Digest of

National Occupational Standards for Psychological Therapies

Edited by Peter Fonagy

Foreword by John Alderdice

March 2010

The National Occupational Standards for Psychological Therapies were developed by Skills for Health

Foreword

Major strides in pharmacological treatment of mental illnesses have helped people be less frightened and more understanding of these disorders than in previous centuries. However, the limits of medication have led to an increasing interest amongst patients and professionals in the use of psychological treatments for emotional distress as well as mental disorders. Recent decades have witnessed increasing demands for higher standards, greater openness, accountability and regulation. The responses of psychological therapists have resulted in more research, more therapists (especially outside the NHS), more professional associations, and more government interest in regulation. There is not one psychological approach for all psychological problems, not least since we are working with many different kinds of people. How can patients, trainees and professionals ensure that they are working effectively and efficiently when they are engaged in one of the psychological therapies?

This Digest describes one approach to this question. The four UK Health Departments commissioned Skills for Health to engage a group of academics and professional therapists to develop 'practice orientated' National Occupational Standards for Cognitive and Behavioural Therapy, Psychoanalytic/Psychodynamic Psychotherapy, Family and Systemic Therapy and Humanistic Therapy. Those of us involved in the production of these National Occupational Standards understand well the limits of the work, but are reassured that the Health Departments who commissioned the work have undertaken to have it reviewed after a few years of operation. We commend these National Occupational Standards to you as a useful basis for working in the psychological therapies and hope others will refine, develop, extend and use them for the benefit of those with whom we are all privileged to work.

John, Lord Alderdice FRCPsych (House of Lords, London)

Chair, National Reference Group

For three years the NOS project, run by Skills for Health, has been guided by the National Reference Group representing the psychotherapy and counselling professions and service users in the UK. This Digest presents descriptions of and reflections on the NOS from Group members.

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Skills for Health is the Sector Skills Council for the UK healthcare sector, encompassing the National Health Services, independent healthcare providers and voluntary organisations. Its purpose is to help the whole sector develop a skilled, flexible and productive workforce, to improve the quality of health and healthcare. www.skillsforhealth.org.uk

Contributors

John, Lord Alderdice, FRCPsych, House of Lords, London, Chair of the National Reference Group for the Skills for Health Psychological Therapies NOS Project

Peter Fonagy Head of the Research Department of Clinical, Educational and Health Psychology, University College, London, Chair of the Strategy Group for the Skills for Health Psychological Therapies NOS Project

Carmen Ablack, Chair, standards board of UKCP, Member of the National Reference Group

Gwen Adshead, Consultant forensic psychotherapist , West London Mental Health Trust, Member of the National Reference Group

Sally Aldridge, Head of Regulatory Policy, BACP Member of the National Reference Group

Malcolm Allen, Chief Executive Officer, BPC, Member of the National Reference Group

Francis Lillie, Clinical Psychologist , representing BABCP, Member of the National Reference Group

Chris Mace, Consultant psychotherapist, Coventry and Warwickshire Partnership Trust, representing RCPsych, Member of the National Reference Group

David Vincent, Institute of Group Analysis, Member of the National Reference Group

Eia Asen, Consultant Child & Adult Psychiatrist, Marlborough Family Service, London, Chair of the Family and Systemic therapy Modality Working Group

Mary Berry, Independent therapist, Chair of BACP Chair of Professional Standards Committee, Chair of the Humanistic working group, Member of the National Reference Group

Anthony Bateman, Consultant Psychiatrist in Psychotherapy, Barnet Enfield an Haringey Mental Health Trust, Chair of Psychoanalytic/psychodynamic Therapy Modality Working Group, Member of the National Reference Group

Rod Holland, BABCP Workforce chair, Chair of the Cognitive and Behavioural Therapy Modality Working Group, Member of the National Reference Group

Stirling Moorey, Consultant, South London and Maudsley NHS Trust, Chair of the Cross Modality Working Group, Member of the National Reference Group

David Mathews, Technical Consultant to Skills for Health

Nicola Player, Technical Consultant to Skills for Health

Introducing the Digest

Peter Fonagy

The National Occupational Standards are part of the profession's effort to do what it can to clarify what can be expected of psychological therapists, both for the public and for themselves.

The NOS offer partial descriptions of just four out of 400 or perhaps even 4,000 modalities. Nevertheless, this work of defining what typically happens in psychological therapy can do a great deal to combat the mystique and counteract suspicions born of prejudice. To formulate and describe four types of therapy in a straightforward manner, in our view, is a giant leap forward in the direction of openness and transparency. Being clear about what we do does not do away with the magic of interpersonal creativity which remains at the heart of the art of psychological therapy. Describing and systematising simply creates a basis for a clearer discourse about psychological therapy than would have been possible prior to the NOS.

NOS are nothing unless they are put into practice. Carmen Ablack and Chris Mace (page 3) show how NOS can inform processes like commissioning and education and training, which are representative of many other applications from induction to exit interviews.

David Vincent, Francis Lillie and Chris Mace (pages 4,5) carefully qualify the partial nature of the NOS, while John Alderdice reminds us that there are many therapists far beyond the embrace of the NHS for whom these NOS will be relevant.

NOS are not snappy, but how could they be for a profession that was described in one of our meetings as too often 'awash with ineffability'? On page 5 I try to make sense of the search for clarity in the standards. Malcolm Allen (page 6) complements this with recognition of the *craft* of therapy, a concept to hold in mind while wrestling with descriptions.

We should never separate ourselves from the ethical framework that protects our clients against a therapist's dishonesty or self-delusion. Gwen Adshead reminds us of this imperative (page 6). John Alderdice makes the case for not working alone, but being a member, with colleagues, of a professional organisation that gives perspective.

At times during the development of the NOS, the project was criticised for being the pathfinder or fifth column for regulation. NOS, however, are rather different from regulatory standards and I describe why on page 7.

On the same page Sally Aldridge and Mary Berry make the case for evaluation of these NOS in use. How will they work? Can we improve next time?

The NOS are summarised in their four modalities on pages 8 to 13, Cognitive and Behavioural Therapy, Psychoanalytic/Psychodynamic Therapy, Family and Systemic Therapy and Humanistic Therapy. These summaries capture the highlights of the standards, but I do commend you to choose the ones that matter to you and explore them in depth on the CD that accompanies this digest or at *www.skillsforhealth.org.uk.*

In the last commentary, Stirling Moorey (page 16) provides a view across the Psychological Therapies NOS as a whole, identifying the common threads of the four modalities, without threatening their distinctiveness. ■

New to NOS?

National Occupational Standards, known as NOS, describe what is expected of someone working in their occupation. They divide work into functions that are distinct enough to be talked about, reviewed or appraised separately. Each NOS has:

1. A title, defining the function the NOS covers
2. An overview, summarising the NOS and showing to whom it is relevant
3. Knowledge and understanding, that the individual needs to know and/or understand to enable them to meet the performance criteria for this function
4. Performance criteria, distinguishing performance that is good enough from that which is not.

It usually takes a number of NOS to set out the demands of a role or a profession.

NOS are 'national' when there has been sufficient involvement and agreement among practitioners and other stakeholders across the four countries of the UK to establish credibility and validity.

Application of NOS in commissioning
Carmen Ablack

Commissioning in the NHS is designed to ensure that the health and care services provided effectively meet the needs of the population. The NOS can be used to help target the areas of professional practice of most importance to the needs of the specific project or groups to be serviced.

Whilst it is expected that the NOS should be read as a whole, this digest recognises that different clusters will have more or less importance in given situations. Commissioners are advised to seek support and guidance from the NOS themselves and also from professional colleagues in the field of work.

In the complicated and complex process of responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers; it is believed that the NOS and this digest can help to simplify what needs to be understood.

'It was very easy to reference the standards to the indicative content of the programme.
Training centre in Durham

Practice Based Commissioning involves GP practices and other health and primary care professionals in the commissioning of services. The NOS can be used to help identify which aspects of the work of the psychological professional are of most importance to a particular scheme or programme. They also can provide a common language to be used across professional groups and the digest recommends they are used to aid multi-disciplinary dialogue. This may be particularly useful on the PBC best practice network. ■

How NOS inform training & education: relationship to curricula
Chris Mace

When applied within the contexts they are intended for, each set of NOS is a working summary of knowledge and skills likely to be necessary, if not sufficient, to practice a model of psychotherapy. They should prove extremely helpful in the design of courses of training for psychological therapists. Taken as a whole, each set of standards provides a map that a course's curriculum can be compared against. They are freely available to incorporate into future course curricula. Because each NOS details the individual skills and types of knowledge necessary to perform a particular aspect of therapy well, they can also assist trainers and trainees when assessing trainees' performance, in providing feedback about and identifying remaining learning needs. The NOS are not in themselves assessment tools. Training providers will need to develop methods of assessing trainees' knowledge and skills that take account of their own course objectives and the needs of the clinical settings in which their trainees are working. ■

Continuing professional development
Carmen Ablack

NOS provide a challenging agenda for managers, practitioners and trainees wanting to plan and reflect on their personal learning experiences. They may help to identify key gaps in learning and indicate what the outcomes of any CPD should address to fill the gap. A CPD could best be recorded in such a way that the individual could clearly demonstrate how they have developed and what they are now able to contribute that they couldn't previously, or how their contribution in a particular area has been enhanced. ■

Uses of NOS

- Appraisal
- Assessment
- Benchmarking and critical review
- Career development
- CPD
- Exit Interviews
- Good practice
- Induction
- Job descriptions
- Job design
- Knowledge and Skills Framework
- Partnership development
- Performance management
- Profiling roles
- Quality assurance
- Recognition
- Recruitment and selection
- Review
- Self-assesment
- Starting a new service
- Succession planning and promotion
- Training and development
- Workforce planning

Context, limitations and caveats
David Vincent and Francis Lillie

The NOS are of great importance for good practice in each modality of psychological therapy, but are not sufficient or essential for good practice. Evidence-based, with a collaboration by clinicians and researchers, they form a powerful tool for guidance on best practice alongside therapists' professional and clinical judgment , which is not superseded by NOS.

Clients will be at different development stages and have different needs. The NOS do not address the individual needs of children and young people, nor the needs of older adults requiring adaptations to the therapy.

Working with people who have learning disabilities and special needs, people whose problems may result from chronic physical conditions and people with serious and enduring mental health problems require additional competences to those presented here. Most of these groups of people require multi-agency and multi-disciplinary working.

All NOS will be used in the context of a complex multi-ethnic and multi-cultural society. They will be provided within a complex delivery system whether it is through non-statutory services or those of health and social care.

While the NOS provide a strong basis for the group therapies that are employed in all the modalities, group therapists need further competences. For example, group-analytic psychotherapy is a widespread form of treatment, and NOS will need to be developed to cover specific group analysis skills and knowledge. ■

Developing the NOS

The development of NOS for Psychological Therapies required a different approach to other NOS projects concerned with health and wellbeing. A greater uncertainty about what practice benefitted clients suggested that practitioners alone would find it difficult to define good practice. Two processes resulted:

1. At University College, London, researchers and trainers from across the UK drew on published evidence to define competences necessary to engage in effective therapy in each of the four modalities. These *Expert Reference Groups* undertook the job of resolving the sometimes contentious questions of what most likely constituted good practice
2. Subsequently, in the NOS development project, practitioners drew on these competences and on their own experience of the constraints of everyday practice to define knowledge and performance criteria that reflect the realities of therapy

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The competences from UCL present knowledge and ability progressively from the generic to the problem specific, with an emphasis on knowing what and knowing how. The NOS, in contrast, address directly, but perhaps less elegantly, the therapist's interdependent actions, from determining the suitability of therapy for a client and the manner of intervention as the therapy develops to how therapy may be ended. The emphasis in the NOS is on what you can expect to be doing, as a therapist, or, as a client, what you can expect to experience or receive.

This methodology also implies that the application of the NOS, particularly regarding the client problems that they can be taken to address, centres on the client problems that were included in the research at UCL.

(Summaries of the NOS in each modality can be seen on pages 8 to 15).

Roth A D and Pilling S (2007) *The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders*. Department of Health/University College London

Lemma A, Roth A D and Pilling S (2009) *The competences required to deliver effective Psychoanalytic/ Psychodynamic Therapy*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

Roth, A., Pilling, S. and Stratton, P (2009) *The competences required to deliver effective Systemic Therapies*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

Roth A D, Hill A and Pilling S (2009) *The competences required to deliver effective Humanistic Psychological Therapies*. Centre for Outcomes Research & Effectiveness (CORE) University College London

Other professional and clinical skills
Chris Mace

The NOS summarised in this digest focus on the clinical knowledge and skills that are core to conducting therapeutic interviews. To work effectively and safely as a psychotherapist other professional skills are needed. Some of these are among the NOS for mental health professionals (*www.skillsforhealth.org.uk/competences*). Take, for example, record keeping and ethical practice.

Professional bodies, employers, insurers and the Care Quality Commission recognise that keeping adequate clinical records is an essential professional task for all psychotherapists: summarising assessments and formulations; recording the progress of therapy, including its impact on the client; and communication with other professionals involved in an individual's care. Within record keeping, the psychotherapist has to navigate the various requirements for clarity, accessibility and confidentiality. ■

How the NOS apply beyond the NHS
John Alderdice

While in the UK most professional health care for serious physical disorders is delivered through the NHS, the majority of psychological therapists work fully or partly outside the Health Service. This can often be a more lonely professional environment and it certainly has different pressures and requirements, even when delivering the same modality of treatment to similar patients. National Occupational Standards are not NHS guidelines. They are designed to be of help and guidance whatever the context in which the therapist is working – whether in the public sector, in private practice, in the community, in education, or in any other environment. They are designed primarily to help therapists in monitoring their own work and supervising colleagues, however we expect that many trainers will use the NOS in thinking about the design of their courses. Since the NOS are available on the internet therapists need to be aware that many patients will also consult them to aid in their understanding of the therapy they are seeking or undertaking. ■

NOS: an *idea* rather than an *ideal*

Lengthy descriptions, ideals and prototypes
Peter Fonagy

Why can't we have a simple definition, based on necessary and sufficient criteria, that specifies what a therapist does with sufficient clarity that a commissioner or user of services could be certain about whether a training did or did not fit with that definition? Psychotherapy is one of the more complex and controversial professional categories and the difficulty in offering a satisfactory definition of a particular type of therapist is not simply due to the natural reluctance of professionals to accept reductive specifications of their specialty.

How do we find our way round the world of concepts, such as psychodynamic psychotherapy, that resist meaningful definition in terms of a critical number of features? The answer is that we work with 'ideal prototypes' which are defined by having many features *in common* with members of a particular category. We hold this ideal prototype in mind and judge new instances in terms of their resemblance to this ideal. When we categorise occupations or any other objects, we match them against the 'prototype'. Ideal prototypes in this sense do not imply a definition of perfection; they are simply the constructs that help us to put the chaos of social reality in some kind of order. Creating NOS is part of an attempt at clarification: they simply attempt to describe the competences of someone who is typical of that category. There will be many who consider themselves psychodynamic therapists and who do not feel they share a significant number of the practices described in the NOS.

Ideal prototypes are flexible. The current definitions will change, as they should if the field is to advance. But progress cannot be adequately monitored, let alone evaluated, unless we have a baseline with which we can compare. The prototypes, as described by the NOS are to some degree evidence-based and to a certain measure consensual. They are not perfect; they are an *idea* rather than an *ideal*. They specify a general goal which the average practitioner or the average training programme may aim to work with. The average is not something that any of us

should set out to aim for. We have a legitimate right and even an obligation to be distinctive. An explicitly defined prototype can be an excellent starting point in the demonstration of relative uniqueness and individuality. ■

Celebration of a craft
Malcolm Allen

The publication of a systematised description of the skills and knowledge underpinning the discipline of psychotherapy is another step in the coming of age of a profession, with its own distinctive contribution to make to modern health and social care. Psychotherapy is correctly characterised as a craft.

The craft of psychotherapy combines knowledge and skill: a knowledge that includes a systemised account of the human mind in distress; and skills that are learned from training (and apprenticeship), continuing professional experience and reflection on that practice. This knowledge and skill, like many crafts before it, has been accumulated and passed on through social interaction – a form of tacit knowledge.

But for a variety of reasons, modern professions are finding it necessary to try and make more explicit what has long been implicit. Defining 'competences' is inevitably fraught with the risks of reductionism, over-simplification and omission. But whatever its imperfections, the attempt to translate the complexity of the skills practiced by psychotherapists into a robust competence framework is an acknowledgement and celebration of a true craft. ■

Ethics and psychotherapy
Gwen Adshead

Ethics is the discourse of 'ought' and 'should' in human interactions. It is about a process of reasoning and not a set of rules or commandments. In many ways, ethical reflection and reasoning is close to the complex reflective thinking required for the practice of all psychological therapies.

The ethical aspects of psychotherapeutic practice are distinct from the technical standards of how work is done and reveals the underlying values of the practitioner and the practice of psychotherapy. Our values give us our moral identity. The values that psychotherapists espouse are an indicator of the sort of psychotherapist they want to be.

Professional regulations and codes set out the values and standards expected of any professional psychotherapist; there is an overarching professional duty to consider and respect them because they give structure to professional identity. They also give an indication to clients and patients of what they can expect from their therapists and, more importantly, what they can expect *not* to happen. NOS do just this; they make good practice explicit and the ethical reflections and shared values of honesty and integrity are embedded within the descriptions.

Values are diverse in all human societies and change over time. Many ethical dilemmas arise when there is a clash of values, all of which seem to have some truth and moral weight or when respect for a set of values seems to result in negative consequences. Psychotherapists have a duty to consider these dilemmas deeply, take the necessary time to reflect on them and consult with others before taking decisions.

Psychotherapists have a duty to have completed appropriate training and not undertake work that is outwith their expertise. Trainees have a duty to be supervised, to be extra cautious about their capabilities and transparent with the client about their stage of professional development. It seems obvious that all professional psychotherapists have a duty to put the values of honesty and fairness at the heart of their practice. ■

Importance of belonging to Professional Organisations
John Alderdice

Psychological therapists are famously independently minded. This is one of the reasons why there are so many different professional organisations and also why the process of statutory regulation is more complex than with other less diverse professions. However independent minded you are, it is of critical importance to belong to a professional organisation – indeed there are even organisations of independent therapists, some of whom contributed to the development of the NOS and welcomed the opportunity to think about and

discuss aspects of their practice. We all need to continue to learn from the experience and expertise of others; to take advice on practical professional matters such as costs, insurance, clinical records and legal and disciplinary matters; and to regularly discuss the theoretical and clinical aspects of our work.

Our work has very particular stresses and pressures and those who try to function at arm's-length from colleagues usually find themselves lonely and isolated, and often get into difficulties with their work. These NOS are not written for therapists who work alone. Choose your membership organisation carefully, but make sure that you belong to one, and take an active part in its activities. ■

Not Statutory Regulation

Peter Fonagy

NOS cannot assist us very much in regulating a profession like psychotherapy. Occupational standards describe what professionals pursuing a specific specialism see as key to their practice. In highlighting specific features of common experience, they will be idiosyncratic in a way that regulatory standards cannot afford to be. By contrast, regulatory standards – clearly stated minimal standards - will be far too general to offer guidance to trainees and trainers, practitioners and clients about what they might expect from a particular type of therapeutic experience. Here the descriptive specificity of the NOS will be essential. The common threshold (a common denominator for every kind of psychotherapy) will be challenging to identify, but this challenge is not one with which the NOS initiative was concerned.

Regulatory standards will be far too general to offer guidance about a particular type of therapeutic experience. Here the descriptive specificity of the NOS will be essential.

It is evident that four sets of occupational standards cannot do justice to the wide variety of psychotherapeutic approaches currently practiced by potential registrants. However, even if all 600+ modalities of psychotherapy could be specified in occupational standards, the NOS would still not be suited to determining whether an individual should be removed from the register. The NOS provide positive definitions of therapy practice and do not concern themselves with specifying the potentially infinite set of activities that are incompatible with client safety.

While certain items within the NOS may inform the establishment of standards of safe practice required for registration, in themselves they do not and are not intended to provide the threshold criteria for acceptable practice. ■

Evaluation for review in 2014

Sally Aldridge and Mary Berry

The NOS for psychological therapies represent a description of practice at this particular point in time which needs to be revisited and reviewed. NOS are routinely subject to regular review to ensure that they continue to meet the needs of employers and people who use psychological therapies, and that they reflect developments in the occupational field in terms of theory, practice and research evidence into effectiveness of therapy. Review also needs to address concerns that NOS might encourage a loss of plurality of psychoanalytic approaches and their reduction to a technology of competences that will gradually erode the quality of service to their clients. As one independent psychotherapist put it: 'It is essential that [the NOS] reflect the range and appropriate distinctive qualities of therapy. They need to be reviewed to ensure that they respect, support and encourage these.'

Feedback from NOS readers about the technical content of the standards, their usability, applicability and acceptability is welcomed by Skills for Health via the feedback button on each NOS on the Skills for Health website [*www.skillsforhealth.org.uk/competences*].

The CPJA section of the UKCP has expressed concern that any review should include those practitioners whose practice involves a plurality of psychoanalytic approaches, should review the appropriateness or otherwise of the project's frame of reference for the practice of psychotherapy and psychotherapeutic relationship and should revisit the assumptions or principles on which the derivation of NOS was based. The NOS are scheduled for review in 2014. ■

NOS for Cognitive and Behavioural Therapy: Summary Working Group chair: Rod Holland

PT 01 Assess the client for cognitive and behavioural therapy

A therapist builds a picture of the client's difficulties and their impact on daily living as they begin working together. They identify the symptoms or problems that are amenable to therapy.

PT 02 Develop a formulation and treatment plan with the client in cognitive and behavioural therapy

A therapist explores cognitive and behavioural models to help a client understand how their problem, or combination of problems, developed and what maintains it. In sharing formulations, a therapist helps a client recognise unhelpful thinking and behaviours.

PT03 Engage with the client in cognitive and behavioural therapy

In dealing with the practicalities of sessions and assurances about their professional and ethical behaviour, a therapist begins a collaboration with the client. They also ensure that they understand each other.

PT06 Collaborate with the client in implementing cognitive and behavioural therapy

Working together, the therapist and client share responsibility for decisions about the direction of therapy. Agreement about the issues and problems which the client identifies as important shapes the sessions and the practice assignments.

PT 07 Agree goals for cognitive and behavioural therapy with the client

A client's goals need to be of a kind that can be put into practice. A therapist helps the client reflect in their goals the issues with which they presented and which worry them.

PT 08 Match the structure and pace of cognitive and behavioural therapy sessions to the needs of the client

A therapist and client balance the agreed agenda with following up important issues raised by the client. This allows them to plan, pace, review and revise session structures and the role of out of session work.

PT 09 Plan and review practice assignments in cognitive and behavioural therapy

While a therapist intends that a client will complete a practice assignment, they help the client learn from the experience regardless of how well it has gone. The therapist too learns: how to integrate learning into sessions and future assignments.

These NOS are a tool for guidance and describe what is expected of psychological therapy and counselling care in healthcare settings from cognitive and behavioural theory and practice. They offer a picture of effectiveness in characteristic practices that evidence suggests therapists need to employ. The work has been developed by clinicians, researchers and academics with expertise in Cognitive and Behavioural Therapy for anxiety and depression, social phobia, panic disorder, panic disorder and obsessive-compulsive disorder.1

The NOS have been written with the intention that they be used in relation to therapy for individual adults. They include the principles and practice and techniques specific to cognitive and behavioural therapy, for example, guided discovery and Socratic questioning and dialogue.

Diversity & difference have been treated as a facet of the therapeutic relationship.

The NOS do not attend to complexities involving multiple problems and complex co-morbidities, but apply to basic processes that the therapist and their team must augment with the variations and additions to which their clinical judgment leads.

Professional supervision was recognised as a very important part of safe and effective practice, although it has not been explicitly described here.

[1]These NOS are derived from research reported in Roth A D and Pilling S (2007) The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders. Department of Health/University College London

PT05 Foster and maintain a therapeutic alliance in cognitive and behavioural therapy

A therapist demonstrates to the client that their current beliefs, feelings and actions are comprehensible and acceptable. They help a client feel safe enough to be able to test their beliefs about the reactions of others.

PT04 Enable the client to understand the rationale for cognitive and behavioural therapy

Therapy needs the client, as part of the therapeutic process, to see the relevance of the therapy and to express their scepticism. The therapist talks with the client about their difficulties, which may have physiological, cognitive, emotional and behavioural components.

PT10 Guide and monitor progress made in cognitive and behavioural therapy

Measurement and self-monitoring are therapeutic work and a means of evaluating progress. They help the client to monitor their symptoms and the therapist to adapt their intervention.

PT 11 Conclude cognitive and behavioural therapy with a client

Planning for the conclusion of therapy starts early. Therapist and client collaborate to maintain the achievements made in therapy once therapy has ended and to anticipate problems.

NOS for Psychoanalytic/psychodynamic Therapy: Summary

Working Group chair: Anthony Bateman

PT12 Assess the likely suitability of analytic/dynamic therapy for the client

The therapist considers how to work with the client and reflects if their style of therapy will be suitable for their presenting issues. They also observe how the client takes to an analytic/dynamic therapeutic environment as they begin the therapy.

PT13 Engage the client in analytic/ dynamic therapy

The therapist communicates to the client that their feelings can be tolerated and thought about. The client experiences someone listening and responding to their presenting issues and allowing their conscious and unconscious feelings about the therapy to emerge.

PT 21 Manage difficulties in the analytic/ dynamic therapeutic relationship

The therapist is alert early to any signs that the therapeutic relationship is being adversely affected and seeks to understand the nature of the difficulties and how they have arisen. The therapist also identifies when resistance to therapy is a manifestation of the client's difficulties and when the client is responding to an accurate perception of differences of opinion between themselves and the therapist.

PT22 Manage your own emotional state in analytic/dynamic therapy

The therapist monitors and reflects on their experiences in working with a client to enable them to work for the client's benefit and their protection. They are able to manage the risks and limitations of the therapy as well as develop their understanding of the transference and countertransference.

PT20 Enable the client in analytic/dynamic therapy to explore the unconscious dynamics influencing their relationships

Through the use of interpretations, the therapist enables the client to explore and identify unconscious factors that may be influencing their experience of their relationships. The client reflects on how they manage difficulties in their relationships and in what way their behaviour and feelings maintain those difficulties.

PT19 Enable the client in analytic/dynamic therapy to become aware of unexpressed or unconscious feelings

The therapist enables the client to find ways of acknowledging and expressing emotions of which they are afraid or only dimly aware. This includes the nature and role of their defensive structures and how and why they protect themselves from the experience of particular feelings or states of mind.

These NOS are a tool for guidance and describe what is expected of psychological therapy and counselling care in healthcare settings. The work has been developed by clinicians and academics that reflect a range of theoretical traditions within applied psychoanalysis relating to borderline personality disorder, panic focused psychodynamic psychotherapy, supportive-expressive therapy and psychodynamic interpersonal therapy[1]. They apply to individual adults.

Techniques used in this modality include working in the transference and with the countertransference, making interpretations of a client's material and working with risk.

Diversity and difference are treated as an important facet of the therapeutic relationship.

The language of the NOS that has been used is intended to allow for different styles of working that different practitioners exhibit while exercising essentially the same practice. An example is the term *enable*, used considerably throughout the NOS. It is used here to convey the intention that the client should be able to achieve a certain point, with a bias towards an emergent approach rather than a directive one, recognising that this will vary from client to client and therapist to therapist.

The NOS do not attend to complexities involving multiple problems and complex co-morbidities, but apply to basic processes that the therapist and their team must augment with the variations and additions to which their clinical judgment leads them.

The practitioners who developed this set of NOS wanted to set them within the context of a learning system and saw the personal therapy of practitioners as very important.

[1]These NOS are derived from research reported in Lemma A, Roth A D and Pilling S (2009) *The competences required to deliver effective Psychoanalytic/ Psychodynamic Therapy*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

PT14 Derive an analytic/dynamic formulation

A formulation may be elaborated on and revised in the light the client's response to therapy, as the therapist explores the transference and countertransference and continues to develop hypotheses about the meaning of the client's presenting material, their defences and resistance.

PT15 Explore with the client how to work within the therapeutic frame and boundaries

It is the therapist's responsibility to maintain clear limits and deal with risks to the client arising from their difficulties and their experience of the therapy. Within these boundaries cn emerge previously unconscious aspects of the client's experiences, feelings and understandings.

PT23 Enable the client to move on at the end of analytic/dynamic therapy

The therapist works with sensitivity through endings and what separation means for the client to reach a point of learning or mitigation of ill effects and new risks associated with the ending of therapy. It involves looking back and reviewing the therapy as a whole and looking forward in terms of the client's clinical needs after therapy has ended.

PT16 Maintain an analytic/dynamic focus in therapy

The therapist keeps the process of the dynamic relationship between the therapist and the client as the central focus in therapy. The therapist's analytic stance allows the client's themes, understanding of resistance and interpersonal and affective patterns to emerge and be explored.

PT18 Develop and maintain the relationship as a medium for change in analytic/dynamic therapy

The experiential focus of the here-and-now of the therapy session provides the basis for interventions. Aspects of this focus include the formation of hypotheses that can be tested with the client and evaluation of the client's conscious and unconscious response to the interpretation.

PT17 Explore with the client their experience and understanding of unconscious communication in analytic/dynamic therapy

Creating space in therapy enables the client's unconscious communication to emerge, be reflected upon and understood. The therapist reflects on their own subjective experience with the client in therapy and helps the client make connections between their real life preoccupations and their unconscious internal world of subjective experience.

NOS for Family and Systemic Therapy: Summary *Working Group chair: Eia Asen*

PT24 Undertake an assessment for family and systemic therapy

An assessment is a therapeutic activity in that what is asked of the client - and the way it is asked - begin to make a therapeutic difference. The therapist or therapy team:

- ψ is sensitive to the client's needs
- ψ gather the information needed for a relational map of a client's system
- ψ enable the client to appreciate a close up view and a wider perspective.

PT25 Explain the rationale for systemic approaches

Early in the therapy, the therapist helps the family get to grips with therapy's potential impact on their problems and to give their valid consent. The therapist works collaboratively with each individual, the family and their significant system and:

- ψ explains how one change in the system leads to another
- ψ works with uncertainties and scepticism

PT 31 Promote constructive patterns in relationships within and across systems

Promoting effective interaction patterns in family and systemic therapy involves open communication and the engagement of the relevant people in a therapeutic alliance. The therapist:

- ψ enables the client and wider system to gain a close up view of interactions and wider perspectives
- ψ amplifies change that focuses on the client's actions, resources and the impact on their own lives and the wider system
- ψ enhances the client's agency within their situation

PT 30 Intervene in patterns within and across systems

A systemic therapist addresses problematic patterns and promotes positive ones. The therapist maintains awareness of a range of factors when interrupting unhelpful or stuck interactions. They:

- ψ identify the stories and history of the problem pattern
- ψ pause unhelpful or stuck interactions and practise new, helpful ones
- ψ consider the impact of their challenge to the client's patterns and modify it accordingly

PT 32 Use the resources of a team in family and systemic therapy

A therapist is open to imaginative ways of using their team's contributions, including developing a relationally reflexive relationship between team, therapist and client. The client can help shape how the team contributes. Using the team involves:

- ψ attending to family dynamics that transfer to team members
- ψ collaboratively reflecting the team's contributions and adjusting the direction of therapeutic work

PT 33 Explore differences across and within cultures in family and systemic therapy

Inclusive practice promotes understanding and respect, makes therapy meaningful for all parties in the system. The therapist recognises when extra consultation is required to support client wellbeing. It involves:

- ψ identifying the implications for the therapeutic relationship of differences that are signified through power relationships
- ψ exploring transition issues for the client
- ψ respectfully challenging beliefs, behaviours and practices within the logic of the cultural system

PT 34 Promote change through tasks between family and systemic therapy sessions

As an extension to in-session work, the therapist may invite the client to work with tasks, experiments and rituals tailored to each individual and their culture, the stage of work and their relationship with the therapist. The client is an informed participant in the planning and the feedback. The therapist must:

- ψ develop effective tasks
- ψ elicit feedback helpful to the client
- ψ adjust the pace and direction of therapy in response to the tasks

NOS are a tool for guidance and offer a focus on what generally is to be achieved and what clients can expect. This work has been developed by clinicians and academics and derived from research relating to couples therapy for depression, emotion focused couples therapy, eating disorders, drug misuse, attachment focused family therapy and functional family therapy[1].

Family and Systemic therapy involves practitioners and teams of practitioners working with tensions and the co-existence of opposites within and between systems.

The Family and Systemic therapy NOS include a specific expression of how to engage children.

The practitioners who developed this set of NOS also wanted to explore as a distinct area the multi-cultural aspects & issues of diversity within family and systemic therapy and specific NOS have been developed to address this.

The NOS do not attend to complexities involving multiple problems and complex co-morbidities, but apply to basic processes that the therapist and their team must augment with the variations and additions to which their clinical judgment leads them.

The language of the NOS has been intended to allow for different styles of working that different therapists exhibit while exercising essentially the same practice. An example is the term *explore*, used throughout the NOS. It is used here to convey the intention that the client could benefit from collective thinking about difficulties that can be anticipated, with a bias towards an emergent approach rather than a directive one, recognising that this will vary from client to client and therapist to therapist.

[1] These NOS are derived from research reported in Roth, A., Pilling, S. and Stratton, P (2009) *The competences required to deliver effective Systemic Therapies*. Centre for Outcomes Research & Effectiveness (CORE) University College London.

PT 26 Develop a formulation in family and systemic therapy

Formulation depends on collaboration and shared understanding with the client and family and theories of change. Tentative and emerging, it continues to evolve during the progress of therapy. It involves:

- ψ multiple narratives, contexts and perspectives
- ψ a respectful and even-handed environment
- ψ mutual engagement and collaborative goal setting

PT27 Engage significant members of the client's system

The therapist works with differing ability, beliefs and communication styles to build a therapeutic relationship . Developing rapport with a variety of people is complex and demands:

- ψ trust and space through negotiated rules and agreements
- ψ an approach that is 'not knowing' and curious
- ψ empathic, responsive, non-judgemental listening

PT 29 Work across different languages in family and systemic therapy

Promoting communication and mutual understanding is particularly challenging when participants do not share a language with a client. Interpreters have an important role in the system, since exact translations do not exist, whil$e the therapist must negotiate cultural differences that may influence the therapeutic process. The therapist:

- ψ takes time to understand with the interpreter difficulties in communication
- ψ attends to the meaning of the client's use of different languages
- ψ demonstrates to the client their desire to achieve a shared conceptual agreement

PT28 Promote the engagement of children and adolescents in family and systemic therapy

A therapist's relationship with children and adolescents in the family addresses anxieties and confusions about the therapeutic work., Communication at the children's level allows the child or adolescent a voice in the therapeutic work that may include:

- ψ meeting individuals and the larger family unit
- ψ creating a safe context for a discussion about the sharing of information
- ψ holding space for the child's or adolescent's voice in a family without violating parents' beliefs about hierarchy between children and parents

PT35 Monitor and review progress in family and systemic therapy

The therapist and client together highlight progress and backward steps, impasses and the moments when direction may need to change. The therapist works self reflexively and:

- ψ measures changes in ways that reduce uncertainty about progress and are acceptable to the client
- ψ explores the possible meanings of progress or lack of it
- ψ reformulates goals when needed

PT 36 Manage the ending of family and systemic therapy

The therapist maintains a positive ethos in which the ways in which ending is co-constructed with the client can be experienced as important work together and a new phase of change. Ending involves:

- ψ recognising when therapy has reached the limits of its usefulness
- ψ negotiation to reach a positive end to the therapeutic work with the client
- ψ an enabling review of changes that occurred during the process of therapy

NOS for Humanistic Therapy: Summary

Working Group chair: Mary Berry

PT 37 Explore the possibility of humanistic therapy with the client

Reflecting on the client's needs, as they are manifested, tells the therapist what chance there is of developing a therapeutic relationship. The therapist works within their limits and the exact therapeutic process will emerge in time.

PT38, Enable the client to understand your humanistic approach to therapy

Therapy is a dialogue, set within the humanistic values and philosophy. The client comes to understand that even though discussion may be difficult and upsetting at times, they will develop new understanding and their feelings of distress, isolation or hopelessness will diminish.

PT 46 Enable the client to express feelings and emotions within humanistic therapy

A therapist enables the client to express feelings and emotions that are difficult to access and name. They draw on their emotional response to the client, but know the difference between the client's and their own emotional processes.

PT 47 Enable the client in humanistic therapy to make sense of their experiences

The therapist and client explore, through dialogue, experiences that the client considers problematic. This allows the client to explore and evaluate new perspectives on their experiences and reflect on new meanings that emerge and how they might respond to them.

PT45, Enable the client to understand their relational difficulties through their immediate experience within humanistic therapy

Using of the therapeutic relationship requires attention to what is happening in the session, and through reflecting on the intersubjective phenomena within the therapeutic relationship, including what some therapists will understand as transference and countertransference phenomena

PT 49 Enable the client in humanistic therapy to become aware of unconscious aspects of their experience

Some therapists maintain a humanistic stance and attend to the role of unconscious communication in the therapeutic encounter. They use countertransference phenomena to develop and explore hypotheses about feelings and emotions that the client may be trying to express.

PT 44 Engage in issues of diversity and difference in humanistic therapy

The therapist's awareness of their own attitudes, values and prejudices in relation to diversity and difference is crucial. Only with that can they respond to the needs of a client whose experiences may be affected by differences such as gender, sexuality, race, age and disability.

These NOS are a tool for guidance and describe what is expected of psychological therapy and counselling care in mental health and wellbeing interventions for individual adults. They offer a picture of effectiveness in characteristic practices that evidence suggests therapists need to employ.

The term *Humanistic Therapy* was agreed by the senior clinicians and academics in the NOS development group and included therapeutic practice that is based on the philosophical tenets of the humanistic tradition and incorporating a range of approaches from a humanistic value base. This includes, for example, process experiential therapies and person-centred therapy as well as the integrative-humanistic position

The NOS do not attend to complexities involving multiple problems and complex co-morbidities, but apply to basic processes that the therapist and their team must augment with the variations and additions to which their clinical judgment leads them.

The practitioner needs to have knowledge and skills relating to the conditions for therapeutic change and relational processes in the immediate therapeutic relationship.

The practitioners wanted a separate expression relating to engagement in issues of diversity and difference and this has been developed.

PT49 has been developed as an optional, extra NOS for those practitioners who see working with the unconscious as an essential, core element of their work.

These NOS are derived from research reported in Roth A D, Hill A and Pilling S (2009) *The competences required to deliver effective Humanistic Psychological Therapies*. Centre for Outcomes Research & Effectiveness (CORE) University College London

PT 39 Enable the client to determine their therapeutic focus in humanistic therapy

The therapist supports the client in determining their therapeutic direction. Therapists facilitate the emergence of therapeutic aims from the experience of the here-and-now as the client reflects on how they view their main concerns, who they are and what they bring.

PT 40 Maintain a space for exchange, learning and growth in humanistic therapy

Above all, humanistic therapy must provide a safe psychological environment in which the therapist and the client, who are both vulnerable, can work creatively and learn together and in which the client can take the risks they feel able to take.

PT41, Develop the humanistic therapeutic relationship

The relationship is core to therapy as the medium for change: it needs consistent empathy, acceptance and valuing towards the client and sensitivity and attention to the therapist's and the client's responses. Even impasse or rupture is an opportunity for learning.

PT 48 Manage the conclusion of the humanistic therapeutic relationship

Endings may be planned or unplanned. The therapist's job is to help the client use the experience of ending positively and make plans for the future.

PT 42 Choose and adapt ways of working with the client within a humanistic approach

How the therapist conducts therapy is led by what the client sees as helpful and unhelpful for them at any time. The therapist attunes their responses and interventions accordingly, taking into account the potential impact of alternative ways of working on the client and on the therapeutic relationship

PT 43 Maintain authenticity in the humanistic therapeutic relationship

A therapist must be open, honest and non-manipulative; a partner in the relationship, not a manager of it. The therapy is about the client and not about the therapist.

Cross-modality themes in Psychological Therapies

Stirling Moorey

Despite the diversity of the theoretical backgrounds, technical language and practical applications of psychological therapies, there are certain elements common to all psychotherapeutic journeys.

The first theme is referred to in many therapies as *assessment*. Three of the modalities have standards that explicitly refer to this: PT01, PT12 and PT24 Undertake an assessment for family and systemic therapy. Assessment is a process by which the therapist and client develop an understanding of the presenting problems and the degree to which the particular therapy is the right approach for this person. In many therapies there is an initial assessment phase which is sometimes formalised. For others the understanding of the problems and goals of treatment is much more an emergent property of therapy itself.

Linked to assessment is the idea of *formulation*, which is a process of creating a shared understanding of the client's situation within some theoretical framework. Again the extent to which the conceptualisation is theory driven or constructed in an idiosyncratic way for each person may vary across modalities. Many therapies use the formulation to plan what the therapist and client will do together over the course of therapy. Examples of NOS addressing formulation include *PT02, PT14 and PT26*. In the humanistic field there is more emphasis on the client leading the way rather than imposing an understanding and so this is expressed as *PT39.*

Competence in sharing the results of the assessment and formulation with the client may be considered specific skills in some therapies, as in *PT04, PT25 and PT38*. *Sharing the rationale* is linked to the more general interpersonal skill of *engagement*. In all four modalities, to carry out a good assessment and make sense of the person's difficulties it is essential that the therapist establishes a good working relationship. If a client is too distrustful or pessimistic they will find it hard to speak openly and honestly. It is the therapist's job in this engagement phase to show the client their distress is understood, explain something about how therapy will work and encourage the client that it may be able to help.

All therapies employ sets of techniques or *therapeutic interventions* but the nature of these vary greatly between different approaches, and the individual NOS very much reflect the uniqueness of the modalities. For instance, skills related to the unconscious, *PT19, PT20 and PT49.* All therapies implicitly *monitor and review progress* when interventions are applied, and Cognitive CBT and family and systemic therapy separate this skill (*PT10 and PT35*).

More often than not there will be challenges to the therapeutic collaboration over the course of therapy, and then the skill of *managing the therapeutic relationship* is needed. Sometimes this simply requires work to get the collaborative endeavour back on track, work that can be the most valuable part of therapy.

Therapies last for varying lengths of time but all come to an end. Working with the *ending* is an issue for all modalities, though it might look very different from one therapy to another. The four modalities describe varied skills for bringing a course of therapy to and end (*PT11, PT23, PT36 and PT48*). Most interpersonal therapies directly address the impact of the relationship on the client and the emotional implications of the loss of it. In some shorter term therapies this may be the main focus of the whole treatment. On the other hand more structured and problem focused therapies such as CBT deal with the ending by ensuring the client will take away specific skills that he or she can use after therapy has ended to prevent relapse.

Common elements among diverse approaches

Finally, two of the modalities specifically describe skills for *working with diversity and difference* (*PT29 and PT44*). ■

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Contact Details	**office@skillsforhealth.org.uk** **0117 922 1155**

www.skillsforhealth.org.uk