldview that have most influenced 'self' and work on own preconceptions and bias	A	B	C
5.4.A Ability to understand the significance and impact of own identity, culture, language, values and worldview in work with clients or patients	A	B	C
5.4.B Ability to critically challenge own identity, culture, values and worldview		B	C

Required competences for therapists:	Column		
	A	B	C
5.5.A Ability to monitor and evaluate fitness to practise, and maintain own self-care and wellbeing	A	B	C
5.6.A Understand the importance of supervision, with the ability to contract for supervision and use it to address professional and developmental needs	A	B	C
5.6.B Ability to review and evaluate supervision arrangements and take responsibility for adapting supervision to the evolving and changing requirements of ongoing practice		B	C
5.7.A Ability to evaluate learning from supervision and apply to ongoing practice	A	B	C

Members can practise competences from other columns if they have the skills to ethically do so

Appendix 1 – Glossary

Assessment
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.

Bias
The action of supporting or opposing a particular person or thing in an unfair way, because of allowing personal opinions to influence your judgment.

Boundaries
The limits in relationships between therapists and their clients or patients that, if crossed, could cause harm e.g. not being clear about time and place of meeting, what will be kept confidential or how the therapist can be contacted.

Client, patient or service user
A client or patient receiving counselling and (or) psychotherapy.

Code of practice or conduct
A code of practice, or conduct, is a set of written rules which explains how people working in a particular profession should behave.

Commissioner
A service which employs counsellors and (or) psychotherapists and (or) contracts with another organisation to provide counselling services (e.g. the NHS or an Employee Assistance Programme).

Coping styles
A coping style is a typical manner of responding to a difficult situation and dealing with it.

Counselling
A specialised way of listening, responding, and building relationships based on therapeutic theory and expertise that is used to help clients or patients enhance their wellbeing.

Cultural norms
Cultural norms are the shared expectations and rules that guide behaviours of people within social groups.

Diagnosis
The process of identifying a health condition based on the symptoms. Counsellors and psychotherapists do not normally diagnose unless otherwise qualified to do so.

Discourse
Written or spoken communication or debate based on knowledge, education, skills, and experience about a subject.

Empathy
The ability to sense and understand another person's thoughts, feelings, and experiences by being able to imagine and feel what it is like to be them. This is very different from sympathy, which is about expressing pity or compassion for someone else from your own perspective.

Emotional engagement
The extent to which a client's or patient's emotions are actively present and available during any given moment in therapy.

Equality Act (2010)
An Act is a law or formal decision made by parliament.

The Equality Act 2010 defines and describes various forms of discrimination in relation to nine protected characteristics. Good equality practice also encourages consideration of other groups of people who may be marginalised or disadvantaged.

The nine protected characteristics are:

- age

- disability

- gender reassignment

- marriage and civil partnership

- pregnancy and maternity

- race

- religion or belief

- sex

- sexual orientation

Ethical
Ethics are what are seen as right or wrong according to certain agreed and shared principles.

The SCoPEd framework notes ethics in relation to:

- ethical decision-making – where we use our ethics to guide our decision-making

- ethical difficulties and dilemmas – where we might have two or more options on how to deal with something, but they conflict with our usual ethical decision-making

- ethical requirements – where what we think might be ethically right has to be balanced with some other kind of requirement

- ethical frameworks – a kind of code of practice or conduct

Framework
A diagram or chart that maps and (or) organises information. In this case it is a chart, which maps the training and practice requirements of therapists working with adults.

Functioning
Ability to cope with life.

Gendered
Reflecting or involving gender differences or stereotypical gender roles (including those who identify as non-binary).

Inhibition
A feeling of embarrassment or worry that prevents you from saying or doing what you want.

Inter-professional
Multiple individuals from different professional backgrounds working together in the best interests of clients and patients.

Intersectionality
The interconnected and overlapping aspects of a person that can bring advantage in some areas of their life and (or) discrimination and disadvantage in others, e.g. race, class, gender.

Intervention
Intentional use of a skill designed to help a client or patient work towards their therapy goals.

Mental health problem
A common mental health condition or problem or disorder is one which causes distress and often results in a reduced ability to cope with routine activities. This may become chronic when sustained over a period.

Multi-agency
Involving cooperation between several organisations.

Multi-disciplinary
Relating to or involving people from different types of work or who have different types of knowledge.

'Out of awareness' or 'unconscious'
Something that is not at the forefront of the mind. For example, someone may be unaware of the cause of their issue when asked explicitly, but the cause may be found by exploration in therapy.

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.

Pace
The speed at which someone or something moves, or the speed at which something happens or changes.

Psychiatric drug
Medication for mental health problems prescribed by a qualified medical practitioner.

Psychological distress
A form of suffering relating to difficult thoughts, feelings and emotions so intense that they affect a person's state of mind and (or) ability to function.

Psychopathology
The in-depth study and classification of mental health problems and associated behaviours which are seen as unusual or problematic. The term psychopathology is associated with understanding mental distress from a medical perspective.

Psychotherapy
A specialised way of listening, responding and building relationships, based on therapeutic theory and expertise that is used to help clients or patients enhance their wellbeing.

Referral
The act of directing someone to a different place or person for information and help, often to a person or group with more knowledge or expertise.

Reflexivity
Examining one's own feelings, reactions and motives, and adapting what one does or thinks or feels in a situation based on this examination.

Risk assessment
A process of evaluating possible risks. In the context of therapy, this involves assessing the client's or patient's life situation and mental health. This helps the therapist have an idea about how likely the client or patient is to harm themselves or other people.

Safeguarding
Safeguarding means protecting a person's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. This includes recognising when one has a responsibility to take action to protect a client's or patient's health, wellbeing, and human rights (especially children, young people, and vulnerable adults).

Scope of practice
Scope of practice means the limits within which a counsellor or psychotherapist feels that their education, training, professional interests and experiences equip them to work well with clients and patients.

Self
The whole of the person, their identity and sense of who they are deep down.

Self-awareness and reflection
Process of taking time to think about one's thoughts, feelings and responses and the meaning and relevance of these.

Stakeholder
A person with an interest or concern in something.

Technologically mediated
Therapy that takes place using a phone, computer, or similar device.

Therapeutic approach
An underlying philosophy and way of working in therapy which is underpinned by theory.

Therapeutic outcome
The actual or expected results following therapy.

Therapeutic modality
A specific model of therapy and associated interventions informed by theory.

Therapeutic process
The related interactions, events and communications during therapy that progressively shape the relationship between the therapist and client or patient and the overall direction of the therapy.

Therapeutic relationship
The relationship between the therapist and client or patient, which is principled and genuine, and is an active ingredient in the progress of therapy.

Therapy
A specialised way of listening, responding and building relationships, based on therapeutic theory and expertise that is used to help clients or patients enhance their wellbeing.

Total training hours
The hours spent during a course of study when the learner is actively engaged in learning in real time under the guidance, presence or supervision of the tutor who is actively involved either in person or using digital platforms.

Worldview
A person's worldview is the way they see and understand the world, especially regarding issues such as politics, philosophy, religion, belief and spirituality.

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