

PSYCHOTHERAPY AND STATUTORY REGULATION

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Background

Whether we like it or not, the shift from voluntary to statutory regulation of psychotherapist and counsellors is now with us. Although this decision is not negotiable, the profession still has considerable influence it can exercise on how the Health Professions Council (HPC) shapes and implements regulation.

In accordance with the UK Government's White Paper Trust, Assurance and Safety – the Regulation of Healthcare Professionals in the 21st Century and additional provision for secondary legislation under Section 60 of the Health Act 1999 - on December 13th 2007 the HPC agreed to work proactively to investigate and make recommendations to the Secretary of State for Health on the statutory regulation of counsellors and psychotherapists. The HPC's aims are to:

- maintain and publishing a *public register* of properly qualified members of the professions;
- approve and uphold high *standards* of education and training, and continuing good practice;
- investigate *complaints* and take appropriate action;
- work in partnership with the public, and a range of other groups including *professional bodies*;
- promote awareness and understanding of the aims of the *Council*.

(www.hpc-uk.org).

The HPC currently regulates thirteen health professions including arts therapists, chiropodists and radiographers. Psychologists are currently going through the regulation process and it is unlikely that the HPC will publish its recommendations before April 2009. It is a fair assumption that the trials and tribulations faced by psychologists are a fair indicator of what psychotherapy and counselling may encounter. Of 40,000 psychologists in the UK it is anticipated that only 11,500 health related professionals will be entered on the HPC register under the government's proposed title of Registered Psychologist. The legally protected titles for psychologists will reflect the competences needed for safe and effective practice in each practitioner psychologist domain. The protected titles will be:

- Clinical Psychologist
- Counselling Psychologist
- Educational & Child Psychologist
- Forensic Psychologist
- Health Psychologist
- Occupational Psychologist
- Sport & Exercise Psychologist

Unlike psychology and the other professions regulated by the HPC that applied for regulation on a voluntary basis, psychotherapy and counselling will be the first profession the government has 'proactively' instructed or ordered the HPC to commence proceedings for state control. The formal consultation process with HPC has not commenced, nothing has been fully agreed, yet there is considerable speculation about

how statutory regulation will impact on the profession. The HPC has agreed to establish a Professional Liaison Group (a consultative working party) in July 2008 including representation from the United Kingdom Council for Psychotherapy (UKCP), the British Association of Counselling and Psychotherapy (BACP) and the British Psychological Association (BPS) and others from the psychoanalytic and CBT world. The liaison group's task will be to consider:

- The structure of the register
- Professional titles
- Standards of proficiency
- Standards of education and training
- Post registration standards
- Grandparenting arrangements

The time scale for consultation has not been set, yet if the psychology process is anything to go by (which will not be complete until April 2009) a similar timescale will take psychotherapy and counselling well into 2010-11.

Skills for Health and Improving Access to Psychological Therapies Initiatives

Other government initiatives such as Skills for Health (SFH) and Improving Access to Psychological Therapies (IAPT), which are primarily concerned with the 'modernisation' of psychological therapies within the NHS, have added further confusion to the debate about statutory regulation, particularly for humanistic and integrative psychotherapies.

The principle aim of Improving Access to Psychological Therapies is to improve or establish stepped care and new provisions for psychological therapies through the implementation of the National Institute of Clinical Excellence (NICE) guidelines and workforce planning restructuring within the NHS. Tony Roth and Steve Pelling were commissioned by IAPT to establish a competence framework for CBT which would be used as a prototype for other modalities. Although the CBT paradigm is easier to evaluate, it is insufficient for establishing competences and measures across the whole field of psychotherapy and counselling, and must not be allowed to unnecessarily dominate SFH and HPC procedures.

Skills for Health is essentially a think tank concerned with developing National Occupational Standards for psychological therapies and delivering a skilled and flexible UK workforce in order to improve health and healthcare. The SFH Strategy Reference Group was set up and is currently chaired by Lord Alderdice. Mark Lyall (replacement unknown) was the SFH programme manager with responsibility for:

- Developing and managing national workforce competences
- Profiling the UK workforce
- Improving workforce skills.
- Influencing education and training supply
- Working with our partners

(www.skillsforhealth.org.uk/page/about-us)

Although two very distinct initiatives, IAPT and SFH are driven more or less by the same stakeholders and report to the

government via the Department of Health, whilst the HPC reports directly to the Privy Council, which sits in the House of Lords. Although the HPC has been very clear that although they may take notice of the IAPT and SFH findings, the HPC is an independent autonomous body and will establish its own criteria and standards, the Department of Health has stated that IAPT and SFH will be a platform for entry to the HPC register.

The UKCP: Humanistic and Integrative Section (HIPS) is represented in these groups by UKCP representatives who have responsibility for the whole field of psychotherapy. Compared with other main psychotherapy modalities, HIPS is coming from a disadvantaged position. Not only do other modalities have representation via the UKCP, they also have representation via independent professional bodies, for example Freudian and Jungian Analysis is also represented by the British Psychoanalytic Council (BPC) and CBT by the British Association of Behavioural and Cognitive Therapies (BABCT). The Universities Psychotherapy and Counselling Association (UPCA) have its own HPC representation. The interests of Humanistic and Integrative practitioners could so easily become a side show of a side show.

Will Humanistic and Integrative Psychotherapists be invited to the party?

Concern about the inclusion of Humanistic and integrative Psychotherapies in the government's thinking about the modernisation of counselling and

psychotherapy came to a head at the November 3rd 2007 UKCP EGM when it was confirmed that Humanistic and Integrative Psychotherapies were not included in the Specific Modality Training list presented by Rosalind Mead, New Regulations Projects Manager for the Department of Health at an IAPT meeting in August 2007. The list stated three modalities: Psychodynamic, CBT and Family & Systemic. Subsequent clarification from the UKCP and HIPS has generated mixed messages. In reply to a letter from Ken Evans, chair of the European Association of Gestalt Psychotherapy on February 13th 2008, the Department of Health made the following statement:

'Skills for Health have been developing national occupational standards for psychological therapy using an inclusive approach based on professional participation. We hope that this will provide the basis for professional standards to inform regulation. We wish to avoid a proliferation of difference or types of psychotherapy. All models share some basic functions for which competencies were consulted on by Skills for Health earlier this year. Our view of a comprehensive mental health programme is that it should provide three main modalities. These are psychoanalytical/psychodynamic, cognitive behavioural therapy and family/systemic psychotherapy. Most other modalities are variants of these or post-basic specialisms.'

In response to the March 11th 2008 psychotherapy e-petition to make psychotherapy an independent chartered profession in its own right and kept distinct from psychology, medicine or any other allied profession, the Prime Minister's website seems to have drawn on the DoH's cut and paste menu. It states:

'We wish to avoid an increase in different types, or modalities, of psychotherapy. All models share some basic function, and Skills for Health consulted on the competencies of these models earlier this year. Our view of a comprehensive mental health programme is that it should provide three main modalities. These are psychoanalytical or psychodynamic, cognitive behavioural therapy and family or systemic psychotherapy. Most other modalities are variants of these or post-basic specialisms.'

(www.pm.gov.uk/output/Page14969.asp)

An HPC representative on the SFH Strategy Committee has acknowledged that the Prime Minister's statement was a mistake and that Humanistic and Integrative modality was always one of the four modalities originally discussed, that the statement had been put together by a junior official not fully in the know, and that Mark Lyall is actively involved in rectifying this omission with the DoH. To date the UKCP and HIPS have not received a formal apology or any statement confirming the

government's position regarding Humanistic and Integrative, one of the main modalities – which leaves us wondering whether this omission is a case of not being included or deliberate exclusion. This has been further compounded by the government's May 7th 2008 statement Clarifying Statement to the Government's Response of 11 March 2008 to the Psychotherapy E-Petition:

'We are aware that some people have interpreted this as implying that final decisions about the scope of psychotherapy regulation have now been taken. This is not the case. We are also aware that there is an ongoing debate about the precise number of modalities which should be included within the scope of regulated practice in future and that there is an argument for more than three modalities to be included. Final decisions about the precise scope of practice to be regulated have yet to be taken. This will be done in consultation with the stakeholders, including the professional bodies.'

(www.pm.gov.uk/output/Page15454.asp)

Developments on the SFH front have also proven difficult for the Humanistic and Integrative Psychotherapy Section of the UKCP. The specialist reference group headed by Professor Robert Elliot has concerns about the use of 'Integrative' as a modality title as it has different meaning for different groups, for some groupings it means pulling together psychodynamic and CBT, all of which is unsatisfactory

for modality purposes as it makes it difficult to scrutinise evidence with any consistency. SFH have put Humanistic-Person-Centred-Experiential as a modality title representative of the Humanistic tradition. However, this is not acceptable to the majority of member organisations that make up HIPS. The Skills for Health's criteria for inclusion as a modality include:

- Evidence of effectiveness by a minimum of two randomised controlled trials (RCT)
- Evidence of a manualised conceptualisation of the modality.

The Humanistic or Integrative position

At the March 2008 UKCP AGM it was unanimously agreed across all sections and modalities for the profession to adopt the single generic title 'registered psychotherapist' for HPC purposes. However there has been some indication that some 'modality groupings' involved in the statutory regulation process are not supportive of a generic title, and will insist on specific modality based protected titles, similar to those proposed for psychologists.

Modality demarcations are very much the driving force behind SFH's setting of occupational standards. In an attempt to establish a single modality identity 'integrative psychotherapy' has been put forward as a unifying title for all the psychotherapies that sit within the umbrella of the UKCP Humanistic and Integrative Section, which would mean

completely dropping the 'Humanistic' title and identity. As a compromise the term Humanistic Integrative or Integrative Humanistic was agreed for SFH purposes. The section also submitted to SFH a Modality Statement. It acknowledged that an affiliation to Humanistic psychology includes an Integrative perspective, but gives the uninitiated reader the impression that all Humanistic psychotherapists are integrative and are informed by several modalities; and that all Integrative psychotherapists are Humanistic. This could not be further from the truth. In reality HIPS, the largest section within the UKCP with over 2,500 registrants, is an umbrella section for a wide range of Humanistic, Transpersonal, Body, Expressive Arts, and Integrative approaches, some of which have little or no allegiance to Humanistic psychology. Hence the identity crisis.

In an effort to present a unified modality statement to SFH, there is concern that the diversity within the section is being compromised by perceived Humanistic and Integrative impositions. Somehow the notion of third and fourth force psychology, fundamentally different from psychoanalytical and CBT perspectives, has been misplaced. It seems to have been confused by the notion that, because evidence repeatedly indicates that psychotherapy is beneficial not because of schoolisms, but due to common factors unique to each therapist to the extent that there are as many styles of psychotherapy as there are psychotherapists, then

this constitutes all psychotherapists being integrative. SFH and perhaps the HPC are viewing psychotherapy from the position that if psychotherapy practice, integrative or otherwise, is not underpinned by one of the four established psychologies or philosophical positions, it becomes too difficult to evaluate and may be interpreted as a form of eclecticism that sits outside the field of psychotherapy. This therefore confirms the DoH statement that most other psychotherapy approaches are variants of psychoanalytic or CBT modalities, which is not favourable to the HIPS modality campaign. The British Association for the Person Centred Approach (BAPCA) stated that 'it is highly appropriate that the person-centred approach be considered with equal relevance to the three approaches named. It is BAPCA's aim to pressure the government to accept the person-centred approach as available modality in its own right'. If protected modality titles becomes the driving force, it may be necessary for HIPS to insist on three protected titles. It makes little sense for HIPS to pursue common factors as the defining force for statutory regulation purposes when other modalities are taking the traditional philosophical path and are moving toward protected modality titles. The UKCP Training Standards of the Humanistic and Integrative Psychotherapy Section forms the basis of the section's identity, in emphasising the study of the theory and practice of a core model of humanistic and/or integrative and/or transpersonal

psychotherapy – a pluralistic not a single identity definition.

Initially the HPC's intention was to regulate the whole field of psychotherapy and counselling, from the highly trained to the untrained volunteer, by creating three tiers of practice psychotherapy, therapeutic counselling and counselling. Recent indications suggest that this not manageable and that HPC is likely to focus on psychotherapy and therapeutic counselling for statutory regulation. This will not sit easily with those who make no distinction between counselling and psychotherapy. It also feeds into concerns about demarcations between psychotherapy and therapy, the latter being practiced by those with less rigorous training, which was at the heart of the psychoanalytic split with the UKCP and the formation of the British Confederation of Psychotherapists (BCP). IATP is very much concerned with provision for brief therapeutic interventions (as distinct from psychotherapy) within the NHS and the government has pledged £170 million for this purpose. Although this territory is being claimed as the domain of CBTherapy, can the government's modality omission be an indication that the Humanistic tradition is being defined as generic therapy or therapeutic counselling?

The UKCP Research Unit has submitted some excellent work to SFH as part of a preliminary statement, including research evidence, in support of the Humanistic modality and a case for the inclusion of the

Integrative perspective. The document argues the case of qualitative and practice based research, whilst outlining the limitations of RCT as the measure of choice for scrutinising Humanistic and Integrative psychotherapies. RCTs remain the gold standard for NICE, yet the HPC has recognised the need to accommodate different perspectives and has indicated that NICE is going to take qualitative psychotherapy evidence more into account. The HPC is primarily concerned with regulation and the setting of generic standards, it is not concerned with protecting and defining psychotherapy modalities and although it is likely that some sub-divisions will exist on the register, including legally protected titles, the HPC will want to keep these to a minimum, otherwise the register and the maintenance of generic standards will become too difficult to manage.

Requirements

Post statutory regulation it will be illegal for anyone whose name is not on the register to claim to be a psychotherapist. Those currently on the UKCP voluntary register are virtually assured transfer on to the HPC register but as the standards of the existing HPC professions are incorporated into psychotherapy and the shift from a vocational to a career based profession is accelerated, then future registrants are likely to be a very different breed. The entry level for new registrants onto the register will be set by the HPC. This is currently a contentious issue for psychologists who prefer to set a PhD threshold.

The HPC believe this is too high, as it will have negative employment implications, and prefer to set the threshold at Master's level, which is likely to be the minimum entry level for psychotherapists. Once the register is operational a two year grand-parenting window will allow those not on the current voluntary registers to be assimilated, a £400 scrutiny fee will apply, and that may be waived if the appropriate qualifications are held.

Those practising more than one HPC registered profession will be liable to pay dual registration, for example psychologists practising psychotherapy (which has always been a blurred demarcation) will have to demonstrate they meet the criteria for entry on the register as a psychotherapist and will be required to pay for two registration fees of £72-76 in order to practice both psychology and psychotherapy.

Although the assimilation of psychotherapy and counselling onto the statutory register will increase the registrant size of the HPC by approximately 50%, representation on the HPC governing council will be limited to 2-3 representatives. This will clearly limit the development of standards conducive to the psychotherapy frame – how will 4-5 very distinct psychotherapy modalities be represented by 2-3 council members who will have their own modality allegiances? It is difficult enough to reach agreement across modalities, never mind the accommodation of allied health professions' values which are not necessarily compatible.

It is likely that the HPC will make its mark on the profession not so much by regulation, but through the gradual re-defining and restructuring of training organisations. Like registrants, training organisations currently endorsed by the UKCP will become approved psychotherapy training organisation. However over time they will have to assimilate HPC standards and meet the requirements of a periodic re-assessment process against a generic and coherent process, something similar to the existing UKCP Quinquennial Review process. New training programmes will have to meet the HPC existing training standards and produce relevant research evidence.

Post statutory regulation the role and functions of professional bodies such as the UKCP and the UK Association of Humanistic Psychology Practitioners will change, for example they will no longer be permitted to accredit practitioners. The UKCP has outlined its new shape at March 2008 AGM and will take on a much wider role in representing the interests of registrants in terms of on-going professional development, research etc. rather than the implicit interests of training member organisations which is the present case. There will be no requirement for psychotherapists to subscribe to any professional body other than the HPC: that will place considerable pressure on those professional bodies that survive to deliver. With the HPC being concerned with regulation standards, the need for good psychotherapy representation is likely to be much greater, which

will necessitate the need for good links between the HPC and the UKCP.

Conclusion

Public safety has been put forward as the main reason for statutory regulation, yet the practitioners we need to fear most are those who are skilled, hold eminent credentials and who are intent in doing deliberate harm!

There are forces within HIPS that want to subsume the section within an all encompassing 'integrative' title and identity. SFH have been very clear that 'integrative' is not acceptable as a modality title, as it means different things to different people and cannot be sufficiently scrutinised for SFH purposes. SFH have put forward Humanistic-Person-Centred-Experiential as a suitable fourth modality title and although the approach is at the cutting edge of research, it falls short of being a modality title representative of the wider Humanistic and Integrative tradition. As custodians of a rich family of

psychotherapies, HIPS and its newly formed Political Group are charged with ensuring that the Humanistic, Transpersonal and Integrative traditions are all represented on all fronts. It would make sound political sense for all Humanistic, Transpersonal and Integrative professional bodies to form an active alliance alongside the UKCP for statutory regulation purposes and negotiate the best possible deal with SFH and HPC without compromising the integrity of any tradition.

The imposition of any psychotherapeutic theory title such as psychodynamic, person-centred, integrative or otherwise as a generic identity for a wider field of practice is not acceptable – for the sake of identity and coherence ground we need distinction and co-operation. Inter-modality rivalry and local division places us on less solid ground, and does little to strengthen the profession as a whole. As regulation is inevitable it is wise to stick together, with the single title 'registered psychotherapist' as the rallying point for the profession.

Note: HPC meetings are open to the public – notice of attendance is required. The next meetings are July 7th 2008 and October 15th 2008

Although **Derek Lawton** maintains strong links with his native Newcastle upon Tyne he has lived in Yorkshire since 1980. He has worked in the NHS for over thirty years and has over twenty years' experience working in the field of psychotherapy and therapeutic counselling and is employed as a Specialist Client-centred Psychotherapist. He was co-founder of one of the first Masters professional training programmes in Client-Centred Psychotherapy in the UK. His accountancy training has been a catalyst for him becoming the treasurer of the UK Association of Humanistic Psychology Practitioners and UKCP: Humanistic and Integrative Section. He is also a UKAHPP delegate to HIPS and sits on the Chairs and Officers Group.