



## A Fork in the Road for the Psychological Therapies?

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I have been invited by the editors to respond to the last issue of *Self and Society* (Vol 38 No 1 Autumn 2010). In their editorial they say 'with statutory regulation of psychological therapies now almost certain, humanistic psychologists are approaching a fork in the road'. The issue focuses on those voices in the humanistic tradition who believe that 'the agenda of statutory regulation clashes with that of humanistic psychology'. I have been writing in favour of voluntary regulation since the 1990s and in the last few years have supported and campaigned for statutory regulation through the Health Professions Council (HPC). I think it is fair to say that I am a humanistic practitioner to my very bones. I have lived, trained and practised since the beginning of the humanistic movement in Britain, starting in 1969.

### **Statutory Regulation through the HPC is not a Certainty**

It is becoming clear that statutory regulation is not a certainty. The current government is committed to dismantling the state. The anti-regulation movement has campaigned strongly and has succeeded in creating the impression that the majority of the profession is anti-regulation. This is a long way from the truth. The current estimate is that there are 60,000 practitioners in the field of psychological therapies. The 'Alliance against State Regulation' has gathered approximately 3,000 signatures of those against regulation through the Health Professions Council (HPC) – of which by the way only 800 are registrants of the United Kingdom Council for Psychotherapy (UKCP) which has 7,000 members. The idea that it is a certainty that we will be regulated by the HPC I think encourages people who are in favour of regulation to become complacent. With this situation as a backdrop the government is playing its cards close to its chest and not committing itself either way at the moment (Milton 2010). There is a possibility that they will abandon the project for regulating psychotherapy and counselling with the HPC. Rumour has it that they may favour a different route for regulation, referred to as 'enhanced self-regulation' (UKCP Bulletin 8, 2010), through the Council for Healthcare Regulatory Excellence (CHRE). Further

rumours are that this may mean that they will choose one of the larger current voluntary regulatory bodies to regulate the whole field of psychotherapy and counselling, giving this body enhanced powers.

### **A Level Playing Field**

In my view the HPC remains the ideal regulatory body, particularly for the humanistic traditions of psychotherapy and counselling. It has demonstrated that it is a light-touch, hands-off, transparently consultative and responsive independent statutory regulator. It is efficient and economic for practitioners, with lower registration costs than the alternatives (Scott 2010). It has the expertise and personnel to respond to individual inquiries politely, promptly and efficiently. Its focus is on protection of the public and so it leaves the fine-tuning of professional standards to the existing professional bodies ([www.hpc.org](http://www.hpc.org)). It has the potential to create a level playing field for the diversity of approaches in both psychotherapy and counselling that exist today and to dismantle the hierarchies that dog our field. It will enable the disciplines of psychotherapy and counselling to be established in their own right. Without the HPC's model of statutory regulation we risk the situation that has developed in Europe. In Germany, the Psychotherapy Act restricts the practice of psychotherapy to the professions of psychology and psychiatry. Italy restricts the practice of psychotherapy to graduates in psychology or medicine who have completed a four-year postgraduate course in psychotherapy at a training school recognised by the state; French legislation restricts use of the title "psychotherapist" to professionals on the National Register of Psychotherapists and the inscription on this register requires a training in clinical psychopathology and a period of internship which is only open to physicians or titulars of a master's degree in psychology or psychoanalysis.

We need to consider therefore not just what a post-regulated humanistic field would be like – with some humanistic practitioners choosing to refuse the HPC route and to practise under alternative titles such as 'body therapist', 'life coach', 'Jungian analyst' or Postle's suggestion of 'human condition worker' – but what would happen to humanistic psychology if the government abandoned the regulation project for psychotherapy and counselling completely, or chose a route whereby humanistic practice came under another regulator, not necessarily one of our choosing.

### **Accountability**

Perhaps I should start by saying something about why I feel so strongly that statutory regulation is now necessary. I can sum it up in the word 'accountability'. It is no longer appropriate to practise psychotherapy or counselling without clear lines and systems of accountability that can be backed up by statute. We have voluntarily set training standards, created ethical frameworks and tried to monitor our own practices. I was committed to voluntary regulation and have

been involved in the development of the field over the last twenty years. In my experience voluntary regulation has not worked. There are a number of different professional bodies with different training standards, ethical frameworks and complaints systems. The United Kingdom Council for Psychotherapy (UKCP) alone has more than 70 different ethical codes and complaints procedures. People seeking therapy must find it a nightmare to negotiate how to choose a therapist and what kind of therapy they will be engaged in. When things do go wrong it is very difficult to find out how to complain or where to seek justice. The recent survey by MIND confirms this (MIND 2010). There is still too much protectionism. With the best will in the world small organisations cannot find enough independent personnel with the right kind of expertise to handle serious complaints. The transference issues in small organisations and training institutions are difficult, if not impossible, to avoid. The world has moved on, everyone is more aware of their rights and as a profession I believe that we now have to step up to the mark.

### **The Good Old Bad Old Days**

When I began to train as a psychotherapist in 1975 there were no validated training courses or accreditations and no agreed ethical frameworks. You were accepted on a training programme on the subjective criteria of your trainer – and never quite knew what these were. You did not have a syllabus or know when the training would end. You were dependent on your therapist/trainer/supervisor (it was considered a plus if this was the same person) to tell you how you were progressing or not, when you were ready to take clients and when your training was finished. Working through these authority issues and becoming your own authority was understood as part of the training. Those who were not willing to undergo this process simply went from one trainer to another. The way you were 'progressing' in therapy was the measure of your ability to be a good therapist. What we would nowadays deem to be boundary violations of all kinds were commonplace. Some were of a serious nature and others were more minor. It was frequently the case that trainers or group leaders had sex with their clients. Some group leaders were well known for their 'groupies'. Violence was also something that happened in groups and one practitioner from those days has told me how she would wash blood off the walls of the group room after certain leaders' sessions. Complaint systems were unheard of. If you did not like it you left. You usually paid the fee as you went along. But of course it was never as simple as that. You were emotionally and psychologically entwined and transference bound to the therapist/leader/supervisor and also to other group members.

However the training could also be intensive and rigorous in its own way, provided that you were able to stay with it. I was fortunate to be in training with Nadine Scott, a leading Gestalt and Bioenergetics

Psychotherapist, between 1975 and 1981. At the same time I was 'apprenticed' to David Boadella between 1976 and 1982. David is a leading Reichian and developed his own approach 'Biosynthesis'.

As a client, trainee, practitioner, trainer and supervisor I was always aware that ethical frameworks were missing. You were dependent on your own sense of right and wrong; fairness and justice to ensure you were thoroughly trained and practised ethically. These are complex concepts and I believe we need each other in dialogue and thoughtful reflection to enable us to negotiate the moral maze of living and practising ethically. I was thrilled to be part of the UKCP when I was eventually accredited in 1992 by the Association of Humanistic Psychology Practitioners (AHPP) and to join a collegial forum in which many good minds and spirits were united in trying to work these things out. I still appreciate the challenges of the perspectives of other approaches to our work and also feel clear that I am most at home with the humanistic philosophy and approaches.

### **The Humanistic contribution**

When I began to train we were still in the dark ages of behaviourism in the NHS. I also experienced psychoanalysis as too patriarchal for my taste. Psychoanalytic theories were not female friendly, yet alone friendly to those whose sexual orientation, racial or cultural heritage did not fit the psychoanalytic mould. I was attracted to the more culturally and socially open and diverse field of humanistic practice.

I believe that the humanistic tradition has made vital contributions during this time to the development of psychological practices and our understandings of what it means to be human. At the beginning of the movement we challenged the status quo from a marginal and counter-cultural position because there was no alternative at the time. Society has moved on and these contributions are now firmly embedded in the social psyche. Our philosophy – and by this I mean our ideas about the uniqueness of the individual, the innate capacity of human beings to be self-healing and to fulfil their potential, the multi-dimensional nature of relationship and experience and the importance of approaching life in a holistic way – has had a profound influence on every area of life – child-rearing, education, medicine, the prison and legal system, the social care and health systems. It has helped influence the agendas in the family, sexual and gender politics, religion and inter-racial and intercultural life. I worked in General Practice in the early 90s and have worked with GPs and Doctors in a number of settings since then. I have been struck by how proud they are of their holistic approach to medicine and how far-reaching the 'client-centred' ethos is in medical settings. The great divide between the medical model and the psychotherapy and counselling models is a fallacy. There has long been an understanding of human distress existing along a spectrum of emotional and psychological states with life events and genetic components as

interacting factors (Scott 2004). It is now known that most of us experience at least one psychotic episode in our lifetime (Kinderman and Cooke 2000). The idea that there is a medical model of mental illness has not been tenable for many years (Kendell 1996).

At the same time there has been a back-lash in the last few years. Rather than continuing on the trajectory towards opening up the field to more diverse approaches to psychological/ psychotherapeutic practice, the field has begun to close down. I suspect that it is a battle to hold on to some hard won positions and vested interests. I think that the fear is that opening up the field threatens these interests and so there has been a massive drive through Increasing Access to Psychological Therapies (IAPT), Skills for Health (SfH) and the National Institute for Clinical Excellence (NICE) to close the field down again, and in particular to exclude the range of approaches in the humanistic tradition. These are very human fears that we can all understand, but at the same time I think that there is plenty for everyone and that the humanistic tradition is a vital, relational, collaborative and integrative tradition that is needed. I think we have our feet on the ground, our hearts and minds engaged and we reach for the stars. I do not think than any other modality does this.

### **Why has the field begun to close down?**

To answer this it seems to me important to first consider the effect of having a partially regulated field already. The British Psychological Society (BPS) was founded in 1912 and practitioner psychologists were regulated by the HPC in 2009. Early scientific interest in psychological treatment was always fostered by the BPS. Cognitive Behavioural Therapy (CBT) integrates behaviourism's studies into the effects of reward and punishment on human behaviour with cognitive research that demonstrates the power of positive thinking in effecting changes in behaviour. CBT has very different roots and is founded in a very different paradigm of what it means to be human from both psychoanalysis and humanistic psychology. It focuses on managing symptoms and finding strategies to avoid their recurrence. It is very effective in doing this – and for many people it can be life-saving. Funding for research and the evidence-base for CBT goes hand in hand with the fact that psychology has had chartered status for many years and has worked alongside psychiatry within the medical establishment (Scott 2004). It is because of this that CBT is now the psychological approach of choice for commissioners of services, GPs and other referral agencies. It is almost impossible these days to practise in the public sector unless you are offering CBT. Counsellors in General Practice are being forced to re-train in CBT or lose their jobs. Psychotherapy services are contracting. The public has come to believe that counselling or psychotherapy **is** CBT. This is the background to the 'Increasing Access to Psychological Therapies' (IAPT) project. When the 'Skills for Health' (SfH) project was commissioned by the DH to map the field of psychological

therapies and to develop National Occupational Standards (NOS), they began with CBT. The humanistic approaches were originally excluded. It is rumoured that the British Association for Behavioural and Cognitive Psychotherapy (BABCP) are intending to make an independent approach to the HPC to be regulated. I believe this may be an attempt to ensure they keep this monopoly in public service delivery of psychotherapy and counselling. This will be a great loss. While CBT is effective in certain circumstances, its scope is limited and there are many people it simply does not reach.

Psychoanalysis will not be a regulated title and so it will not be subject to HPC regulation as things stand. Psychoanalysis has a long history of recognition in the establishment and like the humanistic tradition there are a number of different psychoanalytic approaches – classical, object relations, ego psychology, self psychology and so on. Although some psychoanalysts are opposed to regulation, a large number of them, as represented by the British Psychoanalytic Council (BPC), are embracing it. They too are fighting for psychoanalysis to be included in the mapping of the professional field and for the survival of their approaches. People generally can no longer afford the time or money for five-times-a-week psychoanalysis and their training programmes are struggling to survive. They are looking at ways to bring psychoanalysis into the 21<sup>st</sup> century (New Horizons 2010). However I believe that with its long history and establishment credentials psychoanalytic theory and method will be safe – even if some approaches to psychoanalysis will need to transform and adapt to the needs of modern society.

It is the humanistic approaches that will be lost in the future mapping of the field. We will return to the margins where access to our approaches will once again be only for those who have enough money to pay for it. I suspect that training programmes will not survive and without them the development of theory, practice and ethical frameworks will not develop. I fear we will be stuck in a time-warp. Current veterans of the field may well survive – but where will the new blood come from? In the economic climate we face, trainees will want to have some sense that they can practise their skills and make a living. I would not recommend them to train in an approach that may not be able to offer them any future. We all have to make a living even when we are vocationally and spiritually motivated. In the sixties and seventies it was a time of plenty and most of us had no difficulty finding clients. Nowadays many trainees and registrants struggle to make a living. It is not that there are fewer people wanting or needing therapy. One in four adults suffers emotional and psychological distress that is on a spectrum from difficulties in negotiating life changes, family or relationship breakdown to serious psychotic breakdown. Of these it is only about 1% who suffer serious psychotic breakdown – the rest seek help with negotiating life's normal course of events (Goldberg and Huxley 1992).

## **Misinformation is rife**

I read with interest the articles by Richard House and Andy Rogers. I enjoyed Jennifer Maidman's imaginary account of life under a 'Music Professions Council' as analogous with the HPC's regulation of psychotherapists and counsellors. Her idea of an off-shore pirate therapy centre for the post-regulation era is great fun. I want to understand why humanistic practitioners see statutory regulation as not fitting with the values and aims of humanistic psychology and why the debate has become so polarised. It is clear that both sides – those in favour and those against regulation – fear for the survival of their beliefs and their ways of working. It seems that the arguments have become so heated that we are not listening to each other any more. I want to respond to the arguments that I have heard put forward and see if I can tease out what the key differences are between our positions.

One of the problems I have encountered is that there is so much misinformation flying around. So the arguments are often based on inaccurate assumptions.

One argument that I have heard put forward against the HPC is from those saying they are in favour of 'statutory' regulation not 'state' regulation. Apart from the fact that the HPC is an independent 'statutory' regulator, this is a confusing distinction. Both mean that there are statutory (i.e. 'state') powers to enforce the regulatory processes through the legal system. The HPC receives no funding from the government and is entirely self-funding from registration fees. It is accountable to the government and backed by statute – i.e. the law of the land or 'state'.

Another argument that seems to hold sway is that there is no mediation stage in the HPC's Fitness to Practice procedures (i.e. their complaints process). There has always been the possibility of mediation within the system prior to a formal complaint being lodged ([www.hpc-uk.org](http://www.hpc-uk.org); [integrityisrpt.org](http://integrityisrpt.org)). However as a result of the feedback from the 2009 public consultation (HPC 2009) and research it commissioned into the expectations of complainants the HPC is currently actively considering the role that mediation and ADR might play in addition to its existing Fitness to Practise procedures (HPC 2010). Yet many in the field continue to quote this as a major problem with HPC.

The most common misconception is that HPC will tell us how to practice and that they will be setting our training standards. The main purpose of the HPC is protection of the public. Their main interest in the standards is to ensure that they are clear and can be effectively monitored. It is the profession itself who will create these standards and the HPC's role is to advise on their clarity and practicality.

In my view the problems lie in the fact that we have so much difficulty in agreeing with each other. So for example the British Association

for Counselling and Psychotherapy (BACP), who has consistently said that they are committed to regulation through the HPC, are in disagreement with the rest of the field in saying that there is no difference between counselling and psychotherapy. The majority of the members of the Professional Liaison Group (PLG) are 'stakeholders' of the profession, who are working on issues such as this and making recommendations regarding the Standards of Proficiency (SOPS) and Standards of Education and Training (SETS), trying to come up with solutions that all can agree. The HPC representatives are in the minority in the PLG and are mainly other professionals already regulated by the HPC who are there to offer their experience of being regulated. The Chair is both a UKCP registered psychotherapist and an HPC regulated Arts Therapist. Any proposals that come out of the work of the PLG are circulated widely for comments from the entire field. The feedback from these consultations is published on the website along with minutes of all meetings, dates and details of the process and discussion papers. I find the process to be one of the fairest and most transparent that I have come across.

Yet House and Rogers (2010) seem to conflate the HPC with the National Institute for Clinical Evidence (NICE), Increasing Access to Psychological Therapies (IAPT) and Skills for Health (SfH). House puts them together with the 'modernist' paradigm and 'medical model psychotherapy' (House 2010:6). Yet it was representatives of the profession in the PLG who drafted the standards that were circulated using the ability to work with severe mental illness as a distinguishing factor between psychotherapy and counselling, not the HPC members of the PLG (HPC/PLG minutes Dec 2009). Rogers quite rightly challenges 'the drive to quantify, standardise, codify and commodify the puzzles of therapeutic relationships' (Rogers 2010:32). But the HPC is independent of NICE, IAPT and SfH – all of which are funded by the Department of Health and are principally public sector projects – and I believe that without the HPC we will be leaving ordinary people to these very forces of 'power-oriented, pseudo certainties' (Rogers 2010:35) that he and many of us, including me, want to change. It is my view that without regulation by the HPC humanistic practice and our approaches to the 'subtle, complex, uncertain ordinariness of life' (Rogers 2010:35) will be excluded from the field and unable to influence the developments of these important projects. We fought for inclusion in the SfH project for this reason. We succeeded in injecting some aspects of humanistic practice into the National Occupational Standards (NOS) that would not have been there had we not fought and won this battle – such as a spiritual/transpersonal element to the standards and a multi-dimensional element to the therapeutic relationship (SfH Humanistic NOS 2009). The political battle continues. The BACP won the contract to 'deliver' the NOS; the person-centred counselling movement managed to carve out a special place for itself within the suite of NOS. Despite this, the richness, depth and diversity of humanistic practice are included in the NOS. At the level of the content of the NOS the diversity of approach within the humanistic movement succeeded in



establishing a presence (SfH Humanistic NOS 2009). It is my fear that unless we in the humanistic movement follow this initiative up at best the humanistic approaches will be reduced to one approach, 'person-centred' counselling.

### **Humanistic Practice, Research and Accountability**

The job of NICE is to review the research evidence so that interventions that are offered in public sector provision and paid for by the public purse are seen to be effective and cost effective. The Randomised Controlled Trial (RCT) has been established as the gold standard for what is called 'evidence-based practice' of medicine. As a profession we need to influence NICE to demonstrate that the kind of research that works for a drug does not ethically or practically fit with research into psychological interventions. Much headway is being made – but we cannot influence this evolution in thought from a marginal position. We need access to funding and resources in order to carry out the kind of qualitative and quantitative studies that are appropriate for our discipline. There is plenty of good work and evidence of the right kind to support us – but we have to be in a position to make our voices heard. The Mental Health Providers Forum (MHPF) has mounted a campaign to articulate and mobilise these arguments and gather resources to influence NICE in particular and the field of psychotherapy and counselling generally to take on board this task of changing to a more appropriate and relevant research culture. I feel strongly that this kind of influence will be important not just for ensuring our approaches survive but also that they continue to develop. I also believe that the right kind of evidence is necessary to ethically demonstrate that our approaches are effective. Subjective accounts are important and even central in this – but they need to be formally and methodically collected and scrutinised to ensure they are fair, honest and valid. The right kind of research is another part of the accountability issue. I do not think it is right or fair to engage in a therapeutic relationship without having some idea that what we are offering can be therapeutic. This does not mean that we have to think in a tick-box way – or a cause-and-effect way. It means developing our research methodology so that we can take into account the complexities of the relational field and the complexities of being human. It is important that we learn about how to be better practitioners from the perspective of the clients we serve. In my view this fits entirely with humanistic philosophy and is inherent to my understanding of what it means to be an ethical humanistic practitioner (Scott 2004).

### **Conclusion**

House talks about 'the deadening forces of institutional professionalism' (2010:6) and I would agree that these have to be challenged. I believe that we can and have been challenging these forces effectively from within the professional field since the UKCP was established in the 90s. To return to the margins will mean that we lose this influence. We have to move forwards to meet the challenges of a changing society – not back to an outmoded and flawed counter-cultural ethos.

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